

## CAN THE DENTIST ANNOUNCE CANCER OF THE ORAL CAVITY ?

Cyril Madar<sup>1</sup>, Norina Consuela Forna<sup>2</sup>, Philippe Pirnay<sup>1\*</sup>

<sup>1</sup> Faculty of Dental Surgery - Paris Descartes University – Departament of Public Health  
92120, Montrouge-France

<sup>2</sup> University of Medicine and Pharmacy "Grigore T. Popa" Iasi, Romania, Faculty of Dentistry

\*Corresponding author; *e-mail*: drphp1@orange.fr

### ABSTRACT

The way of delivering news about a cancer has gained increased importance in terms of respect for the patient and for their health. Among different types of cancers, the one related to the oral cavity shows a striking particularity: it is an organ that not only the patient, but everybody else can see. The preventive efforts carried out in France have allowed a significant reduction in the number of oral cavity cancers. However, no final battle has been won against this illness and therefore we need to continue developing new ways of informing patients that can address as many of them as possible and training seems to be of the essence in this field. The solution of a clear and adapted method is nowhere to be seen on the horizon, because each patient remains unique and each case has its own peculiarities. Nonetheless, the dentist's increased awareness and a more adapted training will lead to this primordial objective.

KEY WORDS: Oral cancer, public health, odontology, ethics

### Introduction

The cancers of the oral cavity show a striking particularity: it is an organ that not only the patient, but everybody else can see. The symbolism of the mouth plays here a great part; it is an organ of seduction, phonation, nutrition, respiration: the entry gate of the body which needs to give life or close sometimes, to avoid death. In addition, for the patient who has fallen victim to oral cancer, that means not being able to eat properly, speak properly or discovering a change in their voice, not being able to smile and fear the look on the face of the others staring at their deformity; therefore, this type of cancer bears a symbolic and functional particularity that needs to be taken into account at the moment of the announcement.

If the ethics of each dentist is to recognize and inform the patient as quickly as possible with

regard to a potentially lethal condition, the same ethics also binds them to refer the patient immediately to a specialized center that could carry out an extended assessment and make the real announcement of the diagnosis and its prognosis, with all that it includes in terms of various therapeutic strategies.

Our article is a reflection on the matter which acquires even more importance as most odontology services now address oral cancers, especially after the institution of the dental specialization of oral surgery.

If the dentist is required to perform a primary biopsy when confronted with a lesion, they cannot perform it unless they express their doubts and only with the patient's consent, after an informed explanation. If the results addressed to the practitioner (and here, to the dentist) confirm the nature of the cancerous nature of the lesion, the dentist has to inform

the patient on its nature with all the required tact and sensitivity and reformulate the results in their possession. But the dentist should have already contacted a colleague from an anti-cancer center in the area and should refer the patient to the specialized center for the extended assessment and for the beginning of therapy.

#### *Should the dentist make the announcement ?*

The announcement is often made by a doctor. In numerous cases, the dentist can, during their practice, find themselves in a situation to make an announcement because they are one of the first to have raised suspicions or to have been confronted with the diagnosis of oral cancer. Thus, according Dr. P. Hescot, current president of the International Dental Federation: *We will focus on the missing link in this chain: the communication with the patient. Because if identifying one lesion is one thing, bringing it to the patient's attention is another. Is the dentist ready for that? We will think about it and work on creating communication tools adapted to this challenge.*<sup>1</sup>

The Pr. J. Samson, President of the Society for Dental Science (Suisse) et al. adds: *The performance of the biopsy allowed the construction of an early relation with the patient, therefore it is the practitioner who made the intervention who needs to make the announcement of the diagnosis*<sup>2</sup>, while Dr. F. Gaultier states that *The legal challenge is that the person who performs the supplementary investigations and the diagnosis is the one who makes the cancer announcement. Therefore, a dentist who considers making a cancer revealing biopsy should be able to make the announcement. [...] On the other hand, the territorial grid doesn't allow all practitioners to address their patients, which calls for a need for training at the level of the announcement.*<sup>3</sup>

Thus, all these considerations show the major interest for the patient, which could be summed up as follows: *the essential part is to feel concerned about what's going to happen to their patient, being ready to dedicate them time and attention. One needs to ask themselves « if I were in that position, how would I like to be informed? »*<sup>4</sup>

From a legal perspective, the announcement can be made by the dentist. They should also have been properly trained so that they could assess all the implications and assure a quick orientation of their patient to a specialized service.

