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Cancer Ward

Patient Perceptions in Oncology

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Abstract

The novel *Cancer ward* (Solzhenitsyn, 1968) was used to examine the perceptions that cancer patients hold regarding their illness and its treatment, and how these perceptions relate to theoretical models in health psychology. Excerpts were identified, categorized and interpreted using the Self-Regulation Model of illness. The model's dimensions of illness perceptions were apparent throughout *Cancer ward*. Patients held specific representations about cancer, many of which are similar to those found today. Analysing a novel on cancer provides insight into patients' embodied experiences and perceptions of cancer and treatment. Incorporating illness perceptions into medical care improves the quality of life of patients.

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- *cancer*
- *illness perceptions*
- *literature & medicine*
- *novels*
- *quality of life*

Introduction

Pavel Nikolayevich went white around the mouth, stopped dead and whispered to his wife, 'Kapa, I'll die here. I mustn't stay. Let's go back.' (Solzhenitsyn, 1968, p. 10)

IN ONCOLOGY and in medicine in general, interest in the perspectives of patients on their illness, treatment, experiences and outcomes is now firmly established. Many medical journals have separate sections dedicated to these perspectives (e.g. The patient's perspective, The patient page, Medical humanities, 'When the tumor is not the target', in journals such as the *British Medical Journal*, *Chest*, *Journal of the American Medical Association*, *Journal of Clinical Oncology*, *Lancet* and *New England Journal of Medicine*). Past decades have also seen the establishment of journals specifically devoted to subjects such as quality of life, patient-reported outcomes, patient education and literature and medicine (e.g. *Literature and Medicine*, *Medical Humanities*, *Patient Education and Counseling*, *Quality of Life Research*). This has enabled the importance of topics around illness narratives and medical humanities to be demonstrated, and has led to the legitimate teaching of such material in medical schools and curricula (Solomon, 2008).

Attention to the patient's view on cancer, its diagnostic and therapeutic management, and 'living with cancer', serves several purposes. It sheds light on the existential plight of facing cancer; it may help physicians and other health care professionals incorporate the patient's views into medical management, which may in turn be instrumental in improving the quality of that management; and it may be instrumental in humanizing medicine by informing medical education (Cassell, 2004).

Numerous methodological approaches are employed in research conducted to explore patient perspectives, including self-report psychological measurement scales, interviews, non-obtrusive measures (e.g. assessing social support in a patient with cancer by counting the number of flower vases or get-well cards by the patient's bed (Badr & Taylor, 2008; Lee, 2000)). Novels and poems are also sources of data for exploring views and perspectives on living with cancer, patient-reported outcomes and quality of life (Charon, 2006). Many authors have written novels and poems which have as their primary topic being ill and having cancer. For example, Broyard (1992) describes his experience of living

and dying with prostate cancer, and Woolf (2002) provides an academic account of how illness is depicted in various novels.

A reasonable amount of academic scrutiny on patient perspectives, primarily using self-report studies, has provided a relatively large literature base in psychology as applied to medicine. This research shows that people hold cognitive disease prototypes and cognitive representations of illness (Petrie & Weinman, 1997), and has led to the development of a 'common-sense model of illness' (CSM) (see Fig. 1). This model outlines how bodily symptoms and signs, perceived by people in particular ways and within particular contexts, form individual illness perceptions that in turn have been shown to have effects on coping and illness outcomes (Hagger & Orbell, 2003; Leventhal, Brissette, & Leventhal, 2003). The CSM has been empirically tested and confirmed among patients with various kinds of acute and chronic illnesses (e.g. Scharloo et al., 2010).

Our aim was to explore whether current empirical knowledge about illness perceptions would be apparent within the realm of illness-related fictional literature, particularly literature written in a different historical time period and cultural setting. Therefore, we chose to focus on a novel that was published in Cold War Russia in 1968, namely *Cancer ward* (Solzhenitsyn, 1968). The historical setting for this novel, Stalinist Russia in the mid-1950s, and the social setting, literally a cancer ward inhabited by patients from diverse backgrounds (some previously exiled from Russia, some peasants, some well educated, one the epitome of Russian bureaucracy) with various forms of cancer in various stages, enabled an exploration of our knowledge regarding patients' illness perceptions in a different realm (fiction), culture and time period.

