

Psycho-oncology in Poland

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Summary

Psycho-oncology is an interdisciplinary field of medicine that deals with the psychological aspects of cancer. Psycho-oncology is a sub-discipline of clinical oncology, psychiatry, clinical psychology and health psychology. It was formally established in 1975. In Poland, the Polish Psycho-Oncology Association deals with the issues of psycho-oncology since 1992. Despite the dynamic development of psycho-oncology, in Poland psychological help for people with cancer covered under the health insurance is not sufficient. The main tasks facing the Polish psycho-oncology is: to define psycho-oncologist profession and to make it administratively independent profession, to identify psycho-oncological benefits under the health insurance and to determine standards of psycho-oncological care in the National Program of Cancer Prevention.

Key words: psycho-oncology, Polish Psycho-Oncology Association, tumor, cancer, psycho-oncological help, oncology

New field of medicine

Psycho-oncology is a relatively new, interdisciplinary field of medicine. It is a sub-discipline of clinical oncology, psychiatry, clinical psychology and health psychology. Psycho-oncology was first established in 1970s in the USA by Jimmie Holland MD, the head of the Department of Psychiatry and Behavioral Sciences at Memorial Sloan-Kettering Cancer Center in New York.

The emergence and development of psycho-oncology have been influenced by several factors connected with the development of medicine and social life. The most

important factor has been a dynamic progress in the field of cancer treatment. Starting from 1920s, radiotherapy has been used; surgical treatment has been developed, whereas from 1950s, chemotherapy has developed to a greater scale [1]. Patients suffering from cancer diseases, undergoing specialist treatment and staying in oncological wards, had to confront with the disease having a range of negative connotations and stereotypes. It was noticed, then, that oncological patients often required a professional psychiatric support in coping with difficulties imposed by the disease, which contributed to the emergence of an interdisciplinary approach in medical treatment [2]. In 1970s the notion of health and disease was commonly defined referring to the biopsychosocial model [3], which broke the domination of biomedical reductionism in medicine that was undermining the non-biological factors of diseases and their treatment. The social climate of 1960s and 1970s was dominated by the sexual revolution, so by the important changes occurring in the hierarchy of social values. At that time, the topic of minority rights of different kind, including patient rights and the rights of the people suffering from stigmatizing diseases, such as psychiatric or cancer diseases, was discussed [1]. Convalescents began to speak as they had so far stayed in the shadow, because of the “someone with cancer” label. After the social debate on Betty Rollin “First You Cry” (1975), there were other publications of autopathography genre, mostly written by public people. As a result, the movements and associations of patients and their families were established.

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The character of oncological patient care has changed substantially also in Poland over the last thirty years. The approach to the disease has been changing. Despite that, cancer still remains a disease, which has a range of negative connotations and stereotypes reflected in the colloquial language mostly by the expressions denoting the consequences and ineffectiveness of the treatment: “incurable disease”, “imminent death in pain” [4].

Until the end of 20th century, as a result of the lack of legal regulations, the Polish patient did not have a guaranteed right to be fully informed about diagnosis or treatment. The former Medical Profession Act of 28 October 1950, which was in force until 1997, did not provide for any regulations about informing patients [5]. Customarily, they were to receive only good information, whereas unfavorable information, within the limits set by a doctor, was given only to patient’s family, regardless of the patient’s will. Patients were not informed especially about oncological diagnosis, fearing of negative emotional consequences to patients, their families and finally to medical personnel. Currently, in accordance with the legal regulations (Medical Profession Act and Patients’ Rights Act), a patient over 16 years of age, or his legal representative, have the right to be informed by a doctor about health condition, diagnosis, suggested and possible methods of diagnosis and treatment, predictable consequences of treatment and its discontinuance, results and prognosis [6, 7], which is connected to the necessity of obtaining patient’s consent.

In 1970s, psychosomatics (psychological genesis of diseases) and somatopsychology (psychological impact of diseases) became more and more popular in Poland,

as a consequence of the bio-psychosocial health and disease model implementation. It triggered research on psychological aspects of oncological patient's situation with reference to, for example, coping with psychological consequences of a disease, the role of social support, the quality of life in a disease, the impact of lifestyle on health, the relationships between personality and inclination to a certain behavior etc. The most research was undertaken by psychologists connected with academic centers. The number of research projects under the guidance of Maria Susułowska in 1970s or the important works such as "Quality of life assessment in cancer patients" edited by Krystyna de Walden-Gałuszko (Gdansk, 1994) or "Overcoming cancer disease" edited by Dorota Kubacka-Jasiecka (Krakow, 1999) are worth a mention.

