Multi-cultural problems in Breast Disease Management

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South Africa

Breast Care Centre of Excellence

- 2 separate units, at 2 different hospitals 4km apart.
- The public unit (no medical funding) sees between 180-250 symptomatic patients per week, (14 bed surgical ward) and operates on between 12 and 25 cases per week.
- Oncology facilities are centralised offsite 5km away and comprise a radiation unit, oncology outpatients and inpatient facilities.
- The private unit (medically insured patients) comprises a 20 bed ward, (100 patients are seen per week) and between 10 and 20 operations per week.
- Both units have in house counselling, offer onco-plastic surgery as and when appropriate, fulfil international Multi-disciplinary unit criteria.

“Successful management” requires changing disease presentation

- Most common cancer in women in South Africa
- Increasing in incidence
- Awareness especially in African women in rural areas is very low
- 70% of all women in South Africa present with cancers bigger than 5cm

- In patients with medical insurance, only 60% go for screening mammography although not on a regular basis
- There is no official screening program in South Africa

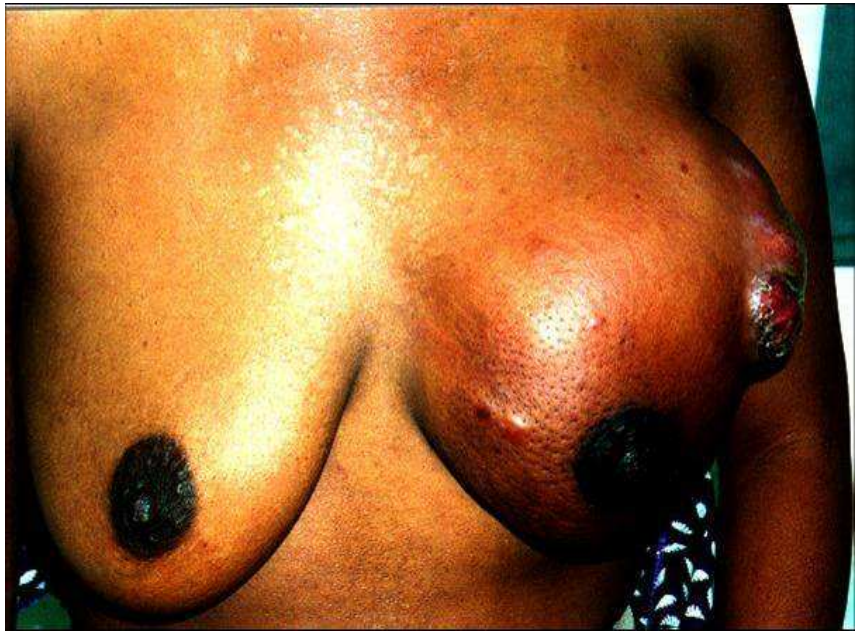
- In the medically insured patients from our multidisciplinary unit , looking specifically at HRT and breast cancer. Of 250 post menopausal breast cancer patients ,Over 200 had taken HRT for over 5 years and 114 were not on regular mammogram screening programs and 61 had never had mammograms.
- This illustrates that education awareness is suboptimal in the educated insured minority

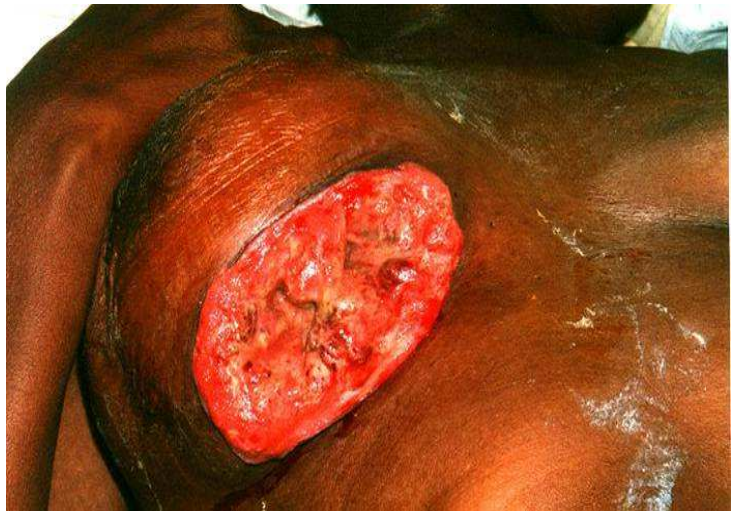
Reasons for late presentation of breast cancer

- Ignorance
- Fear
- The average time from self detection to presentation was 9 months.
- Access to health services was not cited as a reason for late presentation.
- Reasons were divided into educational / cultural /religious/other

Educational Reasons

- The lump was not painful therefore could not be a cancer
- If it is a cancer, you will die quickly so why go for treatment



