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A DESCRIPTIVE RESEARCH ON A PHYSICIAN'S ABILITY AND EXPERTISE IN ORDER TO DIAGNOSE CANCER AND DELAYED DIAGNOSIS ASSOCIATED FACTORS

[1]Javaid Aamir, [2]Sheharyar Ahmad, [3]Ali Umair
[1]Shalamar Medical College
[2]Fatima Memorial Hospital
[3]Punjab Medical College

Abstract:
OBJECTIVES: *To find out and analyze the factors responsible for suspension in diagnosis of cancer and to recommend the possible way forward on the issue.* ***STUDY DESIGN:*** *The study design was descriptive.* ***PLACE AND DURATION: The research was conducted for a period of 6 months commencing from April – November, 2016. The activity was carried out a****t Nishtar Hospital, Multan.* ***METHODOLOGY: A total of*** *100 patients suffering from cancer and admitted in hospital (for the treatment or diagnosis) were included in the study. The patients' history was recorded on a form after interviewing each patient.* ***RESULTS:*** *The results were compiled for delays in diagnosis and treatment (9.24 & 1.9 months respectively) by dividing the sample into two groups autonomously. The delay in diagnosis in most of the cases was attributed to factors such as lack of awareness, local practitioners, economical constraints and transportation problems (65%, 85%, 80% and 60% respectively). Increased diagnosis time for the cancer to make a final go for treatment delays the treatment process. In addition, some patients (60%) fail to report for treatment due to financial and conveyance issues.* ***CONCLUSION: The ability of a doctor to judge the patient's current situation, diagnosis and guiding him to right hospital for cancer treatment well in time is the first and foremost step in fighting cancer. The delays in diagnosis and treatment can be minimized by the doctor once the patients report for treatment.***

Key Words: *Cancer, Diagnosis, Treatment, Delay, Causes.*

Corresponding author:
Javaid Aamir,
Shalamar Medical College

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INTRODUCTION:

The statistics for cancer are changing dramatically around the world. It had observed that the cancer had increased in males and females during 8 years (2002 to 2010) by 20.5% and 19.3% respectively [1]. The mortality and morbidity associated with cancer is changing due to the advancement in the diagnosis and treatment in this field [2]. The developed countries have a very effective mechanism for diagnosis and regular population screening for different types of cancer including cervical, breast and colonic cancers [3]. This is not the case in most of the under developed countries. In Pakistan diagnosis and treatment facilities for cancer are out of reach of people residing in backward areas. The number of cancer hospitals is very low and almost all of them are situated in developed urban localities. Due to this fact, most of the cancer patients report to the hospital in last stages when treatment is of no use. Many factors have been reported by different studies which slow down the diagnosis and treatment process for cancer. These factors consist of patient's financial status [4], awareness [7, 8], ability of doctor to diagnose and respond [5], fear of death [9], stress [6] and age [7, 8] of the patient. Some studies concluded that the delay is due to patients' casual behavior to report to a cancer specialist and late diagnosis by the doctors [10, 11]. For any reason, the delay is dangerous for the life of the patients [12]. The purpose of this study was to highlight these factors and suggest a suitable and practical solution for the problem.

METHODOLOGY:

The research was conducted for a period of 6 months commencing from April – November, 2016. The activity was carried out at Nishtar Hospital, Multan. The subjects were cancer patients and were admitted in the Nuclear Institute of Medical Radiotherapy. The subjects revealed different causes of delay for their presentation during the interview session and all the information was recorded for each patient. The patients and their attendants were briefed about the objective of the study and permission was obtained from the ward in-charge for the conduct of the study. The patients were asked questions about the symptoms, presentation at hospital, diagnosis and start of treatment after diagnosis. The average delays in diagnosis and treatment were measured by simple arithmetic means.

RESULTS:

The sample age range was from 5 – 80 years. The oldest subject was an eighty-year male and the youngest was a five-year-old male child. Both were suffering from different types of cancers (carcinoma of Larynx and Retinoblastoma respectively). Most of the cancer patients in our sample were between 41 to 50 years old. The distribution by age is given in Table – I below. The sample was composed of both males (48%) and females (52%). The types of cancer prevailing in the subjects are given in Table – II in descending order. The types of cancer included esophageal cancer, Laryngopharynx, breast cancer and oral cancer (7%, 10%, 14% and 22% respectively). The remaining types were between 2 to 5 %.

