AN ANSWER TO SOME CRITICISMS OF CANCER EDUCATION

A SURVEY AMONG GENERAL PRACTITIONERS

BY

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In January, 1957, the Manchester Committee on Cancer completed the fifth year of an experiment in public education about cancer (Paterson *et al.*, 1954). Rejecting fear techniques, large public meetings, and the indiscriminate use of printed matter, the scheme emphasizes the hopeful outlook for those accessible cancers—breast, cervix uteri, and skin—which give rise to early symptoms easily recognized by the patient; and shuns such misleading general claims as “Cancer is curable.” In those towns of South-East Lancashire and North Cheshire where the scheme has been conducted, over 700 lectures have been given to lay organizations and summarized in local newspapers. Publicity has therefore been maintained at a sufficiently high level of intensity for any ill effects to have forced themselves on the notice of general practitioners.

Object of the Survey

It was therefore decided to carry out a survey among doctors practising in the area to test the validity of the frequently voiced criticisms that cancer education would create cancerphobia among the public and add unnecessarily to the work of general practitioners. Some idea of the prevalence of this attitude to public education may be gained from the results of a survey carried out in 1953 by the British Empire Cancer Campaign (Horder, 1953). All general practitioners were asked if they considered that “the launching of a scheme of lay educational propaganda on cancer (by pamphlet, lectures, films, etc.) would be of assistance in securing the earlier diagnosis of cancer, and thereby improving the chances of a cure.” Of the 24% who replied (5,053), more than half (2,683) were opposed to the idea of cancer education. But at that time few doctors had experienced the effects of a well-conceived cancer education scheme, and most were therefore being asked to forecast the probable outcome of an ill-defined situation. Doctors concerned in the present survey have, on the contrary, worked in an area subjected for five years to intensive propaganda of every suitable kind, and their views must carry correspondingly greater weight.

The objects of the survey were, firstly, to determine whether the cancerphobia anticipated by the critics of cancer education has materialized; and, secondly, to discover what general practitioners in the district think about the scheme. The survey was conducted by telephone, and doctors from all but 7% of the practices on the executive councils' lists for Ashton-under-Lyne, Bury, Heywood, Middleton, Oldham, Radcliffe, Rochdale, and Stalybridge were questioned. The number of questions was kept to a minimum; the final question left the doctor free to prolong or to close the conversation according to his own inclination and the time at his disposal.

Question 1: “Have the Committee's talks ever caused you any additional work—patients made uneasy by a lecture, who came to your surgery without observable symptoms?”
Answer: Yes, 3; No, 105.

Of the three doctors who said “Yes,” two said genuinely ill patients had come for advice at the same time. The third said the one patient in question was a confirmed hypochondriac and a regular visitor to his surgery with trivial complaints. These doctors accounted for three of eleven who said they were prepared to deal with the needlessly fearful patient if at the same time the patient with cancer was induced to come early.

Question 2: (a) “Have patients ever mentioned the talks to you?” *Answer:* Yes, 19; No, 89. (b) “To your knowledge have patients been induced by our publicity to consult you?” *Answer:* Yes, 9; No, 99. (c) “If patients came because of our publicity, were they justified by symptoms in doing so?” *Answer:* Yes, 6; No, 1; Some were, some were not, 2.

The answers to this question show a surprisingly high number of positive replies. It must be unusual for a patient to tell her doctor what induces her to seek advice, for it is undoubtedly unflattering to admit one has been impelled by others to take a course of action to which, by common consent, there is no sensible alternative. Nor is it likely that a doctor will concern himself with the reasons behind a visit from the really ill patient. But it is not unreasonable to expect him to probe more deeply when the visit of the cancer-conscious patient is not justified by symptoms, and he will remember the occasion long after he has forgotten the woman with simple mastitis, who, unknown to him, was prompted by the same talk to seek his advice.

It can be assumed, therefore, that the answers to Question 2 show an unfavourable picture of the propaganda's effects on the public; for more doctors will be aware of the few undesirable consequences than will know about its beneficial ones.

Question 3: “Have you any impression that in recent years women are more ready to seek advice at once for disorders of the breast and uterus?” *Answer:* Yes, 77; No, 21.