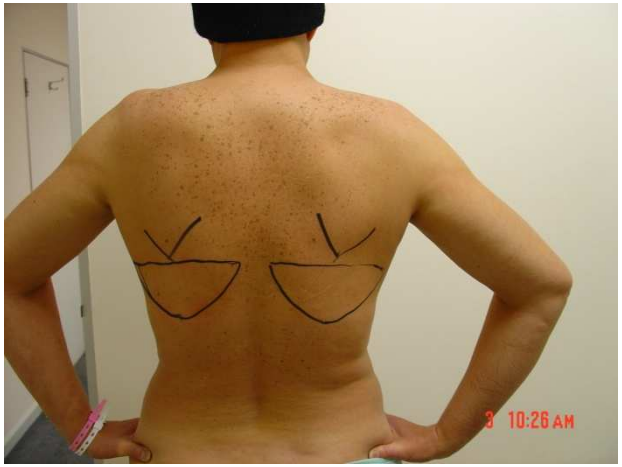


Cultural

- A curse is the cause and treatment should be managed by a traditional healer
- People with cancer die if they go to hospital
- Removal of the breast
- It is better to die with a breast in the community than without
- Going for treatment will tell the community that you have been cursed

Religious

- God will cure this cancer
- This is the will of God
- Surgery and Reconstruction with prosthetic devices is not allowed



Other

Myths and legends

- Cancer is because my baby bit my breast
- Mammograms cause cancer
- Chemotherapy kills patients
- I would rather die than lose my breast
- I keep my money and cell phone my bra that is why I developed cancer
- Breast cancer is contagious so I did not want anyone to know
- Cancer patients are ostracized like patients with HIV

Breast and Champagne

Education : The first cultural barrier in ensuring successful management

- Education projects based on American and European awareness campaigns fail due to the diverse number of languages spoken, the poor literacy rate and the suspicions of accepting ladies from different cultural backgrounds educating women on breast health

Understanding local culture

- African women's beliefs regarding breast cancer suggest that there is an element of chance or luck, or that cancer development is in the hands of a higher power.
- The premise of ancestor worship is based on understanding that the course of life is cyclical not linear
- Worrying about health translates to a lack of faith,
- Perceived susceptibility to cancer was related to ancestor control,
- All women could be cured if their belief in higher powers was strong enough.
- **Early diagnosis gives one a longer time to worry and be sick**

- No relation between health beliefs and years of education among certain African cultures has been found
- cultural influences such as family storytelling about others with cancer and curses are more important than years of education.
- Among cultures where religious and ancestral beliefs do not take precedent ,those with the least education were more likely to believe in the greater likelihood of death

- Education was found to be significantly correlated with the Chance and Powerful Other, with better educated women tending to have less belief in chance or powerful others.
- Irrespective of education as patients age , there is more reliance on Chance and Powerful Others

- The solution to the problem was in using women from each community, women of similar cultural and racial groups who had had breast cancer and training them to become breast health ambassadors, offering education and support and demystifying cultural and religious issues around breast cancer
- **Health care providers must heed these differences and incorporate them into culturally sensitive patient care**

- The Breast Health Foundation is a national educational foundation associated and set up by the unit offering community education to address the multi-cultural issues and educational issues that affect patient presentation and treatment

Breast Health Foundation

Mission

- **To promote a multi-disciplinary approach to breast cancer specifically via the establishment of a**

"BREAST CANCER CHAIN OF SURVIVAL"*

- **Early awareness of the disease**
- **Early access to both information and appropriat awareness**
- **Early support**
- **Early diagnostic intervention**
- **Early definitive care**
- **Early and ongoing analysis of care**