TABLE – I: Age distribution of patients suffering from cancer

Age Group (Years)	0-10	11-20	21-30	31-40	41-50	51-60	61-70	70-80	TOTAL
Patient's Number	1	3	12	20	26	20	16	2	100

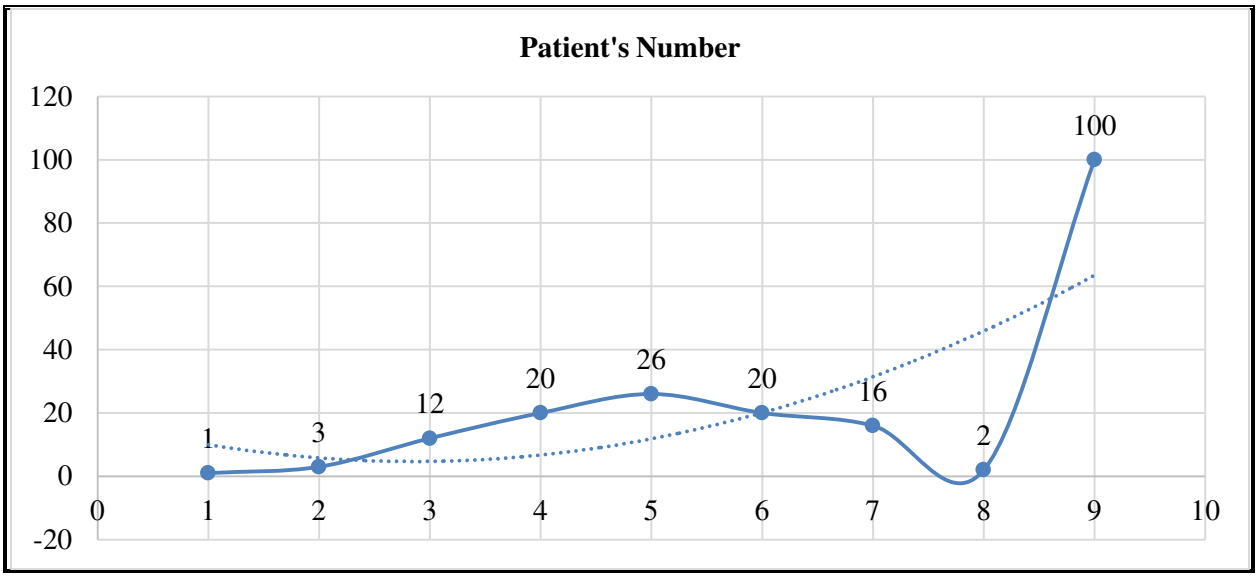
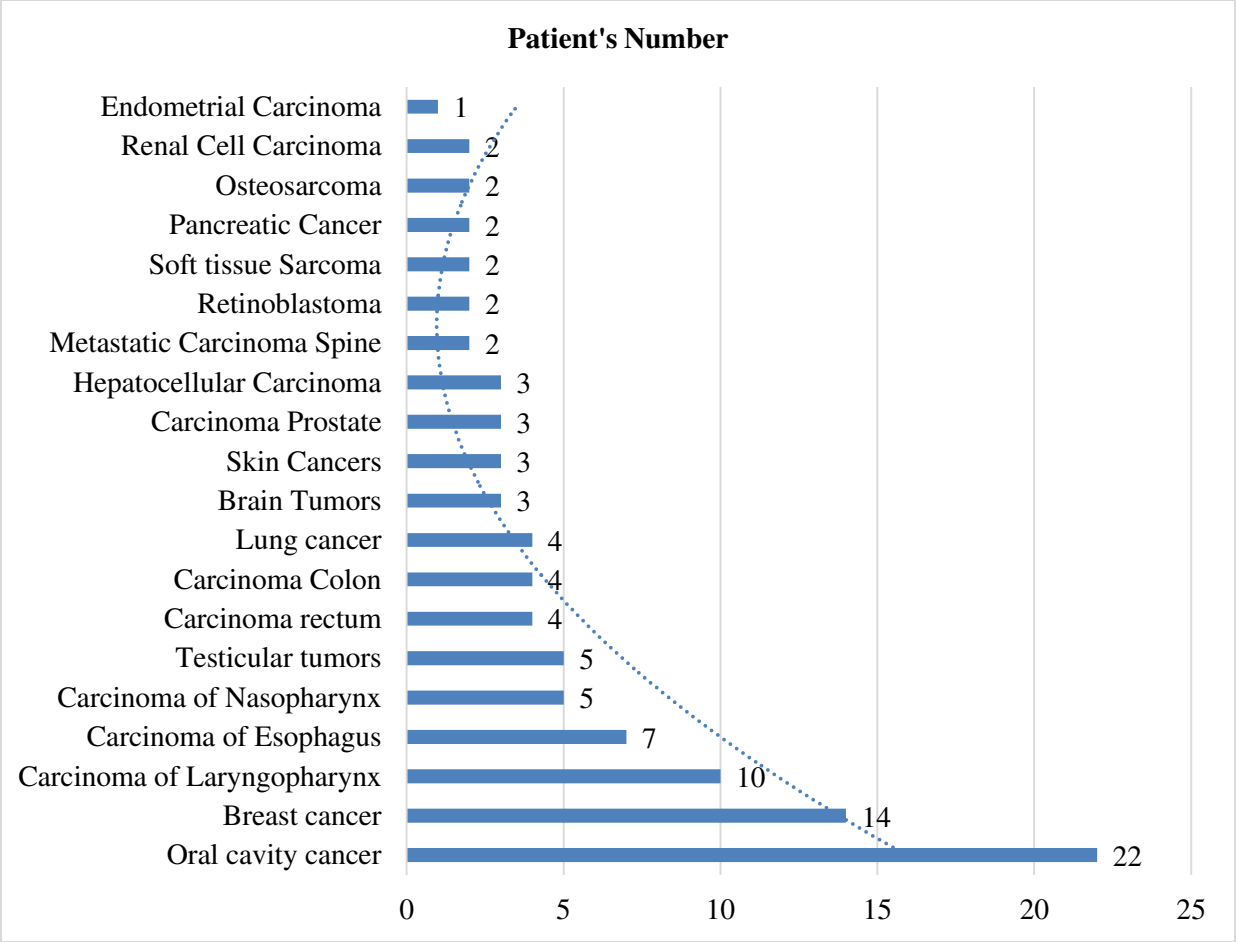