Method

A melanoblastoma is such a swine you only have to touch it with a knife and it produces secondaries. You see, it wants to live too, in its way. (Solzhenitsyn, 1968, p. 218)

Cancer ward: the data

Cancer ward is about a group of patients on a cancer ward in 1950s Stalinist Russia who have different backgrounds, cancers and treatments. The central protagonist is Oleg Kostoglotov, who has entered the hospital in severe pain expecting to

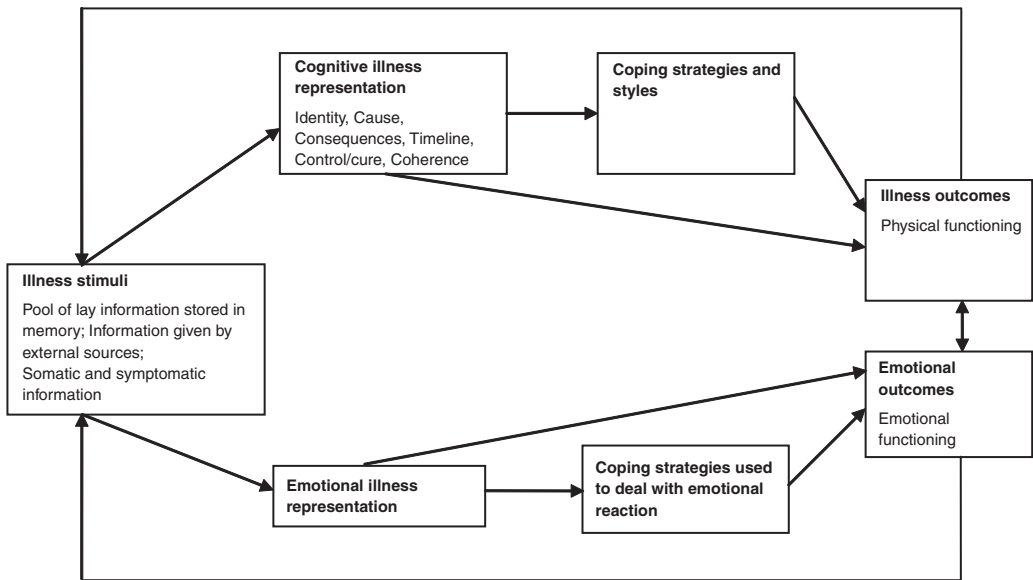


Figure 1. The common-sense model (adapted from Hagger & Orbell, 2003).

die. While a fictional account, the novel is based in part on Solzenhitsyn's own experiences of suffering from cancer while in prison, being operated on, and then sent to Kazakhstan in exile where his cancer returned. *Cancer ward* can be read on several levels (e.g. literal, medical, metaphorical), and has been written about as a political, historical and social allegory (McLellan, 1996). For example, the doctor-patient relationships described in the novel have been described as analogous to that between state authority and society (and cancer the social evil which the State is trying to eradicate) (Sloane, 1982).

Procedure

We read *Cancer ward* and identified excerpts of text that were related to characters' illness perceptions. Based on previous empirical research within the context of the Self-Regulation Model investigating illness perceptions (e.g. Orbell et al., 2008), we focused on eight specific illness perceptions held by patients, as outlined in Table 1 (see also Moss-Morris et al., 2002, for these dimensions). We categorized excerpts with illness perceptions in the eight specified dimensions, discussed concordance of their categorization and discarded excerpts on which we disagreed. As this is an exploratory study, no quantification was attempted;

discordance occurred very infrequently, and was judged to be unproblematic.

Results

Today it was a marvel. Tomorrow it would be in the bin. (Solzenhitsyn, 1968, p. 425)

In the following sections, we discuss each of the eight illness perception dimensions as identified in previous research, and illustrate if and how they are employed by patients in *Cancer ward*.