This concept originates from the CARDIAC CHAIN OF SURVIVAL as promoted by the American Heart Association World Resuscitation Council and the Southern African Resuscitation Council.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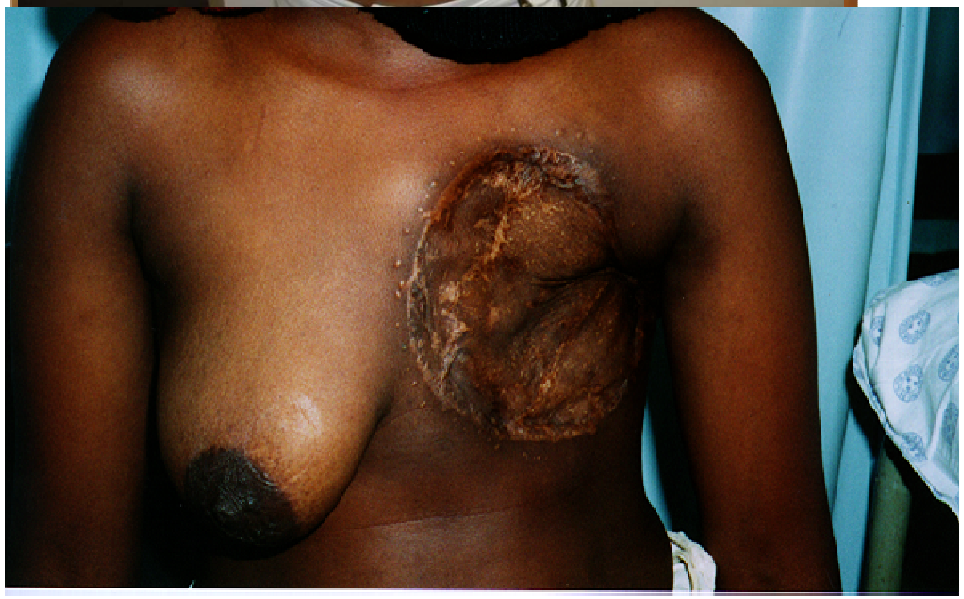
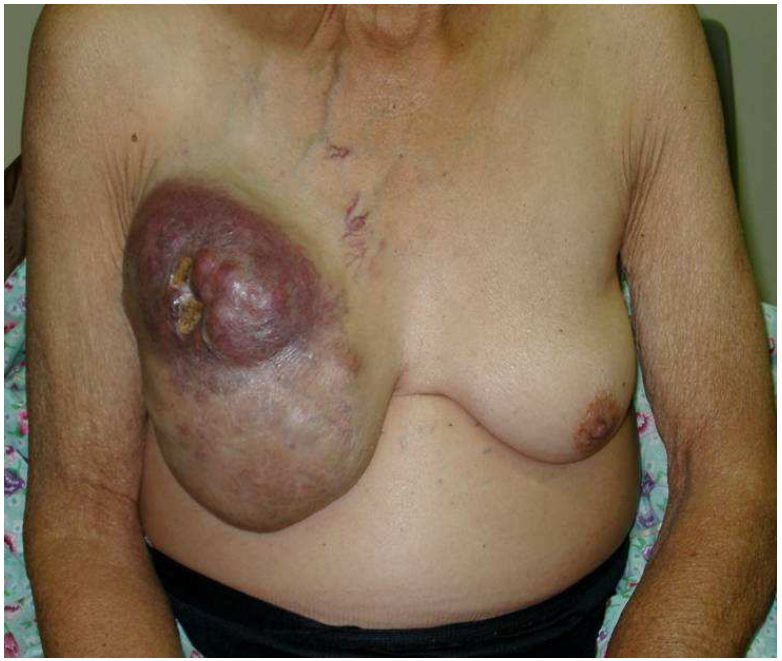
From the very young

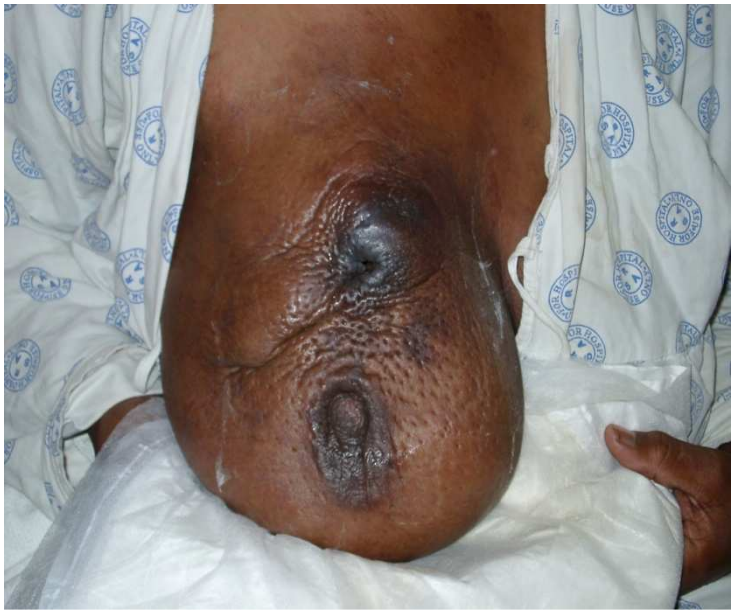


- Giant fibroadenomas
- Largest 17cm removed

.....to the very old

Older women felt they were less susceptible to breast cancer, had higher fatalism scores and were less knowledgeable about breast cancer.





