

About the Reactions of Subjects to Whom the Existence of Cancer is Announced and his Acceptance of Care

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Abstract

We will limit our study to the presentation of the reactions only in six cases. Our aim is to highlight the great difference in the psychic feeling and in the affected people and consequently to approach the modes of recourse to mechanisms of psychic defense. This justifies a particular medical procedure and the proposal of a guiding psychologist for certain.

It was not a necessity when it has concerned two particular patients, who were out of ordinary due to their status: a political President with his attached medical doctor during the half of the evolution and without to forget the case of the Sigmund Freud's jaws, seeming to be psychologically repressed this health disorder, being treated by a famous otolaryngologist, who never explains the etiopathogenesis of this health disorder. We can recall that he was the brother of the man, who help injured Hug-Helmuth before her death, due to the aggression of her nephew ROLPH.

Keywords: *Psychic Reaction; Medical Procedure to Help the Patient to Hear the Real Diagnosis; Firsts Moments; During Follow Up: Acceptance, Quality of the Compliance Sometimes Denial, Which Means Psychic Refusal in Particular According to Side Effects or Also Mental Repression; Existential Factors; Different Types of Evolution*

Introduction

The identity of the person is based about the feeling of being fully existing, both in his personal exchanges with his peers but also perfectly at ease in his body perceived in an adequate functioning and able to have an attractive aesthetic representation.

The feelings are differently perceived when the body is damage by an accident -depending on injured party or affected by certain types of diseases or illnesses: that may be of psychic or organic origin, as well as genetic or linked to a serious infectious or even due to the dysfunction of an organ.

When it comes to the detection of cancer, the meaning of evil arouses a particular morbid aura. This would be to the fact that it's the subject's own cells that wander and the pejorative perspective that attaches to their growth, to their possible migration is painful felt, especially in reason of the fatal significance which is attached.

However, in particular according to the progress in ontology on the cases cured durably, this pathology remains mentally demonized, the more so as certain side effects of the treatments, which can degrade the appearance.

Some people knows that they have had a bad comportment as drinking regularly too much or having been unable to achieve a smoking cessation for example, while having in mind the carcinogenic risk to which they exhibited. These whether due to laryngeal or lung tumor,

they generally accept without recrimination the surgical or pharmacological treatment usually implemented in oncology, without complaint about the side effects.

A 67-year-old man, occupying high administrative positions man, but a smoker, suffering from operated laryngeal cancer, making his voice hoarse, four months ago, regained personal and social dynamism after prescription of an antidepressant and his survival time was certainly prolonged.

The treatment and survival of bronchial cancers are contingent, depending on whether it is a small or large cell form. Thus, I detected bronchial cancer in one of my 40-year-old drug addict patient a woman and, after removal of a lung lobe, she was able to write to me again ten years later, having left the region.

In an other 62-year-old woman, medical doctor but also a smoker, the symptomatic signs leading to the detection of the bronchial cancer consisted of low back pain and the appearance of sweating. The radiological investigations had to objectify vertebral metastases at two levels and she was quickly paralyzed in both legs.

She accepted bravely, without rebellion, her terrible body's state and the treatment without difficulty, but insisted on putting ice on her head often to preserve her long and beautiful hair.

We would like also to present the case of an institutional director, 63-years-old, which was only absent 8 days of his job-work for a prostatectomy, being in professional difficulty concerning his relations with his Management Consultancy. He should being fired three months later. He soon developed bone metastases and was quickly paralyzed. The evolution was precociously fatal-unlike that of the high position of a President suffering of the same pathology, whom we will evoke later and we are about this early being lead to highlight the strength of the emotional, affective and relational as well the environmental context in his implications at the level of the prognosis of cancerous affections.

More or less rapid detection of that disease is depending on the attention a subject is listening to the working, to the functioning of his body and also has a good feeling of the existential and somatic investments.