In hospital wards, appeared first employment contracts for psychologists. In 1983, the Ministry of Health introduced 1st and 2nd degree postgraduate specialization in Clinical Psychology. Today, the employment standards in clinical oncology or palliative medicine wards require employing a psychologist, but usually on part-time basis.

In Poland, at the beginning of 1990s appeared a bottom-up movement of patients, who gradually began to form self-aid groups. The originators of many self-aid groups were professionals, unlike in the Western countries, where the group's originators were usually patients. In January 1987 in Warsaw, on the initiative of dr Krystyna Mika, the head of Maria Skłodowska-Curie Memorial Institute of Oncology Rehabilitation Center, the first Club of Women after Mastectomy, called today the Amazons Club, was founded. An *Amazon* is a specifically Polish name for a woman after mastectomy. It refers to a mythological tribe of warrior women of the Black Sea. An Amazon woman removed her breast because it restricted her movement during drawing back the string of a bow or throwing a spear. In 1991, there were already four Amazons Clubs in Poland; there was also the first national training for volunteers under the auspices of the movement "Reach to Recovery", conducted by experienced psychologists, involving observers from the USA, Sweden and Slovenia [8]. Currently, every woman suffering from a breast cancer can practically get support and help from the Amazon Movement, which consists of 15,000 female members. This organization is the originator of numerous educational and social actions regarding the psychological support role in overcoming the disease and its consequences, early diagnosis and effective patient-doctor communication.

In 1987, on the initiative of Dr Roman Góral, the head of the Department of General and Gastroenterological Surgery, Medical University of Poznan, the Polish Ostomy Association POL-ILKO was founded. It supports and initiates all activities favoring patients' return to normal everyday activity after a surgery. It currently has 20 regional branches and a few clubs in Poland. The organization is a member of both European Ostomy Association (EOA) and International Ostomy Association (IOA).

In Poland, the Carl O. Simonton's therapeutic program for people with cancer and their relatives is very popular since early 1990s. This method aims to improve the emotional functioning, increase involvement in the treatment process, improve communication [9, 10]. Program has documented efficacy, was successfully used in numerous cancer centers around the world with training programs for therapists in the USA, Japan, Switzerland, Germany and Poland. Thanks to the initiative promoters

of this method, a psychiatrist Mariusz Wirga and Simonton himself, people can be trained on the Simonton Program in several centers in Poland, including Krakow and Wroclaw. Each phase of training consists of five days of therapy and training sessions for patients and their support ones. Under current assumptions resulting from the experiences in other countries, the training takes place in three stages: I – therapist, II – supervisor and III – a lecturer/trainer [11]. The training centers also run courses of Rational Behavior Therapy – model of cognitive-behavioral therapy focused on self-help which is an integral part of Simonton’s method to educate patients especially in emotional competence [12].

Also, in 1990s in the stream of autopathography such books as “Cancer is my Chance” (1991) Valerie Dax, “Before I say Goodbye” (1999) Ruth Picardie appeared in Poland. They gained popularity, however, only a few years later, when a writer and columnist Krystyna Kofta published her memories of the disease, “Lewa, wspomnienie prawej” (“The left remembers about the right”) (2003) and a journalist and sociologist Anna Mazurkiewicz published “Jak ugryzie będzie znak” (“When it bites you. There will be a mark”) (2003). Mainly thanks to these books, the topic of personal feelings connected with a cancer disease was first put under public discussion, yet the publication “Olimpia” (“Olympia”) (1996) of the Polish artist author Katarzyna Kozyra should also be mentioned. She described body changes caused by chemotherapy on the basis of her own experience.

In 1992, on the initiative of Professor Krystyna de Walden-Gałuszko, the Polish Psycho-Oncology Association (PTPO) was founded in Gdansk. The members of PTPO are specialists who, because of their profession, encounter oncological patients (doctors, psychologists, nurses, dietitians, sociologists and priests etc.). The main goal of PTPO is the development of psycho-oncology through actions directed at meeting patients’ different needs: physical, psychological, social, spiritual and interdisciplinary studies as well as teaching-training activity.

In 2005, under the auspices of the PTPO, the National School of Psycho-oncology (KSP) was founded. Its goal is to run teaching, publishing and scientific activities. KSP elaborates on teaching programs and offers trainings for specialists and other people interested in psycho-oncology [9].

The journal “Psycho-oncology” is a press section of PTPO. It is the only journal on the subject in Poland. It has been published since 1996. Its range of topics includes all psycho-oncological issues. Also, the important role of the journal is to promote comprehensive medical healthcare. The psycho-oncological issues are also discussed in other scientific publications. More and more often, both reviews and research studies have been published in oncological, pulmonary, psychiatric, gastroenterological, urological, nursing and psychological journals etc.