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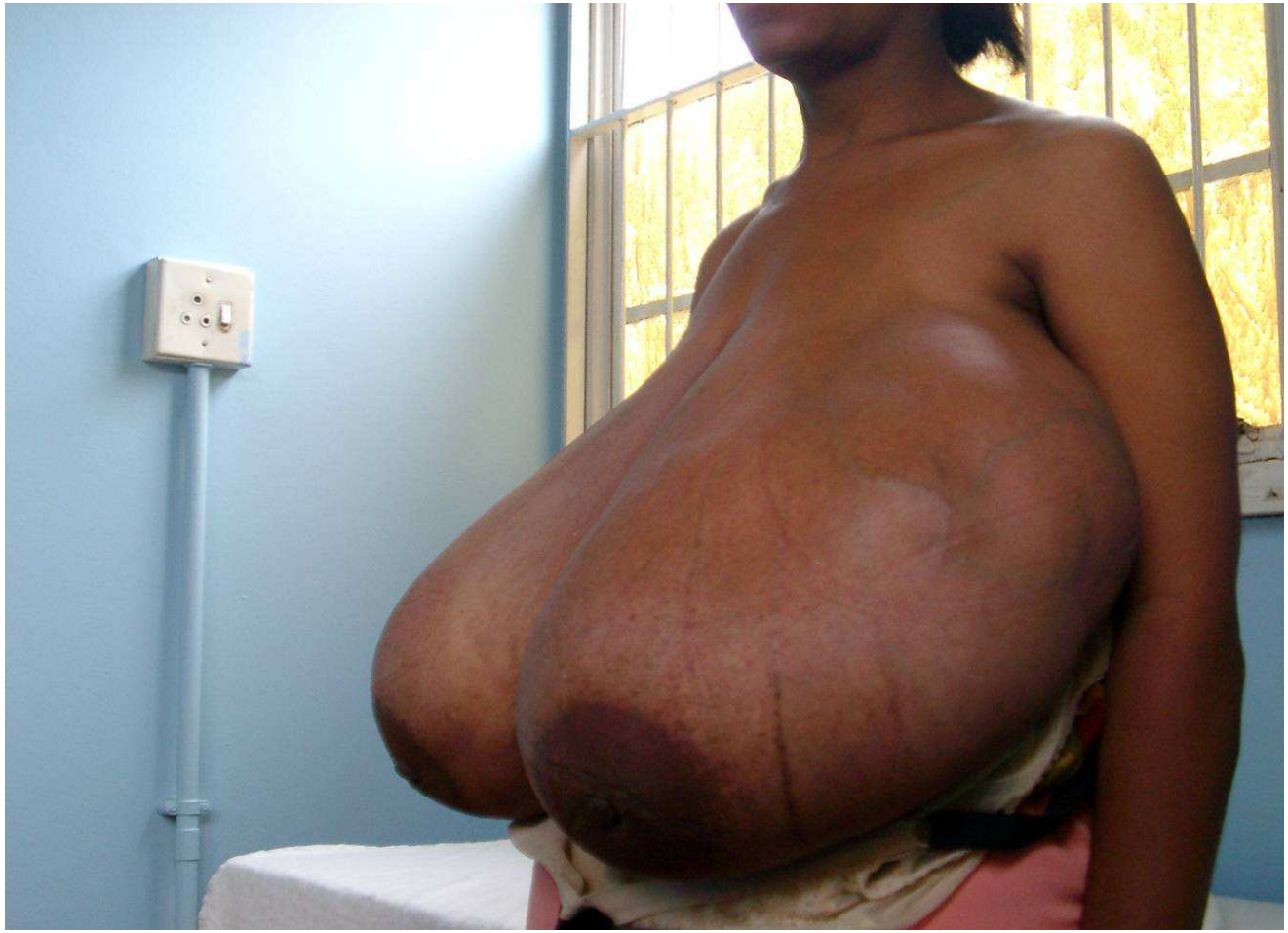

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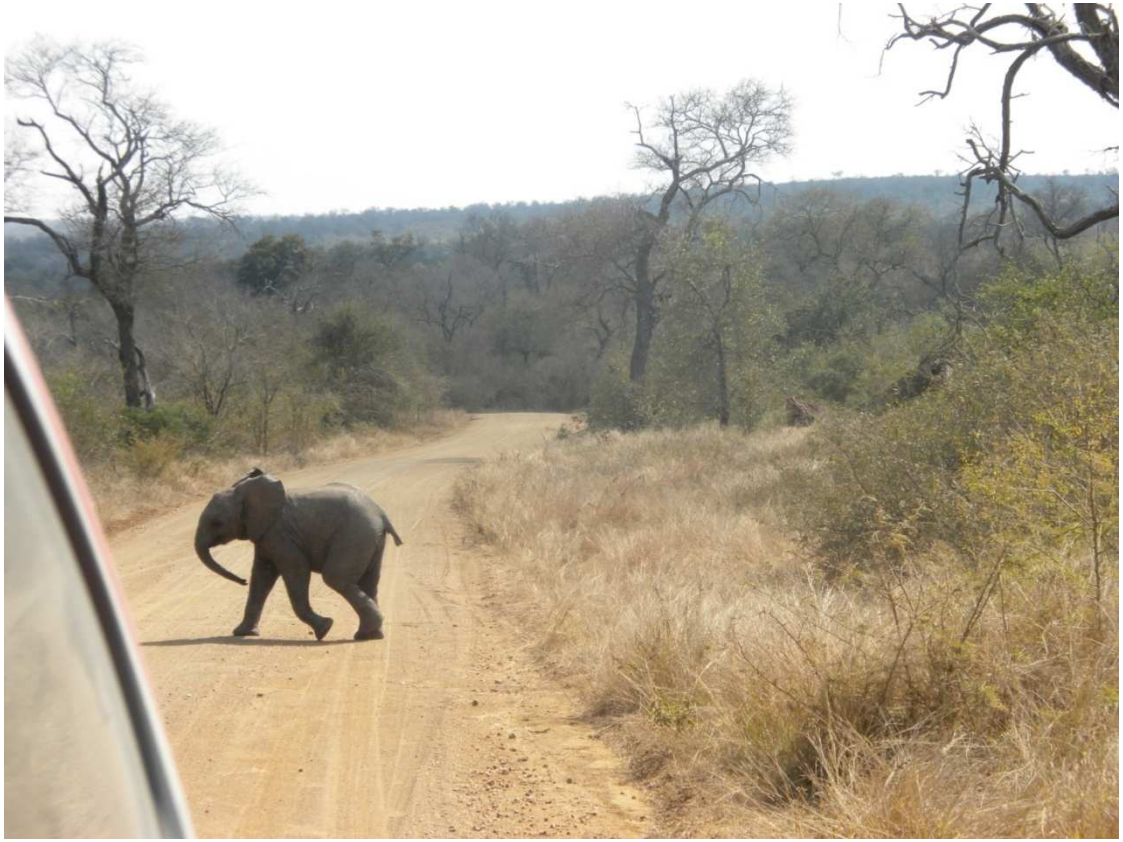

