Abstract

A pandemic is a time of great distress for cancer patients with a heightened risk of infection along with fear of disease progression occurring from postponement of therapy. Our patient who was initially diagnosed early and was awaiting surgery was suddenly terrified when her surgery got postponed due to the pandemic. To add to her distress was the disease progression which left her wondering that what went wrong on her part that she was in such a situation. The dilemma of the present situation is that an already stretched system due to the pandemic cannot accommodate for elective treatments of other diseases more so when there is a risk of complications in cancer patients associated with the infection.

Keywords: Cancer patients, distress, pandemic

Introduction

A pandemic due to the newly emerged coronavirus that initially affected parts of China has become widespread and affected the whole world.[1,2] Because of lack of immunity in the population against the novel virus, it has varied levels of severity among different persons. It is also suggested that people with preexisting comorbidities such as cardiac conditions, diabetes, and cancer have a heightened risk of complications with the infection. People with severe infection commonly present with respiratory failure, sepsis, kidney injury, and even death.[3]

In the present pandemic scenario, major elective surgeries including oncolgical surgeries have also been postponed. The reason for this consensus is thought to be the need to free up hospital beds and ventilators and infrastructure for COVID patients. Furthermore, it is seen that COVID infection in the perioperative period leads to exaggerated morbidity and mortality.

We, in the present case report, present the agony of a middle-aged female who was diagnosed with early-stage cancer but progressed to an advanced disease due to delay in her surgery because of the pandemic. This case report highlights the indirect harms caused by the pandemic to the health of patients with other comorbidities.

Case Report

A 52-year-old female who recently recovered from a myocardial infarction following a coronary angiography and stenting was not fortunate enough to be in good health thereafter. She developed symptoms such as pain upper abdomen, feeling of fullness even with small meals, and loss of appetite just 1 month after her stenting. Perplexed by her symptoms, she visited the hospital in January 2020. She underwent a battery of investigations including an upper gastrointestinal endoscopy which suggested a growth at the lower end of the stomach compromising the gastric outlet. After having a tissue diagnosis of adenocarcinoma stomach, the patient was devastated and worried about the outcome the

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Submitted: 22-May-20 Accepted: 26-May-20 Published: 30-Jun-20

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How to cite this article: Gulia A, Sharma P, Bhatnagar S. Anger and Distress of a Curable Gastric Carcinoma Patient Becoming Incurable: A Dilemma of a Pandemic. Indian J Palliat Care 2020;26:S160-2.
Dilemma of a pandemic in a gastric cancer patient

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Indian Journal of Palliative Care | Volume 26 | Supplement 1 | June 2020

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Discussion

Pandemic is a time of great challenge for the health-care setup of any country. It is burdensome to create the capacity to get through the pandemic and, at the same time, provide elective services to the comorbid patients needing health-care services. Considering the time-sensitive treatment of cancer patients, it seems difficult to decide regarding deferring of the anticancer treatment.

It has been suggested in the previous reports that patients who underwent surgery and later contacted COVID-19 were highly prone to severe events due to the infection when compared to those who did not undergo surgery. A study suggesting the treatment strategy in COVID-19 scenario for gastrointestinal tumor suggests high priority use of multidisciplinary therapy and nonsurgical antitumor therapy. It can be, however, considered to discuss the options in a multidisciplinary setting with all care providers when thinking of deviation from the initial treatment plan. Whenever there is any change in the treatment plan the patient should be well informed, and their fears and queries should be dealt in detail with compassion and honesty.

The psychological distress among people with cancer during the pandemic is very high considering the fear of the infection, heightened risk of complications associated with the infection, fear of infection to their caregivers, and above all, the stress of delay in their cancer treatment. It is sometimes difficult for them to accept whether not visiting the hospital will be beneficial or indirectly harm them by leading to the progression of cancer. Cancer patients’ challenges are not only limited to deferred treatment but sometimes even in traveling to obtain access to the hospital services. Our patient had a major setback when she knew that despite the best of her efforts to be cured, she has progressed to an advanced disease and has a limited life expectancy. The whole family had been emotionally and financially drained in the effort to get her treated but without any benefit.

We know that the ending of the pandemic cannot be predicted and the duration of delay in surgery is uncertain. The dilemma of the present situation is that an already stretched system due to the pandemic cannot accommodate for all elective treatments. Also, it has been reported from China that cancer patients have a 3.5 times higher need of mechanical ventilation or dying compared to noncancer patients suggesting that hospital visits for treatment might be harmful in these patients.

All this has led to great confusion whether to proceed with elective treatments or defer them in the present scenario as there are heightened morbidity and mortality associated with both the situations. Definitively, it becomes difficult to explain to patients when it comes to situation like that described in the present report. But we might need to think it in a broader perspective considering the judicious resource utilization and ensuring the safety of both the patient and caregiver.

Declaration of patient consent

The authors certify that all appropriate consent forms have been obtained from the patient regarding clinical information to be reported in the Journal. She understands that her name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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