Identity of the illness

Perceptions of identity refer to the identity of the illness, its label or medical diagnosis, and the symptoms patients attribute to this illness. In the novel cancer is viewed as a frightening disease which is associated with observable growths (either felt or seen), pain and suffering. Some patients tried to avoid the label of cancer, such as Pavel Nikolayevich who, on entering the cancer ward for the first time, is asked by another patient what kind of cancer he has, to which he replies: 'I have cancer of nothing. I have no cancer whatsoever' (p. 17). And later on, reflecting his fate: 'he believed what he wanted to believe: that he didn't have cancer, that he'd be all right in the end' (p. 107).

Table 1. Dimensions of illness perceptions (see Orbell et al., 2008)

<i>Dimension</i>	<i>Description</i>
Identity	Symptoms and labels a patient attributes to the illness experience
Causes	Attributions of the cause(s) of a physical sensation, symptom or illness
Consequences	Patient's beliefs about the outcome of the disruption in his/her health
Timeline	Perceptions of how long the illness will last or how long the recovery will take
Control: treatment	Perceptions about how medical, psychosocial or other forms of treatment may help control the illness, symptoms or signs
Control: personal	Perceptions about the availability, efficacy and accessibility of a means of controlling illness, symptoms and signs
Coherence	Degree to which the patient perceives the illness to be clear and unambiguous
Emotional representations	Emotional responses associated with the illness, signs or symptoms

The tumour was the identity of the cancer for the patients, influencing their behaviour such as where they sat/lay (to avoid cold draughts by windows) and how they thought about their illness:

He was afraid of his tumor catching cold. (p. 53)

One's own tumor, the destructive tumor which had mangled one's whole life. (p. 148)

What do you think, comrade? If any tumor doesn't hurt, is it a good or bad sign? What does it show? (p. 165)

When one of the doctors suspects she may herself have cancer, she talks to an old and experienced doctor about her symptoms and her knowledge of cancer:

I'll tell you my symptoms right away, but as for what I think about them—well, you know, I try *not* to think about them. That is to say, I think about them all too much, and now I've begun not sleeping at nights. The best thing would be if I knew nothing! I'm serious. (p. 448, emphasis in original)

Military and war imagery are employed regarding the identity of cancer, with patients 'battling' a

'hostile' disease which has 'invaded' their body, and make destructive cells steal 'through the darkness like landing craft' (Meyers, 1983, p. 63).

Causes

Throughout the novel relatively little attention is given to patients' views on the causes of their cancer. At one point the patients on the ward are having a discussion about how 'substances or microbes that can kill a man' can get through the blood and brain barrier, but how the chance of this happening 'depends on a man's attitude of mind' as Kostoglotov explains:

It means that if a man's cheerful, if he is staunch, then there's a surplus of sodium in the barrier and no illness whatever can make him die! But the moment he loses heart, there's too much potassium, and you might as well order the coffin. (p. 149)

This focus on optimism and state of mind in avoiding illness resonates with the new-age 'power of positive thinking' movement that has taken hold since the novel was written (e.g. 'mind over matter').

Federau, another patient on the ward, talks about falling ill and nearly dying of a meningeal inflammation: 'No, I caught a chill. I got very overheated one day and when they took me home from the factory in a car my head was in a draught' (p. 276).

Consequences

In the novel cancer is portrayed as a frightening disease that can never be cured, never be escaped from, and that causes extreme suffering. The patients see the consequences of having cancer as extreme, as causing suffering and in the end death. As Pavel Nikolayevich whispers to his wife on entering the hospital, 'I'll die here. I mustn't stay. Let's go back' (p. 10). The patients on the ward view cancer the same way: 'The only topic that they avoided was the big possibility hanging over them: that the worst might come to the worst' (p. 195). When one of the patients persistently questions the radiologist about having to undergo treatment, she eventually replies: 'Better? No, you won't get better! ... You are going ... *to die!*' (p. 90, emphasis in original). And when another patient, Podduyev, demands to be discharged, after undergoing a number of surgical interventions: 'He had desperately hoped she'd say, "You're out of your mind, Podduyev, What do you mean, discharge you? We're going to give you treatment. We're going to cure

you.” But she had agreed. Which meant he was a goner’ (p. 125).