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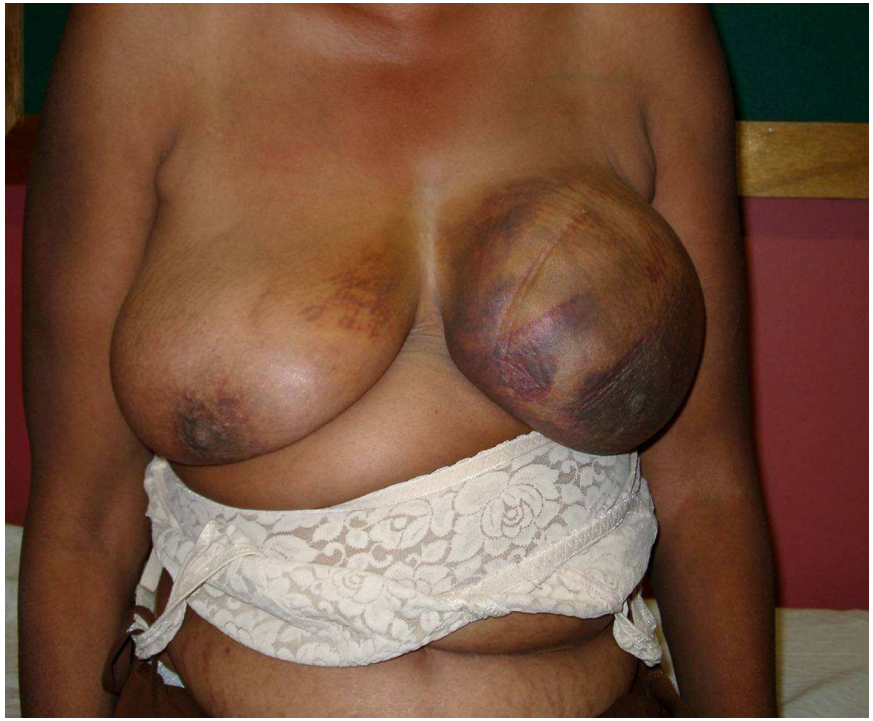