One-year postgraduate studies in psycho-oncology are the important factor influencing the development of psycho-oncology in Poland, especially in terms of medical personnel. This postgraduate program is run by universities (both public and private). Their main task is to train medical personnel for the purpose of working with an oncological patient. The studies are complementary and broaden the scope of knowledge and skills within the framework of the basic medical training.

The Polish Psycho-Oncology Association issues special certificates for psycho-oncologists for outstanding merit and substantial experience in work with cancer patients. To obtain the certificate, a range of conditions must be fulfilled such as, appropriate education (medical, psychological or other in the scope of health sciences), membership of the Polish Psycho-oncology Association, documented at least 5 years of experience in psycho-oncology or palliative care, completed postgraduate studies in psycho-oncology, attended numerous trainings and conferences, appropriate number of supervisory meetings, final examination before a specially appointed board. The certificate can be obtained for 5 years. The certificate must be renewed every 5 years. Similar principles apply to the possibility of obtaining the certificate of Psycho-oncology Supervisor. In this case, it is, however, necessary to prove much greater professional experience in clinical work with an oncological patient.

Conferences, seminars and trainings organized mostly by universities play another important role in the development of psycho-oncology in Poland. Also, they are more often organized by medical institutions (personnel trainings) or local government (training for medical institutions, which are owned by the local government). The Polish Psycho-oncological conference is held every two years. Until now, there were 11 editions organized. Each edition has its main theme. In 2015 was the 12th conference on the subject "Role of psycho-oncology in the strategy of fight against cancer".

Addition to the above activities, essential for the development of psycho-oncology in Poland have activities in the field of prevention and health promotion, undertaken mainly by NGOs, especially associations of oncological patients. Very important is Polish Cancer Patient Coalition, who is the voice of over 100,000 cancer patients (32 organizations from all over the country). The Coalition works to improve the situation of all oncological patients, children and adults. They are also conducted nationwide preventive actions – one of the most famous organizations is the Rak'n'Roll Foundation that works to improve the quality of life for patients with cancer, breaks the taboo associated with the approach to the disease.

In 2014 in Krakow, first Polish stationary Psycho-oncology Center was opened. In the Centre patients may benefit from consultation with a psychologist, oncologist, nutritionist; they can as well as take part in activities such as music therapy and art therapy. Workshops for patients and families and multi-day classes for Amazons are also organized. Unfortunately the Psycho-oncology Centre does not have a contract with the National Health Fund (NFZ).

Psycho-oncology in the Polish Healthcare System

The National Health Fund (NFZ) is a state organizational unit, which has a function of a payer in the Polish Healthcare System – it finances health services from compulsory health insurance contributions.

In Poland, there are no separate psycho-oncological services reimbursed by the National Health Fund. Patients suffering from cancer are provided with psychological support within the scope of services offered by other organizational units, such as mental health outpatient clinics, psychological counseling centers or within the scope

of psychotherapeutic services, but in accordance with the conditions specified by the payer. It means that in case of the abovementioned institutions, not only oncological patients, but also all other psychological or psychiatric patients will be provided with support. In big medical centers (i.e., oncological centers) in agreement with the National Health Fund, mental health outpatient clinics or psychological counseling centers are established. They employ appropriately qualified personnel (however, not always psycho-oncologists). The experts on oncological treatment yet stress the necessity of entering into the catalogue of oncological treatment services a separate category referring to psycho-oncological health services. Only such a change will allow for building an effective and efficient working network of oncological and psychological support, which will guarantee a high level of service.

It is worth stressing that psychological support currently offered to cancer patients and covered by the health insurance is insufficient. Despite seemingly quite well-developed psycho-oncological care, most patients do not have any chance to benefit from it. Financial problems of many healthcare institutions cause that for some of them employing a psychologist or psycho-oncologist is treated as luxury. Apart from the financial aspects, the lack of understanding for patients' needs among the decision-makers in public health system is another factor. The Polish Healthcare System is still underfunded. There are other priorities, such as organizational, facility or economic problems; therefore it often happens that authorities and decision-makers are not interested in psychological problems of patients.

It should also be mentioned that the separate financing of psycho-oncological service by the National Health Service can happen when the profession of psycho-oncologist becomes an independent medical profession. The abovementioned certificates of psycho-oncologist do not meet the criteria of an independent profession. They are issued by the scientific society and are not always recognized by other oncological institutions (the certificates lack the legal empowerment).