As the patients noted, treatment did not cure the cancer, and there was no escape from cancer, even when there were periods of remission:

‘Have I recovered?’ ‘Yes, you’ve recovered. You’ll be coming back in six months’ time’. ‘Why, if I’m cured, why?’ (p. 396)

There is no such thing as a complete cure in cancer ... in the beginning my tumor was breaking up quickly. Now it’ll go slowly. (p. 88)

The immediate consequences of having cancer are perceived by the patients as overwhelming, affecting all aspects of life. This is most apparent in the experience of the senior radiologist who gets cancer during the novel: ‘Adjusting to the disease was at first unbearable. Her world had capsized, the entire arrangement of her existence was disrupted’ (p. 478).

Timeline

Perceptions regarding timeline are about how long the illness will last, short term or long term. Given that in the novel the patients perceived cancer as serious, and which would likely kill them sooner rather than later, the perceptions about timeline were about amount of time left to live rather than the duration of the illness: “‘Speak!’ I said. I must put my family affairs in order! So he blurted out, “‘You’ll live another three weeks, I won’t guarantee you any longer than that!’” (p. 41).

While the patients are not told about their diagnoses, or indeed even that they have cancer in some cases, some of the patients realize it themselves and learn about it on their own. Kostoglotov convinces one of the nurses to lend him her pathology textbook. Vadim Zatsyrko read a book about cancer before he came to the hospital, so knows exactly what kind of cancer he has and what its timeline is:

It’s far too late to cure me. Nobody’s cured of a melanoblastoma. There just aren’t instances of recovery The question is now, how to postpone it, and how much time do I stand to gain—months or years? (p. 218)

But the point is that even if I’d come earlier they still wouldn’t have been able to operate. (p. 218)

All of the patients faced similar uncertainties regarding their outcomes, and this meant that despite their varying backgrounds, they: ‘All had the same enemy, death. What can divide human beings on earth once they are all faced with death?’ (p. 160).

Control: treatment

In the hospital the patients are told little about their diagnoses, and even less about the treatments they are to undergo. The doctors and nurses ensure that treatments are surrounded by secrecy, ambiguity and evasiveness. The doctors continually deceive the patients and believe this is best, as the senior radiologist notes: ‘Doctors have one sacred principle: the patients must never be frightened, he must be encouraged’ (p. 90).

At times when the doctors were talking to the patients they were misinterpreted, leading patients to perceive their treatment incorrectly, for example:

He thought that the X-rays were to be instead of an operation, that that was what Dontsova [the doctor] had meant. (What she had really meant was that before operating on bone sarcoma [amputating his leg], its activity has to be suppressed by irradiation to prevent the formation of secondaries). (p. 55)

Kostoglotov disagrees with the doctors’ secretive approach and firmly believes that a patient has a right to know the nature of his disease and be involved in decisions about the form of treatment. He objects to the doctors’ deceptions, yet when asked by a fellow patient on the ward to translate a phrase on a discharge order (‘tumor cordis, casus inoperabilis’) he does not do so and realizes that he has also taken part in the deception. The doctor’s right to decide the patient’s treatment is reaffirmed later in the novel, when Dr Dontsova, the senior radiologist, is diagnosed with cancer and although invited, refuses to take part in the team consultation about her treatment plan.