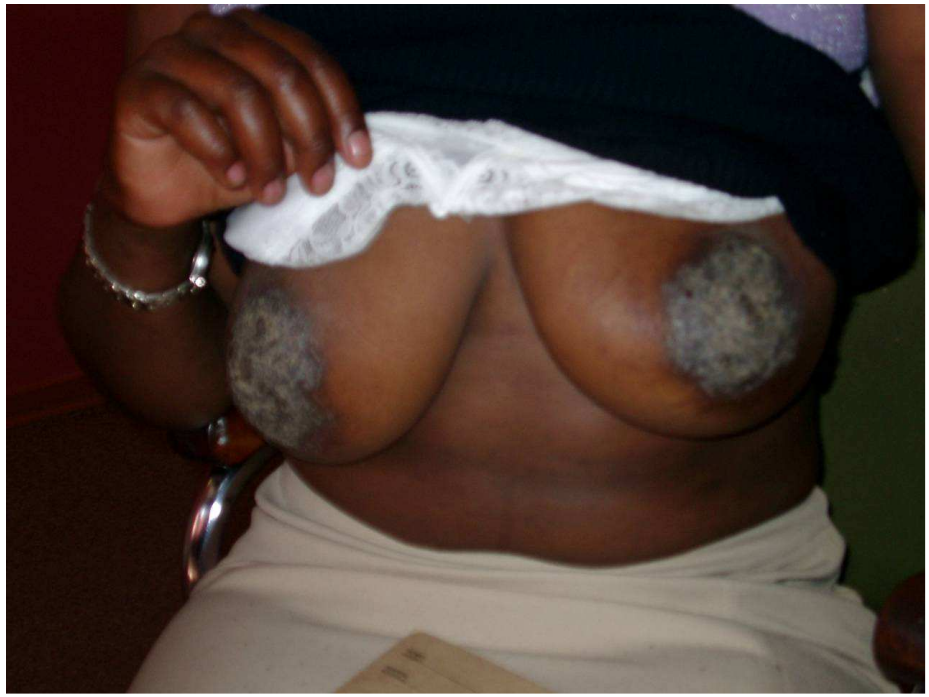

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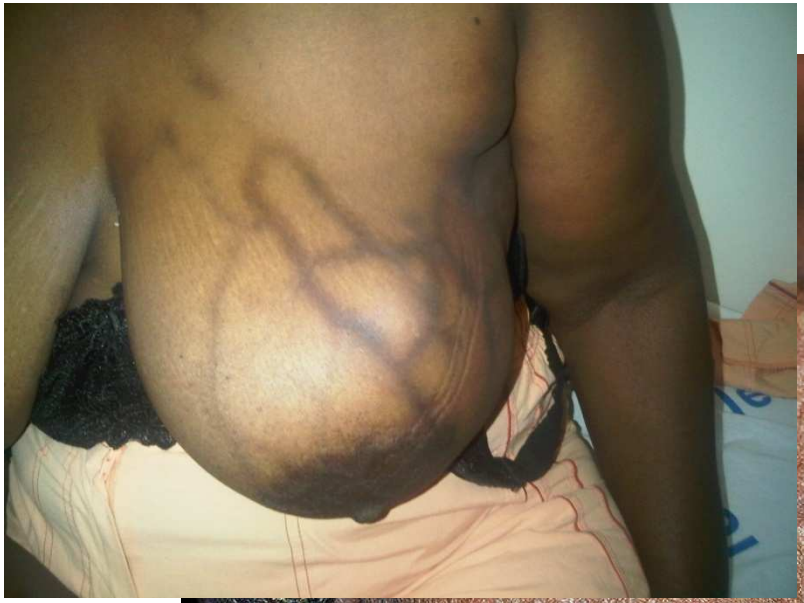
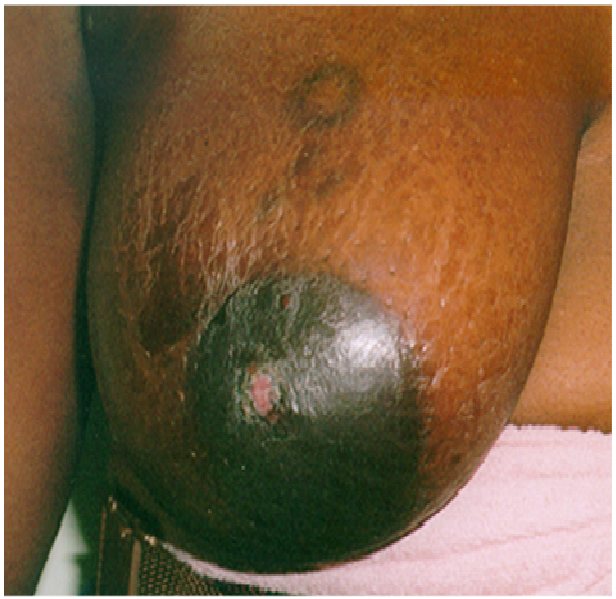
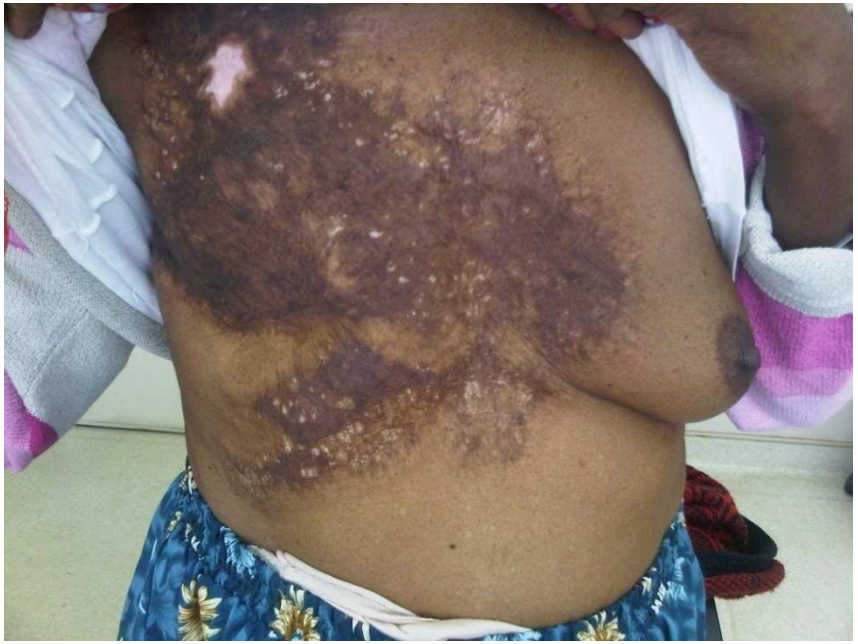


