

Psycho-Social Oncology

Future perspectives

Patients and families have to face a number of psychological and social problems when the diagnosis of cancer is given to the patient. Cancer is a social disease in the way that the diagnosis not only changes the life perspective of the individual but it also has profound impact on each of the family members. The term 'psychooncology' is gradually changing to 'psychosocial oncology' as a tribute to the experiences from the social sciences.

Through the last 20 years numerous studies have been published, which document the importance of the social network, social support and relations at the work place as an indicator of the health status.

Due to the progress in the treatment of cancer, the agenda for the cancer patient and families have changed from a question of survival to a question of the content of the life.

One may say that cancer patients have changed their status from dying to persons with a chronic disease - as illustrated in the changes of the overall expected survival rate for cancer patients. These facts points to the need for evidence based, relevant psychosocial intervention. How can we help patients and families cope with the diagnosis, the treatment and the side effects, how do we help patients to return to their work place, how do we support childhood cancer patients and how do we increase the overall advocacy for the integration of the psychological and social aspects in the treatment of cancer?

Perspectives

In my opinion, the future perspective for psychosocial oncology is the hard work to convince clinicians and politicians that these 'soft' dimensions of the cancer treatment are necessary as a part of the core treatment in the world of the next century. The acknowledgement of this fact will change the entire process and content of the treatment and care for cancer patients – and we, who are actively involved in the various perspectives of psychosocial oncology, have an important mission in this context.

The International Psycho-Oncology Society (IPOS) was founded in 1984, as a result of the need to enhance communication between the small number of investigators and clinicians worldwide and to provide a forum for sharing of their work. The Society, which will be twenty years old in 2004, has served this need and has been a factor in showing the importance of the "human" aspects of care, so often ignored in the efforts to treat the disease.

Patients and families understand the importance of addressing this need, illustrated in our use of the term "pain and suffering". IPOS serves as the umbrella international organization, which connects over twenty-five national psychosocial societies, which exist in many countries of the world. Our major objective has been to improve the global care of patients with cancer through education, research and impact on clinical care by improving the quality of life of patients with cancer.

IPOS is currently working on projects which will be presented to the World Health Organisation (WHO) to seek becoming a Non-Governmental Organization (NGO), permitting new opportunities to contribute to behavioural aspects of prevention and psychosocial aspects of patient care at all stages of disease, and their families, including post-death bereavement. This collaborative work was initiated with the first contacts between WHO and IPOS on September 15 2003 and the Board of IPOS is currently working on the advocacy document, which will serve as the basis for the inclusion of psychosocial aspects in the overall Cancer Control Program of WHO. If IPOS can obtain the status as an NGO, the organisation will be a partner in the development of the worldwide cancer policy and this has far reaching perspectives.

We also have to acknowledge that all dimensions of psychosocial oncology needs to be integrated with research activities. The scientific activity is the instrument that ensures documentation, evaluation and implementation of the clinical practice. Therefore IPOS is focused on the development of a bank of assessment instruments available on the IPOS website to assure

availability to investigators of the best instruments to measure the various psychological and social variables, with the hope that this will begin to reduce the diversity of tools used and improve comparability of studies. We will also encourage the development of international collaborative research groups to conduct large, well designed, prospective clinical trials of psychosocial interventions.

To establish a minimum educational standard in psychosocial oncology, an online distance learning (through the website) now offers a core curriculum in psychosocial oncology (10 lectures with slides and references), presently available in English (www.ipossociety.org). A total of 35 lectures covering major topics will be webcasted and translated into six languages, delivered by key experts from each country, which may be accessed without charge, and credit obtained from credentialing organizations.

Let me take this opportunity to invite you to the next world congress of psychosocial oncology in Copenhagen, Denmark, August 2004. For further information, registration and abstract submission, please visit www.ipos2004.dk.

See you in Copenhagen !!!

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