Patients’ perceptions of their treatments in the novel primarily concern the amount of suffering the treatment causes (referring to the doctors as ‘assassins in white coats’):

X-ray nausea (or maybe it comes from the injections, everything here gets mixed)—you have no idea how loathsome it is ... when they call you in for your next session and you go into the apparatus room with that thick X-ray smell, you’re afraid you’re going to spew your guts out. (p. 316)

Extra treatment means extra torment. There’ll be radiation sickness, vomiting ... what’s the point? (p. 91)

The military metaphor is used throughout the novel when x-ray therapy is described. For example, Kostoglotov describes x-ray therapy as:

This barbarous bombardment of heavy quanta, soundless and unnoticed by the assaulted tissues After the second and third bombardments he was free of the pain that had made his existence intolerable, and eager to understand how these penetrating little shells could bomb a tumor without touching the rest of the body. (pp. 77–78)

Among these perceptions, patients are still optimistic about some miracle cure that would be able to help them with their cancer:

they all without exception in the depths of their hearts believed there was a doctor, or a herbalist, or some old witch of a woman somewhere, whom you only had to find and get that medicine from to be saved. (p. 156)

Control: personal

The amount of control patients perceive in their treatment is closely tied to the amount of personal control they feel regarding the cancer, which is very little. This is most apparent when Kostoglotov expresses his view of the role of doctors in the hospital:

You see, you start from a completely false position. No sooner does a patient come to you than you begin to do all his thinking for him. After that, the thinking's done by your standing orders, your five-minute conferences, your programme, your plan and the honor of your medical department. And once again I become a grain of sand, just like I was in the camp. Once again, nothing *depends* on me. (p. 86, emphasis in original)

In this way, the patients (quite rightly in most cases) perceive that they have no control over their illness or destiny. Even the senior radiologist who develops cancer feels this way, which is why she hid her pain from everyone: 'Dontsova had known what she was doing when she had concealed her pain from everyone. You only had to tell one person and irresistibly the avalanche was set in motion, nothing depended on you anymore' (p. 482). Yet while they felt they had no control over their treatment, because the hospital and doctors took this control away, some of the patients still felt responsible for not being more in control, for example:

It's wrong to give in to illness as you've done. (p. 220)

It was no longer he but the tumor that was in charge. (p. 299)

How could he have become so depressed? How could he have let his will-power slide so far during the last few weeks? (p. 486)

For two of the patients, however, there was still a perception of control; for Vadim this came about through the way he was able to stay in control of himself and his behaviour:

Despite the pain inside him, however agonizingly his leg throbbed, however fast those eight fatal months seemed to be melting away, Vadim still took pleasure in the way he kept himself under control, behaving as though there were not the least danger in the air, as though it was a rest home that they were all in, not a cancer hospital. (p. 407)

Kostoglotov's perception of control came from his insistence that the doctors inform him about his treatment, enabling him to maintain some control over his illness. Indeed, his outright refusal actually to be treated at one point also provides him with a sense of control.

Coherence

Across various kinds of illness, research shows that patients hold perceptions about how clear and unambiguous (or not) their illness is. In *Cancer ward*, patients perceive very clearly what cancer is and what it means generally. However, their perceptions of the specific kind of cancer they are suffering from are not coherent at all, and throughout the novel some of the patients are desperately trying to make sense of the cancer they have. This is demonstrated most forcefully by Kostoglotov, who wants to be involved in treatment decisions and learn about his own illness: 'Do me a favor and bring the book *Pathological Anatomy* to me! I must have a look at it and try and work things out. For myself' (p. 40). Even the senior radiologist, with her tremendous wealth of knowledge and experience in treating cancer, found that having cancer made this knowledge make more sense: 'in her mind medical theory grew increasingly coherent' (p. 477).

Emotional representations

The patients in *Cancer ward* experienced and reflected on many emotional responses to their illnesses. The one that is discussed most often is fear:

Within a few hours, that first evening in the ward, Pavel Nikolayevich became haunted with fear. The hard lump of his tumor—unexpected, meaningless and quite without use—had dragged him in like a fish on a hook. (p. 17)

She looked into his reddish eyes. They had gone through so much fear that now they were quite fearless. (p. 125)

The unjustness of the illness was felt by Dontsova, the senior radiologist: 'Why does it have to be so unjust? Why should I, an oncologist, be struck down by an oncological disease ...' (p. 449).

While optimism was felt by some of the patients ('After all, it wasn't the end of the world. If medicines failed, there were other things he could try' [p. 191]), the suffering and pain led to utter despair in some patients: 'In his eyes there was no emotion except entreaty, a plea for help to those who could not hear' (p. 64).