.....from the traditionally treated





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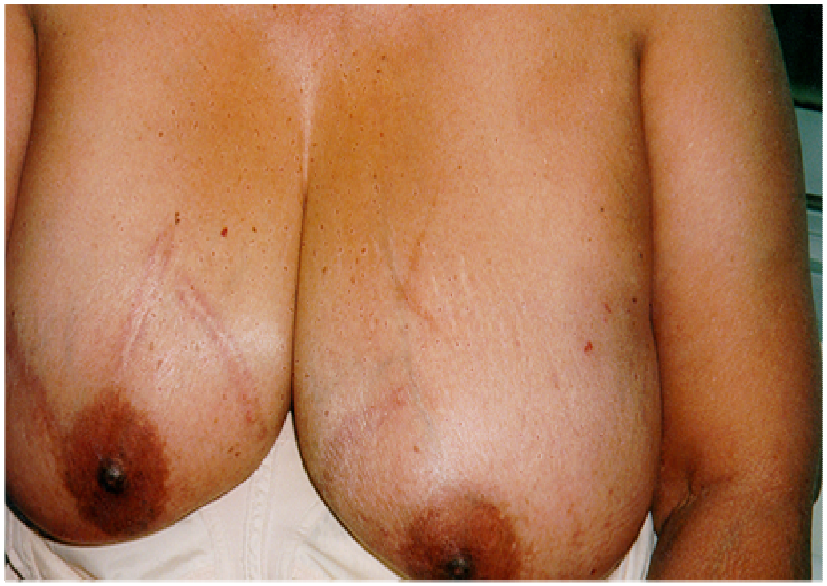
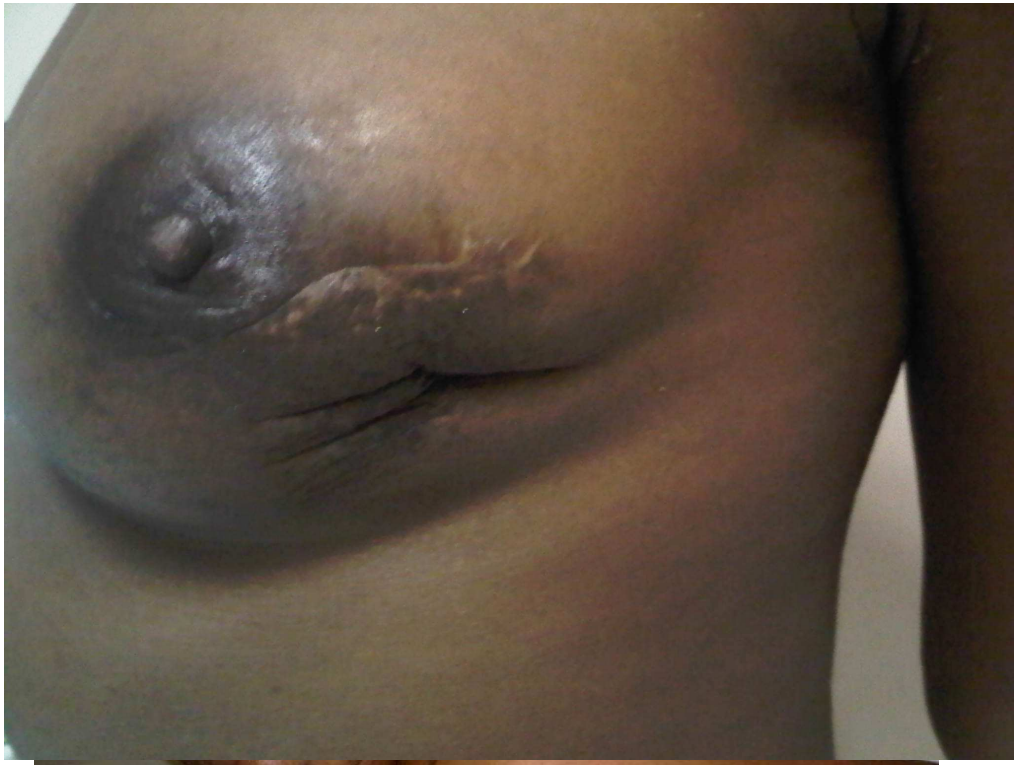
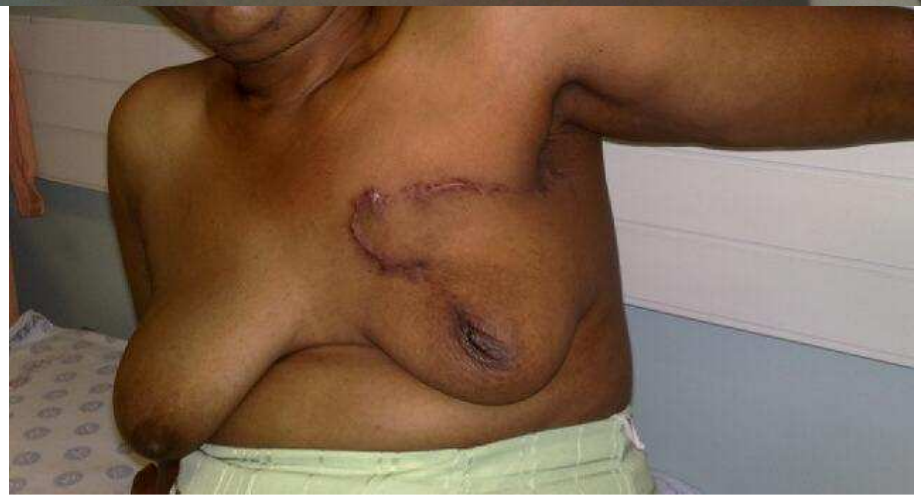