This question, formulated because of a doctor's observations early on in the survey, was put to 98 doctors. The answers of the 77 doctors who said “Yes” were qualified as follows:

Breast cases seem to come earlier.	Little or no change	
with uterus		32
Uterus cases seem to come earlier.	Little or no	
change with breast		10
There seems to be less delay with both sites		35

These are, of course, no more than subjective impressions. Some doctors admitted that their answers might well be influenced by recent distressing or encouraging experiences. Nevertheless a majority of practitioners in the area seem to think there exists a more matter-of-fact attitude towards symptoms which most women believe may have a serious explanation.

Question 4: “What is your opinion of this campaign? Do you think it has any value?” *Answer:* Entire approval, 97; Neutral, non-committal, “may be useful, and unlikely to be harmful,” 10; Sceptical of value, 1; Harmful to public, none.

Doctors' Criticisms and Suggestions

This final question left doctors free to express their opinion of the value of the campaign and to offer suggestions for its improvement. In the first category are only those doctors who wholeheartedly endorsed the campaign: “Every doctor in Oldham knows about this and thoroughly supports it,” “Who could possibly criticize this attempt to make people more aware of these things?” were typical comments.

Doctors who were reluctant to express an opinion without reflection, or who thought, “Your methods can't do much harm, and may possibly be valuable,” form the second category. One objected to publicity about breast cancer, suggesting that to describe five-year survival after mastectomy

as a "cure" is to mislead the public. He agreed that there may be value in concentrating on other accessible sites—skin, cervix uteri, and bladder.

Only one doctor was thoroughly sceptical of the usefulness of the scheme. His criticisms were that even an informed lay public is "unable to exercise judgment," and that it is inaccurate to assess five-year survival for stage 1 cancer of the cervix uteri at any higher than 40%. He had no trouble with neuroses in his practice, because "my patients would be afraid to come to me without observable symptoms." He thought, however, the campaign could do little harm.

Not one doctor thought the scheme harmful. None had been caused any work he considered unnecessarily onerous.

Twelve doctors compared this project's cautious approach favourably with press, radio, and television publicity about cancer and health matters in general. There was strong and repeated criticism of sections of the press on the grounds that vague symptoms are presented as specific to a particular disease, that attitudes and emotions are not taken into account, and that the reader "is not in a position to ask questions." "Some of the women's magazines cause us more trouble than enough," summed up the general feeling. Eleven doctors volunteered the opinion that, in any case, they would not mind if the talks did bring one or two cases of phobia into the surgery. Some of these eleven thought the same net might also enclose the sensible patient with genuine symptoms; others thought the propaganda might be effective in bringing the already worried patient along, and looked upon the reassurance of this patient as part of their work.

Conclusion

Implicit in the comment of some doctors was a gratified surprise that any organization whose work might affect their patients should think their views important. It may be that the project's cordial acceptance by general practitioners derives from our first exploratory talks with B.M.A. Branches and other medical organizations, and from this subsequent inquiry. Possibly the large numbers who voted against the British Empire Cancer Campaign proposal in 1953 did so because the questionnaire did not specify what lines the propaganda would take: our experience is that once aims and methods are explained, and are seen to take account of possible dangers, the approval of a majority of the doctors in general practice is wholehearted.

The figures obtained in answer to question 3 depend entirely on doctors' impressions, voiced on the spur of the moment, and it would be wrong to attach too much importance to this part of the survey. But these results may indicate a real trend in public opinion about cancer in this region.

It is no doubt a just criticism that ill-conceived propaganda, wrongly delivered, may cause widespread cancerphobia; but the results obtained in this inquiry indicate that it is possible to saturate a given area with carefully devised publicity over a period of years with little or no undesirable consequence for either patient or doctor.

REFERENCES

- Horder, Lord (1953). *Lancet*, 2, 137.
Paterson, R., Brown, C. M., and Wakefield, J. (1954). *Brit. med. J.*, 2, 1219.

MEDICAL NEW YEAR HONOURS

The names of the following members of the medical profession were included in the New Year Honours List published in the *London Gazette* on January 1.

Baronetcy

Sir HARRY PLATT, M.D., LL.D., M.S., F.R.C.S., Hon.F.A.C.S. Emeritus Professor of Orthopaedic Surgery in the University of Manchester. Lately President of the Royal College of Surgeons of England.

G.C.V.O.

Sir STEWART DUKE-ELDER, K.C.V.O., M.D., D.Sc., Ph.D., LL.D., F.R.C.S., F.R.C.S.Ed., F.A.C.S. Surgeon-Oculist to the Queen. Director of Research at the Institute of Ophthalmology. Ophthalmic Surgeon to St. George's and Moorfields Hospitals.