That is why we have made a survey to understand the patients' position when faced with this question.

#### **Material and method**

The survey took the form of a written, open and anonymous questionnaire, entitled: *"If you had a serious diagnosis, how would you like to learn about it?"* which allowed us to recover qualitative and quantitative data. It took place from the 1<sup>st</sup> of October to the 31<sup>st</sup> of the same month, 2016, in a dental cabinet from the Parisian suburbs, dedicated to a large mixture of socio-economic backgrounds: senior executives, workers, unemployed, French or foreign patients. The population included in this study met simultaneously the following three criteria: to have become of age, to be in the cabinet for the first time and to read, speak and talk English fluently. The questionnaire was shown to 30 new patients reporting to the dental cabinet during the interval of examination.

#### **Results**

Who would you like to inform you if there were a serious diagnosis to be communicated to you?(Fig.1)

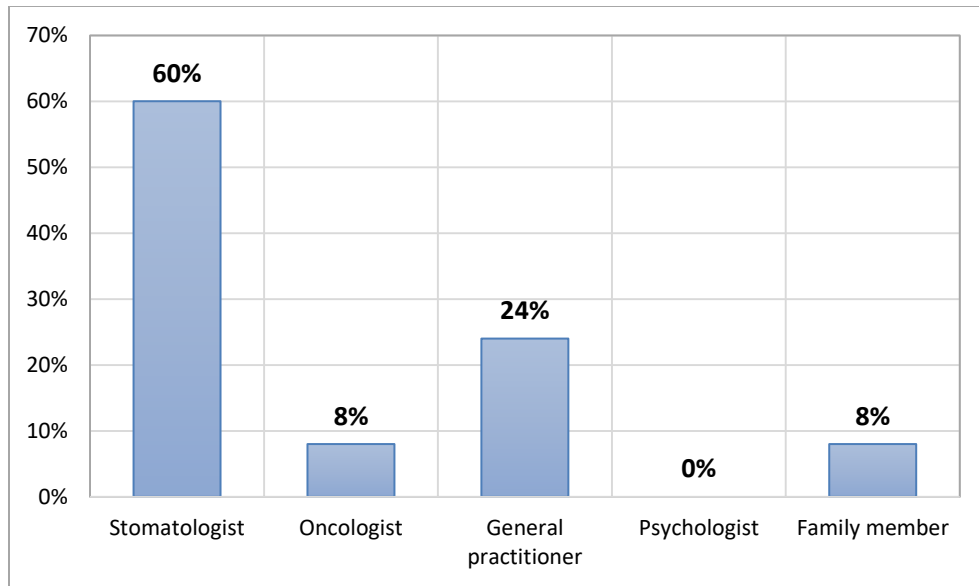


Fig. 1 : Desired announcer

- In which environment would you like to be informed? (Fig.2)