Discussion

Kostoglotov felt that evening that the ward was no longer his home, even though the beds were all occupied and there were the same old patients asking the same old questions again and again as though they had never been asked before: Is it or isn't it cancer? Will they cure me or won't they? What other remedies are there that might help? (Solzhenitsyn, 1968, p. 506)

In this exploratory study, we found that the perceptions held by patients in the novel *Cancer ward* could be categorized into the specific eight dimensions of illness perceptions in the CSM. Examining the content of a complex novel using a set of preconceived ideas and subsequently identifying those ideas, as we did in this work, may well be a process of subjective validation (see Marks, 2000). Deriving categories from the basis of the novel itself in a much more 'bottom-up' approach (rather than specifically examining the content for aspects of the CSM model) is likely to lead to alternative outcomes, and this would be both informative and beneficial. Nevertheless, the approach we employed highlighted many aspects of the experience of having and being treated for cancer that are useful and which appear to transcend cultural and historical boundaries.

In the novel, cancer is described using military and war metaphors, and so is the primary treatment for cancer (x-ray therapy). The military metaphor is currently the most prominent metaphor used in oncology and is firmly ingrained in our culture (Bell, 2009). It is used in national discourse (the 'war on cancer') as well as between health professionals and patients, as in 'fighting the cancer',

'beating the disease' and 'keeping on fighting'. Indeed the military metaphor has been said to have dominated the way we currently think and talk about cancer and cancer medicine (Penson, Schapira, Daniels, Chabner, & Lynch, 2004). Metaphors are useful for patients as they can provide shared understandings and simplifications. However, some authors have argued that the war metaphor for cancer is not beneficial, constructing as it does the patient as passive and uninvolved, and the doctor as active and in control (Back et al., 2009). Passivity was a feature of the patients in *Cancer ward*; they had little control over anything. The doctors believed it best not to talk openly with patients, using secrecy and deception to try to keep patients' spirits and hopes up. The approach taken to providing patients with information about their illness and treatment has changed dramatically since the publication of *Cancer ward*. The primary goal in health care today is 'patient-centred care' in which patients are treated with respect, given honest information and invited to take part in all decisions about their treatment and care (Michie, Miles, & Weinman, 2003)—although cancer patients' desire to make decisions about their treatments must not be taken for granted and doctors need to determine the extent to which each patient would like to be involved (Kvale & Bondevik, 2008).

The patients in *Cancer ward* viewed their treatment as a source of suffering, and research suggests that this is still the case today (Bell, 2009). While studies have examined the experience of having cancer, far less research has explored cancer patients' perceptions of treatment, and the meanings of their treatments. Recent work with cancer patients undergoing chemotherapy has highlighted that suffering brought on by chemotherapy treatment is seen by patients as valuable and as an indication of the effectiveness of therapy. Indeed, suffering was seen as 'fundamental to people's preconceptions, understandings and experiences of chemotherapy' (Bell, 2009, p. 175). Just as in *Cancer ward*, the treatment for cancer is seen as the source of suffering, although in the novel patients do not perceive this suffering as demonstrating the effectiveness of treatment.

Patients in the novel perceived that they would never actually be 'cured' of cancer and much the same can be said of today's cancer patients. A patient who has experienced cancer at some point in their lives is from that point onwards a cancer 'survivor'—for the remainder of their lives. Recent

experimental research demonstrates that cancer 'survivors' are perceived more positively than cancer 'patients', but that cancer 'survivors' were also perceived as not cured of their disease (Mosher & Danoff-Burg, 2009).

Historically, in the USA attitudes to cancer 50 years ago were quite different to what they are now (Dein, 2004). As in *Cancer ward*, cancer was linked with death and hopelessness. We would argue that *Cancer ward* is powerful because it does not fragment the individual perceptions that patients have, but ties them together to provide a fuller and more complete account of how these perceptions work together to affect the patients' perceptions of themselves and who they are. Although there is a sense of despair on the *Cancer ward*, there is also a spirit of inquiry as patients begin to discuss 'how to transcend their circumstances—specifically illness, but, by extension, oppression in various forms. "A hard life", some of the patients ultimately conclude, "improves the vision"' (McLellan, 1996, p. 1016).