TABLE – II: Number of patients suffering from different types of cancer

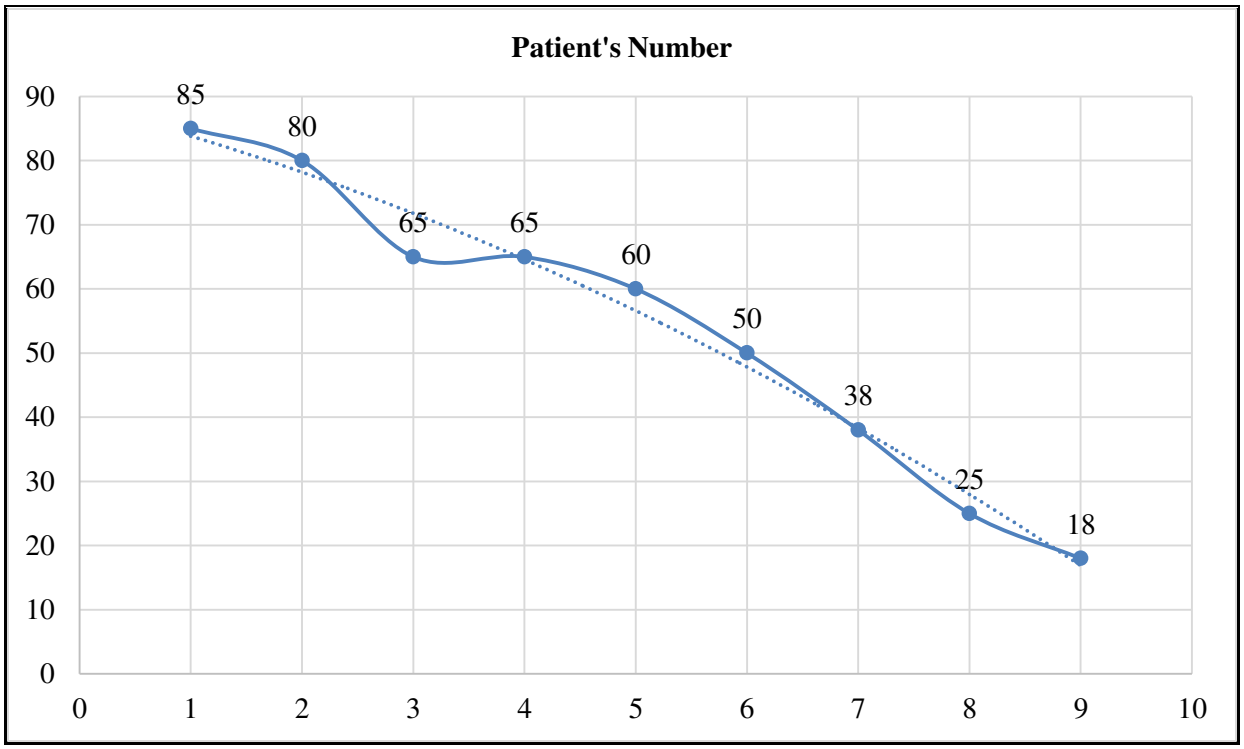
Cancer Type	Patient's Number
Oral cavity cancer	22
Breast cancer	14
Carcinoma of Laryngopharynx	10
Carcinoma of Esophagus	7
Carcinoma of Nasopharynx	5
Testicular tumors	5
Carcinoma rectum	4
Carcinoma Colon	4
Lung cancer	4
Brain Tumors	3
Skin Cancers	3
Carcinoma Prostate	3
Hepatocellular Carcinoma	3
Metastatic Carcinoma Spine	2
Retinoblastoma	2
Soft tissue Sarcoma	2
Pancreatic Cancer	2
Osteosarcoma	2
Renal Cell Carcinoma	2
Endometrial Carcinoma	1
Total	**100**