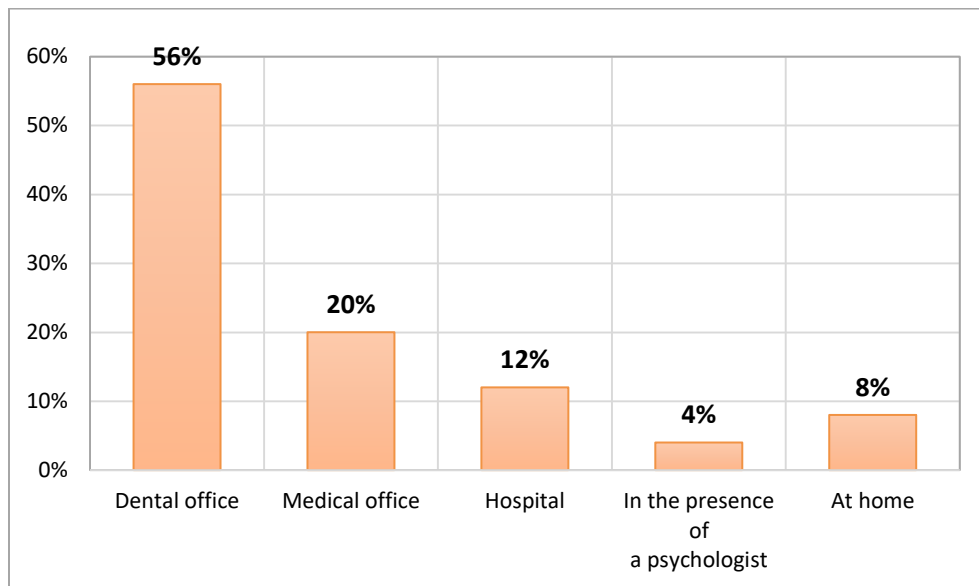


Fig. 2 : Desired environment

- At what time would you like to be informed? (Fig.3)

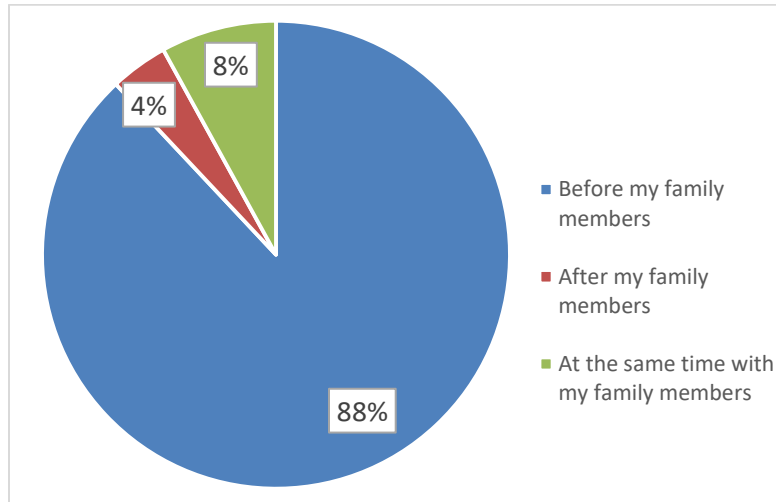


Fig. 3 : Desired moment in relation to the family

- Would you like your closed ones, the designated person of trust, to be informed with your consent? If yes, before or after you?(fig.4)

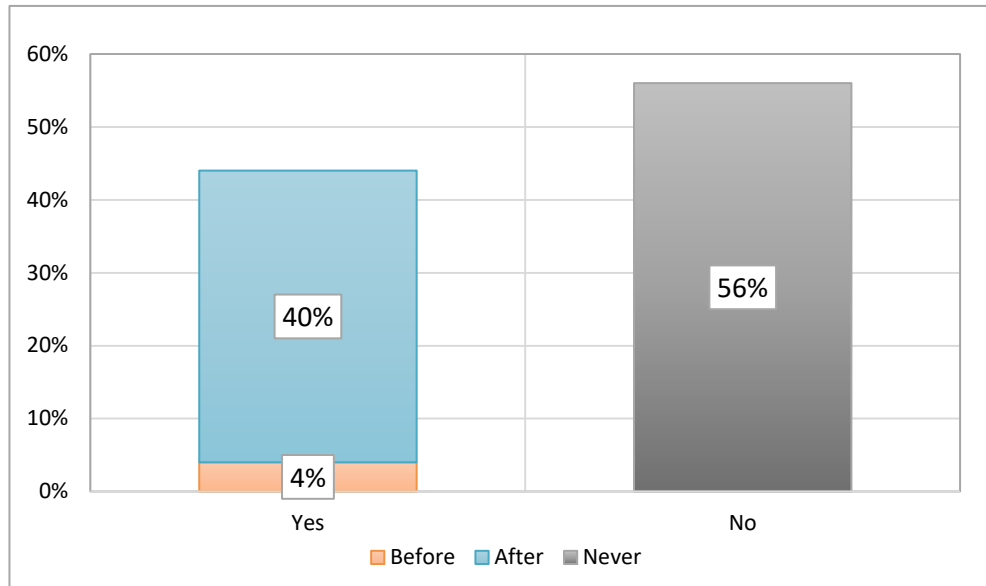


Fig. 4 : Desire to inform the closed relatives

- Would you like the doctor to hide the seriousness of the illness?(Fig.5)

