



Health education in cancer patients: a renewed paradigm of “active” prevention

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In my many years of working as a doctor, I have always wondered if this is all that academic medicine can do for patients, or if there wasn't something that could give added value to the doctor's work.

I chose to specialize in Anesthesiology and Intensive Care, I wanted to know the most extreme frontiers of medicine and I wanted to save lives. When I started working as a doctor I understood that all that knowledge and know-how wasn't enough for me. The feeling that something was missing was pressing and I decided to dedicate myself to the study of natural medicine in order to find something that could integrate the conventional medical approach into a unified vision of the patient. This interest led me, in the following years and after 20 years in public hospitals, to leave that job and dedicate myself exclusively to the practice of Classical Homeopathy. Today I mainly deal with cancer patients by applying homeopathic treatments alongside conventional oncological ones at the “Dr Spinedi” clinic in Switzerland, a European center of excellence for the practice and teaching of Homeopathy applied in oncology. In cancer patients who also use homeopathy, the difference in terms of quality of life, lengthening of survival and possibility of recovery is now established by numerous easily consultable scientific studies. However, this is not what I intend to discuss in this article.

In all these years of great professional satisfaction and also many moments of frustration, to which every doctor is subjected on a daily basis, I kept asking myself the same question: “Is that all?”. Something was still missing, I had the feeling that we doctors were missing what could make a difference in each of those individual lives. I began to wonder if what was missing maybe wasn't something that wasn't up to doctors. And if not to us, to whom? And what?

I took a step back and critically observed my work and then that of my colleagues. I observed the dynamics with which we all approach the disease and the patient, especially in oncology. Even though the treatment method is changing, some factors common to all of us doctors do not change:

the perception of having to find all the answers to the patients' questions and the consequent frustration, the uncertainty about the outcome of the treatments, the impotence in the face of a disease that does not respond to treatments, the unpredictability of prognoses, the limited usefulness of statistics that do not apply to all patients, the inability of treatments to “defeat” cancer, the sense of precariousness of our work, the hope that the patient “survives” all this and more. Cancer as an “enemy to be defeated” that is not fully known and where every “battle” never gives the certainty of winning the “war” because the “weapons” available are not effective enough.

All this war language screamed in my mind. The risk to which doctors are exposed by thinking in terms of war is that the patient is confused with the disease.

Words have a weight and define the perception we have of ourselves and of the world.

Words like war, battle, weapons, victory, defeat bring the autonomic nervous system into a state of alert and all our actions are a consequence of the perception we have of reality.

I was faced with the need for a choice: I had to change the words with which I defined my actions as a doctor and help patients do the same. I overturned the hourglass by questioning everything and starting to change all the terminology and magically a world of unimaginable knowledge opened up to me. I spent several years researching the words I had replaced the previous ones: health, healing, promotion, responsibility, uniqueness, integrity, ability. And I went on adding those that in my opinion would be useful to help doctors not to feel alone in their immense service to humanity: cooperation, unity, community, places to live, love, play...

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Curr Opin Oncol 2024, 36:203–205

DOI:10.1097/CCO.0000000000001053

Searching and studying I made a wonderful discovery. In 1986, a group of experts met in Ottawa (Canada) and produced a document that was supposed to change the face of medicine forever: the Ottawa Charter for Health Promotion [1[■]].

I had never heard of it! Why?

I went back through all my medical studies and noticed one thing: the word “health” is used very little. The paradigms with which we define our work create the path along which we direct our purposes and our actions, even in the scientific field. Academic medicine has set itself the mission of suppressing disease, not preserving and promoting health. This point of view has meant that the entire world of medicine and scientific research is oriented towards this “fight”. In medical schools, the study of the human biological system is limited to the knowledge necessary to understand disease and how to deal with it, not health. And the point of view we adopt conditions the direction in which we move.

The result is that at an institutional level there is no one who dedicates himself in an organic and complete manner to the protection of health.

Even prevention campaigns are oriented only to the disease. This has produced a perceptive distortion in public opinion: mass screening has been elevated to the status of health protector and not merely early diagnosis, inducing the idea in ordinary people that all that can be done is to passively wait for the possible manifestation of the disease.