Many scholars have argued that experiencing illness leads to fundamental changes in identity and attempts to reconstitute to the self (Frank, 1995; Kleinman, 1988). *Cancer ward* is a novel about reassessment (Sloane, 1982). The various perceptions that the patients hold about cancer (it is unable to be cured, it is painful, treatment is difficult and shrouded in secrecy, it eventually leads to death) and their experiences of pain and suffering force them to re-evaluate their own personal ethical assumptions and reappraise their own beliefs (Sloane, 1982). Goldberg (2009) has argued that illness, and particularly pain, locate the patient in a liminal, between-two-worlds, kind of state, and that this is shown particularly well in *Cancer ward*.

Cancer ward provides immediate insights about patients' experiences and perceptions of cancer that are not available in textbooks or academic articles, and describes aspects of living with cancer that are not able to be expressed in quantifiable or positivistic terms (Squier, 2007). In this sense it is holistic, as opposed to fragmentary and reductionist. These distinctions reinforce the current gap between biomedical discourse on cancer, lay understandings of cancer and the embodied experience of cancer, as demonstrated by studies in anthropology and sociology (Bell, 2009; Mathews, 2000; Saillant, 1990; Sindling & Gray, 2005).

Our approach began with empirically derived knowledge and theories about patient perceptions, and we explored these in a major novel about

cancer. This is a relatively unique way of investigating perceptions and questioning our current knowledge (see also Kaptein & Lyons, 2009), and may be useful considered alongside other research methods, such as questionnaires (e.g. Moss-Morris et al., 2002), interviews, drawings (Broadbent, Petrie, Ellis, Ying, & Gamble, 2004), and clay modelling (Harrow, Wells, Humphris, Taylor, & Williams, 2008; Kaptein, Scharloo, & Weinman, 2001). However, the approach we utilized is also limited in a number of ways. We selected quotations in a somewhat arbitrary manner, and we did not explore links between illness perceptions, coping and outcomes. Further research might focus on other novels, poems, movies, operas and even museum exhibitions to shed light on how patients make sense of illness (Powley & Higson, 2005).

In terms of its clinical implications, this small, exploratory study shows us that major works of fiction can offer understanding into patients' embodied experiences and perceptions in a way that empirical studies cannot. The novel connects the perceptions with the meanings they have for each individual patient, highlighting the simultaneous (and contradictory) uniqueness and similarity of the experience of having cancer. Gaining such insight through the use of novels or poems in medical education is highly beneficial, for students, patients and practitioners. Students benefit through accessing additional knowledge about what perceptions and experiences are like, and what they mean for the patient. Patients can benefit also: bibliotherapy is an approach in which patients with cancer read about cancer and in doing so may derive positive outcomes (Slatcher & Pennebaker, 2007). Expressive writing appears to be associated with positive health outcomes in various samples, including patients with chronic physical illness (Murray, 2009; Nicholls, 2009; Smyth, Nazarian, & Arigo, 2008). Practitioners also benefit through enhanced understanding and consequently better care. For example, some evidence suggests that when physicians and patients share similar illness perceptions, patients show improved quality of life (Cameron & Leventhal, 2003). We maintain that using novels in medical education and clinical care may be an important component in research on behavioural aspects of being ill. Patient organizations and funding agencies could be involved in order to help develop this area further (Sontag, 1979).

Cancer ward has been regarded as an established masterpiece of 'physiological and psychological

insight' (Meyers, 1983, p. 60) and 'indispensable for the study of literature and medicine in western culture' (McLellan, 1996, p. 1014). It tells us about experiences of illness and patienthood; it allows the reader access into patients' perceptions about various dimensions of their illness, body, self and emotional life. *Cancer ward* is set within a particular time, place and social context that is extremely different than our own, and although we know that 'cancer is cultural', its existential truth transcends these particularities (see also Marks, 2008).

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