

HEALTH

# The Forgotten Side of Cancer Care

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Tunnel vision can set in with a new cancer diagnosis. Everyone—the doctor, the patient, the patient’s loved ones—focuses almost exclusively on treatment: the chemotherapy, surgery and radiation that aim to keep a patient alive for as long as possible. But now some forward-thinking doctors are realizing that a single-minded focus on treatment puts cancer, and not the person with it, at the core of the patient’s care. In an effort to change that, some hospitals across the country are launching innovative programs that aim not just to keep patients alive—but also to keep them well.

“Medicine alone is not enough,” says Anne Coscarelli, founding director of the Simms/Mann University of California Los Angeles Center for Integrative Oncology, one of several cancer centers to adopt a comprehensive view of patient care. “For every physical effect of a cancer treatment, there is an equal psychological effect.”

Obvious as that seems, most cancer centers do not incorporate psychological care or social support into their patients’ treatment plans. That’s beginning to change, in part thanks to mounting research suggesting that a healthy mental state can play a part not only in quality-of-life improvements but also in a person’s prognosis. This emerging field, called psychosocial oncology, is about everything but the actual medical interventions.

Studies show that the mental toll of a new illness can drain a person’s physical resources and that social support can help patients cope with

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painful treatment regimens and improve recovery. Some studies also show that social support, mindfulness meditation and exercise, among other holistic strategies, can reduce the depression associated with cancer while also improving people's ability to complete their treatment plans without interruption.



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Taking things further, researchers are beginning to pay attention to even subtler parts of the cancer experience, including how the disease can affect body image—something that's a major source of anxiety for many patients but one that often gets overlooked.

It's this kind of thinking that encouraged the Institute of Medicine to advocate for a more comprehensive cancer-treatment plan—one that includes stress-management strategies and emotional and financial support—all the way back in 2008. Now it's finally taking hold.

“What doctors need to remember,” says Dr. Kathryn Ruddy, director of cancer survivorship at Mayo Clinic, “is that for the rest of their lives, these people may be dealing with the effects of our treatments. It's our responsibility to support them the best way that we can.”

Doing that at scale will require major funding. For now, many of the integrative-care programs are paid for by private donors. Leaders in the psychosocial-oncology field hope that such programs will one day be a line item on a hospital's budget—not at the whim of generous benefactors.

“We are in a revolution where we are becoming more wellness-focused,” says Carolyn Katzin, an integrative-oncology specialist at UCLA. “But we are not there yet. We're still in the middle of the shift.”

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