The concept of health PROMOTION is diametrically opposed to that of disease PREVENTION. It's the same difference between preventing war and promoting peace. The first action does not necessarily imply the second.

Both terms derive their meaning from Latin. Promoting means actively moving forward toward a goal. Prevention means ensuring that an event does not happen, in this case the disease, by acting in advance and in medicine it is too often identified with early diagnosis or, at most, with the correction of lifestyles and risky behaviors.

Let's take a look at the Ottawa Charter. It defines health promotion as “the process of enabling people to increase control over, and to improve, their health”. And health as the extent to which an “individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to wellbeing”.

Therefore, it's a question of seeing the human being not only as a biological unit in itself but as a being whose integrity and wholeness allows him, if healthy, to have higher aspirations than biological life alone, ambitions and projects to be realized that can give a contribution to all humanity. To do this, health is an essential resource and is not only the result of a healthy lifestyle but of a higher well being that does not depend only on healthcare.

The actions it promotes are the following:

- (1) build healthy public policy
- (2) create supportive environments
- (3) strengthen community action
- (4) develop personal skills
- (5) reorient health services by placing the person at the center

The charter invites everyone to be a promoter of health, not limiting action to the responsibilities of governments and medicine but encouraging everyone to be an object and subject promoter of individual and collective health.

This was time to take a step forward and I dedicated my subsequent studies to learning about health and its mechanisms, what fuels it, what protects it and what increases it and I realized that all this cannot be the work of the doctor, at least not of those who work in conventional hospitals.

Health today is no longer defined as “a condition of complete physical, mental and social well being and not the mere absence of disease or infirmity” (WHO, 1948), but as “the ability to adapt and self-manage” in a broader vision of existence which includes the physical, mental, social and spiritual aspect (understood as existential) and moving from a static to a dynamic definition of health (Invitational Conference 'Is health a state or an ability? Towards a dynamic concept of health', La Hague, The Netherlands, 10–11 November 2009) [2[■],3–5].

And there is only one way to reduce the incidence of any disease, including accidents: health education!

But in the meantime, it is absolutely necessary to promote health through a direct commitment to lifelong education. The aim must not be “to avoid illness” but to “stay healthy” or, in the case of illness, to nourish the health potential still present in everyone.

This is a widespread action that must begin by changing the paradigm of thought with which we approach life.

Educating cancer patients about health has many advantages and not only for the patient himself. It is a “contagious” process because it involves the family and the life context of the cancer patient

and becomes active prevention even for those close to him. It therefore has enormous value in social, political and economic terms. It is “active” prevention because you do not wait for the outcome of the treatment but move in the direction of greater health with awareness.

This is never too late to start, even in very advanced cases of disease where family and community action plays a role of great importance and the patient is not yet able to take care of himself completely.

This is a process of real empowerment that gives the patients the possibility of choosing to make a difference in their healing journey even if this is not complete and definitive.

This is an element of that indispensable therapeutic alliance that restores to the patient the responsibility and power of a path towards healing, leaving the task of treatment to the doctor, as Dr Michael Lerner, a north American oncologist, clearly states: *“In my thirty years of working with cancer patients, I’ve seen a profound distinction between curing and healing.”*

Curing is what a physician seeks to offer you. Healing, however, comes from within us. It’s what *we* bring to the table. Healing can be described as a physical, emotional, mental and spiritual process of coming home” [6].

My work has not yet produced data that can satisfy the needs of Evidence Based Medicine (EBM) but there is another level of “evidence”, the one that is in front of us and comes from millennial of human experience. Demonstrating all this is the result of cooperation between many professionals

and there is a moment when we need to start asking ourselves a question and proceed with a scientific method. Meanwhile, my patients benefit greatly and for them this is “evidence”. My aim is to urge the request to start creating a network capable of providing answers in the next future.

Acknowledgements

None.

Financial support and sponsorship

There are no financial support and sponsorship.

Conflicts of interest

There are not conflicts of interest.

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Papers of particular interest, published within the annual period of review, have been highlighted as:

- of special interest
- of outstanding interest

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