



Letter to Editor

The Impact of Metastatic Cancer on Clinicians

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Dear editor,

Cancer is a formidable adversary in the field of medicine, challenging healthcare professionals in various ways. Patients with metastatic cancer present some of the most emotionally and practically challenging cases. These individuals present a unique set of challenges and responsibilities for doctors. In this essay, we will explore the multifaceted impact of patients presenting with metastatic cancer on doctors, including the emotional toll, treatment decisions and the evolving role of healthcare providers in palliative care.

One of the most reflective impacts of patients with metastatic cancer on doctors is the toll that the process takes emotionally. Seeing patients facing an illness with a poor prognosis can be taxing for healthcare providers.^[1] This connection is built on trust, and doctors, more often than not, devote themselves to their patients' well-being. When dealing with metastatic cancer, this investment can lead to exhaustion, compassion fatigue and moral distress. Even though burnout rates have reduced,^[2] the number remains a matter of concern.

Compassion fatigue, characterised by emotional exhaustion and reduced empathy, is a common endpoint of interacting with metastatic cancer patients. Clinicians find it progressively tough to link with their patients and offer essential assistance as they develop insensitivity to the grief encountered by them on a daily basis.^[3]

Moreover, the ethical anguish handled by doctor stems from circumstances where a lack of conformity is noted between their conscience and the treatment options available or the lack of it. In cases of metastatic cancer, decisions often have to be made about palliative care, near-death situations and the calls to withhold curative attempts. These decisions can lead to feelings of culpability and inability, which can have detrimental effects on the rational well-being of medical professionals. Young age and poor self-care have been identified as potential risk factors.^[4]

The identification of metastatic cancer sets off a series of difficult treatment choices for both patients and physicians. The patient's preferences, general health and cancer stage, must all be taken into consideration when doctors analyse the potential advantages and disadvantages of various treatment options. This procedure can be difficult from an ethical standpoint since it frequently requires juggling the quest for life extension with the avoidance of needless suffering.

It is controversial to utilise aggressive therapies such as chemotherapy, radiation therapy and surgery on individuals with metastatic cancer. Doctors must decide whether to pursue these treatments to try to extend life even though the likelihood of success is low or to concentrate on palliative care to enhance the patient's quality of life while they still have some time to live.^[5,6] The pressure to give

patients and their families hope while being honest about the likely results exacerbates this ethical conundrum.

In addition, when dealing with patients who have metastatic disease, doctors must have emotionally charged conversations about end-of-life care, do-not-resuscitate orders and advance directives. Sensitivity, empathy and the capacity to encourage informed decision-making while upholding the patient's autonomy are necessary for these conversations.

Metastatic cancer cases have contributed to the evolving role of healthcare providers in palliative care. Palliative care aims to enhance the quality of life for patients with life-limiting illnesses by managing symptoms, providing emotional support and addressing spiritual and psychosocial needs. In the context of metastatic cancer, palliative care becomes a crucial component of the patient's journey.^[7]

Doctors are increasingly expected to collaborate with interdisciplinary teams, including palliative care specialists, psychologists, social workers and chaplains and to address the multifaceted needs of patients and their families. This collaborative approach recognises the importance of holistic care and emotional support in addition to medical treatment.^[8]

Moreover, doctors must become skilled communicators capable of navigating difficult conversations with empathy and clarity. Effective communication is essential in helping patients understand their prognosis, treatment options and the potential benefits of palliative care. Doctors must also facilitate discussions about the goals of care and help patients articulate their end-of-life preferences.

Patients presenting with metastatic cancer have a profound impact on doctors, both emotionally and professionally. Doctors face emotional challenges, including compassion fatigue and moral distress, when caring for these patients. Ethical dilemmas surrounding treatment decisions, end-of-life care and advance directives add complexity to their roles. Furthermore, the evolving role of healthcare providers in palliative care emphasises the need for interdisciplinary collaboration and effective communication skills.

Recognising the unique challenges posed by metastatic cancer patients and providing support and resources for doctors is essential in ensuring the well-being of healthcare providers and the provision of high-quality, compassionate care. As medical science continues to advance, the hope is that better treatment options and a deeper understanding of metastatic cancer will alleviate some of the burdens faced by both patients and doctors in the future.

Ethical approval

Institutional Review Board approval is not required.

Declaration of patient consent

Patient's consent is not required as there are no patients in this study.

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Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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