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PALLIATIVE CARE AND PSYCHOLOGY

The oncologist in the face of cancer disease: Living between illness and death



Le cancérologue face à la maladie cancéreuse : vivre entre maladie et mort



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Summary Despite of the spectacular progress of medicine, the evolutions so strongly noticed of science and scientific rationalization, that are not generally enough, on the one hand, a disease with an uncertain outcome like the cancerous disease, and on the other hand the stakes of the trajectory of an inevitable relationship that the disease presupposes between the patient and his physician, indeed, the suffering in the field of oncology would, however, require a thorough reading to understand these issues.

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MOTS CLÉS

Oncologues ;
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Résumé Malgré les progrès spectaculaires de la médecine, les évolutions si fortement remarquées de la science et de la rationalisation scientifique ; la souffrance est une problématique omniprésente, particulièrement au sein des services exposés à la mort comme la cancérologie. En effet, rester en contact avec le patient en cancérologie, se vit avec une certaine souffrance. Cette souffrance nécessite une lecture approfondie pour comprendre ces enjeux.

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Introduction

In oncology, cancer causes physical and emotional suffering as a result of the patient's new physical and psychic reality, which accentuates suffering not only for those who suffer but also for whom it would be useful to help them, or who is a witness; this seems to us contingent.

Faced with the difficulty of coping with intense emotions and the failure of the defense mechanisms, the oncologist is confronted with a dilemma and is inevitably affected emotionally and may have a part of him dying in the face of each death. The patient may also increase unconscious fears that may cause cancer and severe pain in the oncologist, who is exposed to stress and frustration, and feels responsible for his or her exacerbate the fear of suffering when the patient suffers and the fear of hurting the patient.

Indeed, to face the suffering of the other while witnessing this suffering and a problem that can not be answered by the scientific and technological but it is rather a daily reality that invites us to observe a proximity the suffering of oncologists which is in the interaction of several organizational reflections (such as the constraints of organizations and ergonomics, the insufficient staff, the technologies and the permanent changes of the therapeutic tools, the medical evolutions...) ethical (the difficulty to help the other while keeping a certain distance) psychological (the need to develop adaptations capacities permanently).

International research has now established a high level of burnout, psychological distress and even signs of mental disorders among oncology professionals. Its prevalence differs from study to study and from country to country. But its significant impact confirms the importance of risk in the health sector, particularly in the field of oncology (Table 1).

Until where can a doctor oncologist in his fight with cancer accompany patients when the effects are transmitted to him are insurmountable? When are the defense mechanisms outdated? When there is unresolved internal trauma? and when the patient reminds him of a loved one?

Suffering seems contagious

The vision of this suffering contagion was evoked by Maurice Merleau-Ponty, quoted by Rodriguez, we are both touching and touched, seeing and invisible, there is a continuity in the meeting between the nursing parts and the parts treated "in the encounter, which links a dominant suffering in the patient to a dominant helping of the caregiver, while activating the helping hand of the patient and the suffering part of the caregiver" [20].

The suffering of caregivers can also be contagious by identification as Méchin has suggested [21]. This contagion requires the oncologist to experience the same feelings and the same affects of his patients for physical pain. It is contagious that the emotional component of the pain is transmitted to the caregiver in the form of anguish, and more precisely, it is this affective contagion that makes the suffering of the patients equal to that of the caregivers and even "with the gaze turned to the suffering of others, it is sometimes difficult to recognize one's own pain, but it still requires attention" [21].

Although the suffering is a subjective experience and a purely personal experience, another postulate confirms that the suffering is contagion and that the individual can be touched emotionally by the suffering of the other and that this suffering that he lends to the other is the suffering that would affect him himself if he finds himself in the same situation according to the theory of mirror neurons.

The mirror system

This discovery is due to Professor Giacomo Rizzolatti using a recording in monkeys and allowed neuroscience to open in this respect a very broad field of investigation and especially a neuroscientific basis, which is still far from being fully exploited. Due to the complexity of human brain interaction, there are phenomena that are still unexplored and need to be deepened.

Indeed, Rizzolatti and Sinigaglia, argue that "emotions also appear to be immediately shared: the perception of pain (...) in others, activates the same areas of the cerebral cortex that those involved when we experience ourselves the same" (Pain p: 11). It can be concluded that the observation of pain and suffering in others leads to a brain experience similar to that produced in a real experience of suffering. Following this theory is a mirror neural system that connects us to others and is sensitive to the pain of others as well as to their own pain; in another sense the idea of the existence of a shared exchange space [22].

The mirror system plays an important role in the emotional process that rests in case of pity on passing on the emotional part of the pain to the control person; as well as there are recent studies confirming that this system is also involved in pathology including autism and schizophrenia, indeed "the dysfunction of the mirror neurons, supposed to be at the origin of certain symptoms of schizophrenia or autism, could become, a neurosurgical therapeutic goal, in the years to come" (p. 145) [23].

As a result, caregivers are sensitive to patients' pain as well as to their own pain, which confirms that human encounters give rise to collective suffering and it is thanks to the emotional component that there is a similar neuronal activation in a caregiver during the observation of the patient. According to Bénézech "empathy promotes the pain essential to the understanding of the other" (p. 301) [24].

The oncologist

We will discuss Michel Geoffroy's conception of the types of physicians that exist; since the oncologist is above all a doctor with a professional identity, enthusiasm, hope of healing, anxiety for the other; a doctor is a being who still seems doomed to ensure the well being of the sick, in his book "a good doctor", Michel Geoffroy has argued that to be a good doctor must be at once scholar, patient and cautious to be able to ensure this role [25].

When we talk about the doctor; it is above all a question of some scholar in medicine; often a patient makes his choice of a doctor on the basis of the scientific knowledge and experiences that the doctor possesses, who in turn uses

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