

Importance of Patient Attention to Physician Care – My Opinion

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In “my world” of living with prostate cancer since 1992 – that’s 27 years folks, a period beyond which many reading had not even reached the age to begin their study of medicine while others were well into their profession charged with caring for the lives of others - I have come to conclusions based on my actual experience as a mentor over the past 23 years following my prostate cancer recurrence in 1996, and what I have learned from the thousands of patients I have mentored to better understand our insidious men’s disease, its appropriate treatment, and treatment of the side effects that accompany most treatment options, regarding the experience and expertise of those charged with our care. Many of our physicians are always willing to learn more and keep up-to-date on the latest treatment methods or medication availability that occurs almost daily – and I/we so appreciate them - while too many others have come to believe they are sufficiently knowledgeable to ignore that which is new, available, or to learn from those who DO keep up-to-date (aka, an unfortunate developed ego that refuses to learn from others).

Just in my prostate cancer world of recurring or advanced disease and in my research are papers that have been published showing concrete evidence how dihydrotestosterone (DHT) stimulates PCa growth, and other papers that now vindicate Proscar (finasteride) and Avodart (dutasteride) - formerly thought to increase high-grade PCa - but instead could be preventative agents to lower PCa occurrence as well as hold in check PCa from growth and proliferation; this stuff gets ignored. And pioneering work of Farnsworth on the importance of suppressing prolactin, or the landmark paper by Steineck on how concurrence of biomarker response tells us a great deal about survival in response to treatment, or the 2007 paper by Scholz, Strum and others on how reaching a PSA nadir of ≤ 0.05 is more important than PSA or Gleason score re survival— that and so much more is either not known by many

physicians treating prostate cancer or is ignored. It is the impact of the not knowing or ignoring on the lives of so many men and their morbidity and mortality that has affected them and their sphere of loved ones that always concerns me.

Just one case in point as an example: how many are aware of the percentage of deaths that have occurred with the administration of Zytiga/abiraterone to patients with already present cardiovascular disease (CVD)? How many even pre-determine if the patient is experiencing CVD? How many patients even reveal or know that they have CVD? Yet, the prescribing of Zytiga is common-place when metastasized castrate-resistant prostate cancer (mCRPC) is evident and recent studies have only now brought attention to this important concern. (“Compared with the 15.8% crude 6-month post-abiraterone mortality rate for those with no CVD, the rate was higher for each of the pre-existing CVD categories the researchers assessed: ischemic heart disease (21.4%), stroke (22.1%), congestive heart failure (23.4%), atrial fibrillation (24.4%), and acute myocardial infarction (25.6%) [1,2].

There are many other cases wherein lack of awareness of other health issues of a patient and the prescribing of medications without due diligence have led to unanticipated side effects.

Please, open up to learning from those who are specialists “specifically” in research, deep study, and recognition of the latest inroads to latest medications used in the treatment of prostate cancer, and more specifically, recurring and advanced prostate cancer. I recognize that with the volume of patients diagnosed with the wide variety of cancers, most every day is a day of reacting to the requirements of treating those patients and little time is open to keep up-to-date with the latest innovations occurring daily. Use even brief research to their names or to “prostate cancer research”

to learn what they have learned as specific specialists in the treatment of prostate cancer and impart in medical journals [3].

Of further concern

Prostate Cancer patients need to be aware what they can do when a physician to whom they have been assigned is ignoring listening to and actually addressing their concerns; when he/she takes offense when asked if aware of and making use of the most recent new treatments and/or medications available (wherein they claim they don't need to be reminded because they know what the patient needs); are recommending or insisting on treatment you are not sure is appropriate and the physician will not explain precisely why that treatment is best for you as well as explain specifically what is included in that treatment; does not suggest alternative treatment considerations (e.g. radiation vs surgical removal or vice versa); takes offense if you ask for a second opinion; and everything about the physician seems over-bearing, self-righteous, indicating a "my way or the highway" attitude.

As an "Advocate," when I learn of patients experiencing these issues with a physician and they express concern for their appropriate treatment and well-being, I most certainly recommend they "take the highway" and find a physician who shows evidence of actual, caring concern; one who listens to and addresses "their" concerns; fortunately, there are multitudes of "caring" physicians and I rarely have difficulty finding one for a patient.

I then assist them in finding such a physician, through:

- Personal awareness of such physicians in the area where they live.
- Determining the location of the patient then going online and finding an appropriate physician in that area wherein I may even call the staff and explain the type of physician I am seeking for a patient.
- Asking physician friends if they are aware of an appropriate physician in the location of the patient.
- Or do further personal research to find such a physician.

Whatever is necessary for the patient to avoid further worry with the physician who is showing him disregard.

No man is an island, entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friends or of thine own were; any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee.

John Donne (Devotions upon Emergent Occasions, no. 6 written in 1624)

"What we have learned about what man learns from history is that man learns nothing from history".

-Churchill.

"Our lives begin to end the day that we become silent about things that matter".

-Martin Luther King

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