The delay in diagnosis calculated for the sample was 9.24 months. Factors causing the delay in diagnosis are given in Table III. The leading causes observed were basic healthcare facility delays and economic constraints (85% and 80% respectively). A few patients (50%) consulted some quacks and spirituals for their satisfaction. Most of the patients were from far flung areas where quality medical services were unavailable (65%). A large number of the subjects were facing economic and transport problems (80%) whereas some patients were facing social issues like a female patient was of the view that a lady doctor should treat her breast cancer (18%). The study delivered that the treatment delays in our case was 1.9 months. During this time, the patients go through different investigations and final diagnosis for cancer to start the treatment.

TABLE – III: Frequency of causes of delay in diagnosis

Reasons of Delayed Diagnosis	Patient's Number
Consulting different doctors	85
Financial problems	80
Conveyance problems	65
Residing in remote areas where medical facilities are not available	65
Lack of education (Illiterate patients)	60
Seeking religious cure	50
Non-co-operative family members	38
Seeking Homeopathic treatment	25
Social problems	18



DISCUSSION:

Modern countries emphasize on speedy diagnosis and treatment of cancer. Screening is possible for many types of cancers in developed countries which include prostate, breast, cervical and colonic cancers [2, 3]. In our country such facilities are only available to a limited population residing in cities and posh areas. These screening facilities are not easily available to the general population living in rural areas. Most of the subjects were illiterate and from low income families (farmers and laborers). They had to travel to the cancer hospitals which required conveyance and money. The fact that they cannot spend more on their treatment compels them to see a local doctor or quack. The patients as well as doctors in those areas believe in seeking spiritual help for this fatal disease. In case, some patients manage to reach a good hospital a lot of time is wasted in preliminary investigations and diagnosis. The list of investigations includes but not limited to Radiology evidence, Mammography, Blood results, Hormone assays, Tomography, cytology, Bone scan, Needle biopsy, Magnetic Imaging etc. Moreover, a few numbers of tests were critical and patients have to wait for their turn causing delays in diagnosis.

The existing work on the topic has reported the delay of 3 months whereas in our case the delay was more than 9 months. Most of the delay (85%) in our research was due to the patients' intention to get local treatment to save the money. Such delay was reported in 45% cases in another study [8].

The financial problems faced by the subjects of our work were also reported by a study conducted in Denmark [4] which stated the delays were caused by economic factors. Fear of surgical procedures and complex investigations were some other factors reported by another study [9]. Some factors which caused the delays in our study were not observed in the studies conducted in modern countries due to better healthcare facilities and improved mechanism for the diagnosis and treatment of cancer in those countries.

Another study delivered that delays in breast cancer were attributed to illiteracy, lack of knowledge and social factors [15]. The delay factors, somehow or other, depend upon the doctors at some point during the process of diagnosis and treatment. Many international studies have confirmed the finding of our study in this regard [5, 8, 13, 14].

To eliminate the delays prevailing in both segments, we need to educate the people and cancer screening facilities to be made available at rural area. The doctors should be trained in a way that they immediately dispatch the patients to the cancer care facility upon initial suspicion or diagnosis of cancer. Moreover, strict actions are required against the quacks and spiritual healers who play with the life of innocent people. The government should provide free

of cost transportation and examination arrangements at routine checkup of cancer patients. The waiting lists should be minimized by providing the cancer hospitals sufficient testing equipment and expertise. This will surely reduce the delays in diagnosis and speed up the treatment process. Mobile units for early screening of cancer can be a better option in rural areas. The deserving patients should be financially supported after the scrutiny of their financial statuses.

CONCLUSIONS:

The ability of a doctor to judge the patient's current situation, diagnosis and guiding him to right hospital for cancer treatment well in time is the first and foremost step in fighting cancer. The delays in diagnosis and treatment can be minimized by the doctor once the patients report for treatment.

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