K.B.E. (Military Division)

PATRICK BRUNTON LEE POTTER, C.B.E., M.D., D.P.H., D.T.M.&H. Air Marshal. Director-General, R.A.F. Medical Services. Honorary Surgeon to the Queen.

ROBERT CYRIL MAY, C.B., O.B.E., M.C., M.R.C.S., L.R.C.P. Surgeon Vice-Admiral. Honorary Surgeon to the Queen.

Knighthood

HENRY KENNETH COWAN, M.D., F.R.C.P.Ed., D.P.H. Chief Medical Officer to the Department of Health for Scotland. Honorary Physician to the Queen.

HERBERT RONALD ROBINSON GRIEVE, M.B., Ch.M., of Earlwood, New South Wales, Australia. For services to medicine.

HANS ADOLF KREBS, M.D., F.R.S. Whitley Professor of Biochemistry in the University of Oxford. Honorary Director of the Cell Metabolism Research Unit of the Medical Research Council.

WILLIAM BENTLEY PURCHASE, C.B.E., M.C., M.B., D.P.H. Barrister-at-Law. One of H.M. Coroners for the County of London. Honorary Secretary, Coroners Society of England and Wales.

WILLIAM GEORGE DISMORE UPJOHN, O.B.E., M.D., M.S., F.R.C.S., F.R.A.C.S. Consulting Surgeon to the Royal Melbourne Hospital and the Children's Hospital, Melbourne, Australia. For services to surgery.

RALPH WHISHAW, C.B.E., M.B., Ch.M., F.R.C.P., F.R.A.C.P. Honorary Physician to Royal Hobart Hospital, Tasmania. For services to medicine.

C.B. (Military Division)

DOUGLAS BLUETT, O.B.E., M.B., B.Ch. Major-General, late R.A.M.C. Honorary Physician to the Queen.

FREDERICK ELVY LIPSCOMB, C.B.E., M.R.C.S., L.R.C.P., D.P.H., D.T.M.&H. Air Vice-Marshal, R.A.F. (ret.). Honorary Physician to the Queen.

ERIC THOMAS SUTHERLAND RUDD, C.B.E., M.B., B.Ch., F.R.C.S.Ed. Surgeon Rear-Admiral. Honorary Surgeon to the Queen.

C.M.G.

DONALD DIXON MCKENZIE, M.B., Ch.B., F.R.C.S., F.R.A.C.S. Senior Surgeon, Auckland Public Hospital, New Zealand.

C.B.E. (Military Division)

HUGH CUTHBERT SUTCLIFFE PIMBLETT, M.D., D.Obst.R.C.O.G., Group Captain, R.A.F.

C.B.E. (Civil Division)

ALEXANDER BROWN, M.B., Ch.B., F.R.C.P.Ed. Professor of Medicine and Head of the Department of Medicine, University College, Ibadan, Federation of Nigeria.

TREWAVAS PEARCE EDDY, M.R.C.S., L.R.C.P., D.P.H. Director of Medical Services, Sierra Leone.

GORDON LILICO, M.B., Ch.B., D.P.H. Lately Principal Medical Officer, Ministry of Health.

JOHN CAMPBELL MCINTYRE MATHESON, D.S.O., M.B., Ch.B. Principal Medical Officer, H.M. Prison, Brixton.

LAMBERT CHARLES ROGERS, V.R.D., M.D., M.Sc., F.R.C.S., F.R.C.S.Ed., F.R.A.C.S., F.A.C.S. Professor of Surgery in the University of Wales.

SEYMOUR COCHRANE SHANKS, M.D., F.R.C.P., F.F.R. Director, X-ray Diagnostic Department, University College Hospital. Consultant Adviser in Radiology to the Ministry of Health.

GEORGE HENDERSON STEVENSON, O.B.E., M.C., M.B., Ch.B. F.R.C.S.Ed., F.R.F.P.S., M.R.C.P.Ed., D.P.H. Lately Chairman, Executive Committee, British Red Cross Society (Scottish Branch).

EDWIN ALFRED TRIM, O.B.E., M.D., D.T.M.&H. Director of Medical Services, Uganda.

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JOHN ERNSTING, M.B., B.S. Acting Squadron Leader, R.A.F.
CHARLES MCNEIL, M.B., B.Chir. Lieutenant-Colonel, R.A.M.C.