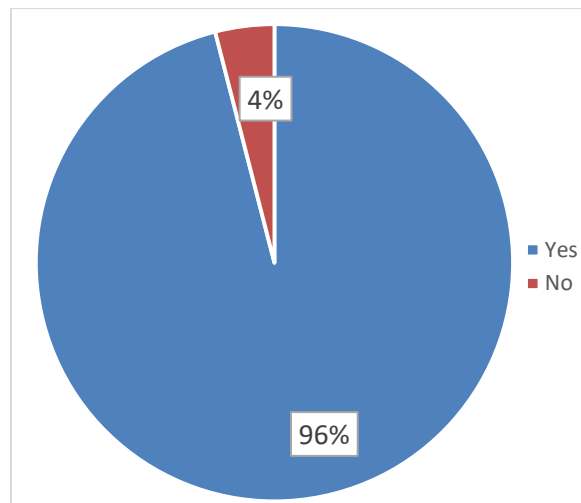


Fig. 5: Information on the severity of the disease

## Discussion

In case of suspicion of a cancerous lesion, the dentist can perform themselves the required biopsy to confirm or rule out the diagnosis. As soon as the cancer is confirmed, the dentist contacts the patient and invites them to receive the results. Our study shows, surprisingly, that most investigated patients would like their dentist to be able to make this announcement.

If a patient with an oral cancer diagnosis consults the dentist, after visiting or not an anti-cancer center and if the former asks questions on their real conditions, the doctor should answer the patient within the limits of their knowledge, aware of their limitations. According to HAS, the announcement should take place in a dedicated, but not specific place: a consultation room, a room with no other people present and a calm environment without any disturbance during the discussion.<sup>5</sup> The announcement should observe a certain privacy and the medical secret. The patient should be able to be accompanied, if so desires, by a close relative at all times.<sup>6</sup>

If the dentist announces the cancer, the announcement should be followed by the *immediate notification of the treating doctor, with the patient's consent, and by the orientation towards a specialized care center as soon as possible.*<sup>7</sup>

Each word should be carefully selected and adapted to the patient. Pr. M. Mousseau states : *What matters from a deontological or ethical perspective is not to deliver an objective truth, but to maintain with the patient a subject to subject relationship, in such a way as the patient could say: the doctor listened to me and I was able to ask him questions, he comes to see me and takes what I say into consideration.*<sup>8</sup>

However, there is no universal solution for this type of announcement. Even if certain

lines can be drawn, it is nonetheless true that each practitioner acts according to their sensitivity, convictions, as well as according to each patient and the knowledge they might have about them.

### *The progressive announcement*

In our study, 80% of the interviewed patients would like to learn about all information on their illness and its treatment at a single time. On the contrary, only 20% of the interviewed patients favored a progressive announcement, in several stages. A progressive announcement allows the patient, however, to assimilate and slowly understand their pathology and to manage their emotions and reactions thanks to an announcement in several stages that will take into account the feelings and reactions of the patients and their entourage.

The announcement must be followed by a specific plan that the practitioner should elaborate before. This preparation will allow them to lead the patient progressively to the diagnosis and prognosis, without feeling overwhelmed by the patient's emotions and interrogations. This plan would allow the announcer to manage their own anxiety and master this key moment, while fully listening to their patient.

Although verbal communication stands at the basis of a cancer announcement in interhuman relationships, the intonation, modulations, mimic, gestures, rhythm of the conversation and look take a prominent place. In fact, these behaviors are likely to modify the verbal message delivered by the dentist, they can give false hopes to the patient or translate again the practitioner's helplessness.