Thus, in 2012 the Polish Psycho-Oncology Association initiated the works to formally distinguish the profession of a psycho-oncologist. According to "the Ordinance of Minister of Labor and Social Policy of 27 April 2010 on classification of occupations and specialities for needs in the labor market", the profession of a psycho-oncologist was entered in the register under number 228909 in the category of other medical professions. The Ministry of Health has its own definition of a psycho-oncologist: a person with higher education qualifications in psychology or medicine, who has graduated from a higher educational institution and has obtained Master's degree or equivalent and completed post-graduate studies in psycho-oncology. The definition provided by the Ministry of Health is controversial. There is no common understanding among theoreticians and practicing psycho-oncologist on the scope of it. Some think that a psycho-oncologist should be every person who completed post-graduate studies in this field, regardless of the profession (doctors, psychologists, physiotherapists, but also non-medical professions, such as sociologists, educators, priests etc.). Others claim that a psycho-oncologist can be a person, who completed post-graduate studies and obtained the certificate of the Polish Psycho-Oncology Association. Apart from that, there are also people who consider a psycho-oncologist everyone who work

with a psycho-oncological patient. The provided definitions are so discrepant that it was impossible so far to elaborate one single definition which would satisfy everyone.

Joining this broad discussion, the authors of the article also propose their opinion on the matter. In our opinion, the psycho-oncologist profession is strictly medical professions, therefore to be able to use the title “psycho-oncologist” one should meet the following criteria:

- completed medical studies or psychological studies (a title available only for doctors and psychologists);
- completed post-graduate studies in clinical psycho-oncology;
- documented minimum annual seniority with an oncological patient or a palliative patient.

At the same time the authors propose that education in the psychooncologist profession should have two stages. The first degree and the opportunity to use the title “psycho-oncologist” or “clinical psycho-oncologist” would be obtained by the people who meet the abovementioned criteria (average duration of education: 6–7 years), while the second degree and the opportunity to use the title “certified psycho-oncologist” would be obtained by the people who meet the conditions of the first degree and obtained psycho-oncologist certificate on the principles laid down by the Polish Psycho-oncology Association (average duration of education 9–10 years). The certificate would then be a special award for persons especially meritorious for the development of this field of medicine, but at the same time would not be a prerequisite for obtaining a license to practice.

Future of psycho-oncology

Psycho-oncology is developing and is becoming increasingly important in the treatment of cancer. In major cancer centers in the world including psychological support into medical services is a standard. It results in improved quality of treatment of patients, and as a consequence – increases their quality of living and dying. Also in Poland, psycho-oncologists work in some wards and clinics. They provide care for both the patient and their families. Associations, self-help groups and therapeutic groups are also formed. Unfortunately, psycho-oncologists are small and elite professional group. Reimbursement of benefits under social insurance is not enough for all in need, and taking into account the epidemiological statistics regarding cancer, it should be assumed that the need for specialist psycho-oncologists will significantly increase in the future.

The experience of the Western countries as well as literary studies indicate that about 20–30% of oncological patients require psychological support. Considering the number of people suffering from cancer diseases in Poland (about 600 thousand) the need for psychological support applies to 120–180 thousand people. Averagely, in a clinic, there are 60–70 patients per a psycho-oncologist in a month. If in a given month approx. 100 patients need psychological counseling, there should be one full-

time psycho-oncologist in the clinic. In case of residential facilities there should be one psycho-oncologist for every 20 hospital beds. The authors are aware, that the above calculations are unrealistic to be achieved today and in the nearest future, therefore, they propose that in Poland, there should be at least one psycho-oncologist/psychologist for cancer patients in each district (powiat). The potential number of professionals is 380 people.

Clearly defined standards of psycho-oncological care should become the element of national programs for oncological diseases. The current National Program of Cancer for the years 2006–2015 in Poland (NPZChN) lacks the consideration given to the psycho-oncological issues. However, the situation is slowly improving. The Ministry of Health has been updating the schedule of NPZChN and since 2012 has been announcing tenders in the scope of psycho-oncology (mostly for medical personnel trainings). In 2014, the national strategy of fight against cancer was developed (the so-called cancer plan), which every membership country should have, and which, according to the recommendation of the European Commission should include references to psycho-oncological aid.

In many countries in the world, telemedicine including telepsychiatry and telepsychology are dynamically developing. Also in Poland activities in these fields are being undertaken. One of such activity is the plan of creating the Internet Platform of Psycho-oncological support. This project aims at promoting psycho-oncology and creating conditions for providing modern and effective psycho-oncological support to patients. It should be a useful tool for psychologists, psycho-oncologists and other specialists. Apart from the extensive information part, an innovative solution will be the so-called on-line counseling for patients who cannot go to the doctor because of physical condition, place of residence or those who wish to remain anonymous [10].

Taking into account the above, the best years, in terms of development and significance, psycho-oncology has ahead of it.

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