Many signs and symptoms should attract the attention of a subject early, notably if he is concerning by the dysfunctions of his body... Of its existing.

Among the alerts, anormal fatigue, new unusual abulia, weight loss, lack of the liveliness of his gestures, more or less severe or localized pains, change of appetite, difficult digestion, sudden constipation or diarrhea, bad state of the tongue and spots in the mouth, the condition of his skin linked to the appearance of defective healing or even more alarming bleeding from an orifice or in the urine or stool.

It can also act of loss of his radiance, of the luminous character of his gaze when looking at himself in the mirror or perceiving his reflection on the surface of the water. In total, all aspects of disorders which could reflect lower immunity.

For example: Abnormal perception of organ, headaches, bump. Especially if they are without obvious causality, unexpected or long-lasting.

It is in these subjects who are not very attentive to themselves, infrequently after additional examinations often including MRI, that the detection and announcement of such a diagnosis requires great precaution, in particular with regard to implementation of the therapeutic project, these being most often reluctant or even refractory when it comes to the side effects that may result from it.

The help of a psychological follow-up, collegial meetings are necessary.

A colleague described the debates that a woman's refusal to treatment had sparked within the team at the start of her forties. She had undergone the removal of a breast and radiotherapy and, during the oncological follow-up, vertebral and pulmonary metastases were identified, when she thought she had overcome her cancer. She appears stunned after that announcement of the advancement of her cancer. She remains silent for a long time when a doctor from the hospital explains to her the therapeutical project including hormone and chemotherapy.

She asked to think about, then, refused an extension of care.

During the multidisciplinary consultation meeting, even a proposal aimed at a difficult form of constraint to consider at the ethical level. It was told, that the sick's autonomy doesn't lead to accomplishing his Wants, this until complicity.

She had to say, that she had show a friend, who had suffered with a treatment before she died and that she didn't want to do the same although knowing of the existence of capillary prosthesis.

While she was in palliative cares after an epileptic seizure linked to the occurrence of brain metastases, she passed on her thanks to her former care team and had to die one year after her rejection of the therapeutical recommendations.

To particular patients out of ordinary due to their status.

If somebody had to prove the psychopathological incidence and extraordinary Impact and favorable support for being engaged in an exciting mission, out of the ordinary since allowing to go down in history, even exhilarating, we must not fail to refer to President F. Mitterrand, in whom a pain in a leg during the CANCUN's Congress at the end of October 1981.

The medical investigations, which followed, it was objectified metastases in the bones but without local manifestation. After this psychopathological discovery and such dissemination, this tumor appeared inoperable.

Fortunately, after two weeks of hormonotherapy in infusion, the pain disappeared and biological phosphatases were normalized.

Nethertheless, there will be an embolic accident which had been treated by a massive injection of heparin in 1982 in HAMBURG, which will not prevent him from giving his speech the next day, reports his doctor since allowing to go down in history.

Mitterrand seems to be to remain in apparent feigned or repressed ignorance or it can be in a mixed way, until the appearance of disturbing locals signs are leading the Pr STEG to operate the adenocarcinoma in September 1992. It followed an heavy chemotherapy anyway,

After moments of dejection, he will remain sufficiently lucid and operational to finish his second term and die shortly after a stay on the banks of the Nile.

In term of mental repression, we can't forget to cited Sigmund FREUD, who continue his researches, despite several surgical operations on his jaw without seeking to depend the etiopathogenesis by requests from his famous otorhinolaryngologist, whose brother took care of the dying Psychanalyst von HUG-HELMUTH, after her strangulation by her nephew.

Conclusion

That's really toll cells which are beginning to grow unexpectedly throughout or more particularly during a stage of it and often migrate through the body, carried away by the bloodstream.

Great progress allows their sequencing and the objectification of pathogenic genes.

However, the psychopathological and affective strength of a subject, his management of emotions controls, the support of the environment in which he evolves, his existential purpose confers great disparities in the evolution of a cancer [1].

Bibliography

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