The notification of close relatives or of a designated trusted individual, in agreement with the patient, recalls of two articles related to the dental deontology. Article R4127-206 states that *the professional secret is mandatory for all surgeons-dentists, unless otherwise*

*stipulated by the law. The secret covers all aspects that have come to the surgeon-dentist's knowledge in the exercise of their profession, that is not only what has been entrusted to them but also what they saw, heard or understood.*

Whereas Article R4127-239 states : *Subject to the provisions of article L. 1111-7 and for legitimate reasons that the surgeon-dentist appreciates according to their conscience, a patient can be left ignorant of a diagnosis or severe prognosis. A fatal prognosis should only be revealed to the patient with great care, but the close relatives should generally be informed, unless the patient had previously forbidden this or appoints one or several individuals who should be informed.*

It is only in this deontological context that the medical secret could be exempted.

The patient and their concerns regarding death

Talking about cancer means talking about death. At the time of this study, when the patients were submitting the questionnaire, their first question was: *Can one die of mouth cancer?* That was their primordial fear.

Before tackling the patient's concerns facing death, it is therefore crucial for the dentist charged with the announcement to know the personal obstacles likely to harm fruitful communication. It can be the fear of death, over-accountability, the fear of being rejected or otherwise the fear for the emotional reactions of our patient: So many elements that should be identified in order to be able to manage them when time comes.<sup>9</sup> The same is said by the words of Pr. L. Schwartzberg : *The patient, especially the one with a poor prognosis, is the loneliest being on the planet. Victim of a yet unknown illness, object of mysterious care entrusted to unknown hands, isolated in front of the medical team that pulls the strings on their destiny, kept at a distance*

*by their family, far from society, they are lonely like never before in their lives, contemplating the excruciating possibility of potential death, of future death.*<sup>10</sup>

One should therefore make efforts not to confront the patient with the imminence of their death and be able to juggle between truth and lie in order to spare their feelings and progressively lead them to a serene acceptance of their life end. However, the difficulty of the announcement of an incurable disease rests in the variability of the patients' reactions, in the hours and weeks that follow and precede the announcement; that is why the dentist's training is crucial.

**The dentist's training.** Dr. P. Hescot, underlined the fact that we should *increase the dentist's awareness that their role is not only limited to medical care [...] with a diploma in psychology, we intend to further develop the psychology adapted to dentistry.*<sup>11</sup>

This observation has encouraged the creation of various trainings and sometimes very innovative initiatives. During the courses of general medicine, there are trainings under the form of seminars, but which are not mandatory. Doctors can opt for a specific postgraduate education, particularly in cancerology. But, as the specific training regarding the announcement of a mouth cancer are basically inexistent, the dentists are nowadays trained by means of the internet, of publications, specialized magazines and books and they complete this experience by the experience in the field. That could seem unconvincing and we should support the necessity of training in this respect for the surgeon-dentist, particularly the oral surgeon.

### Conclusion

*The dentist can save lives* stated Pr. A. Feki, explaining that the screening of mouth cancers is not very sophisticated: *it is enough for the patient to open their mouth.*<sup>12</sup> The role of the dentist in the announcement is therefore



essential and should be better acknowledged. But for all that, no universal method could be defined, because each patient is unique and each situation is unique<sup>13,14,15</sup>. The increase of the dentist's awareness in this field has yielded positive evolutions aiming at providing essential support to the patient and at reevaluating the image of this profession among its patients. Practitioners find themselves caught in the middle of the work coordinated between the patient and the family, confronted with the illness. This pathway proves beneficial during the patient's care because, beyond their trust in their dentist, the consultation is easier, the cancer

can be identified sooner and the chances of recovery are greater.

In twenty years, the number of deaths caused by oral cancer has halved<sup>3</sup>; that means that the prevention efforts carried out in this field dire by the dental profession has played a large part. Nevertheless, when faced with the challenge of this announcement, pluri-disciplinarity remains the answer that is best adapted to the patient. In particular, it allows the patient to meet the best specialists likely to answer their questions, both for the treatment to be instituted but also for the quality of their future life.

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