HOPE

Screening: The second cultural barrier

- Cultural differences may well influence the decision of African- women about participating in screening programs.
- For programs to be effective, these results point to the need for linking the message with a powerful other
- Until more women present with smaller size tumours .....should we be doing screening mammography

Treatment acceptance: the third cultural barrier

- Cultural issues around who gets told first
- The family members may have a greater say in health care decisions than the patient does
- Family members may become very upset if a physician reveals bad news directly to the patient.
- Families and patients may place great value on the right NOT to know

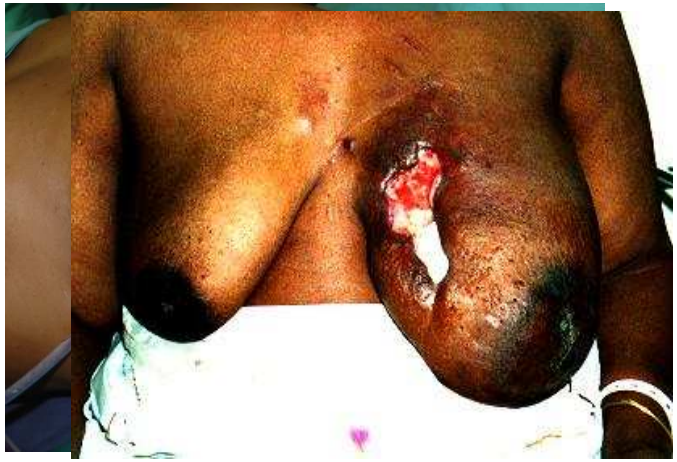
Treatment delays

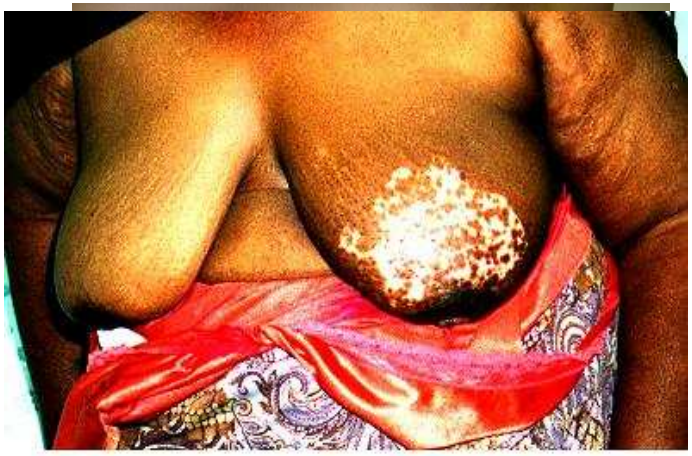
- Discussions around accepting treatment must include consensus from the family elders or husband
- A trial of traditional medicine is often sought
- A trial of prayer
- Inability to accept the concept of a mastectomy

Ensuring return to clinics

- Employment of community educators on clinic days.
- The educators explain in the patient's own language the diagnosis, explain the treatment required.
- Organise visits in the community and phone to ensure compliance with chemotherapy and patient return for surgery

Primary chemotherapy….





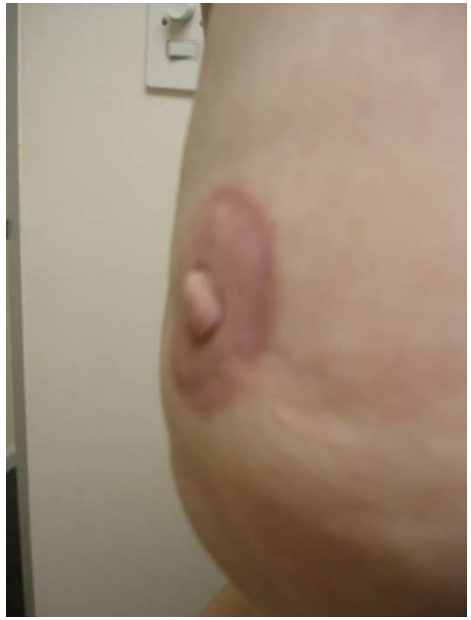
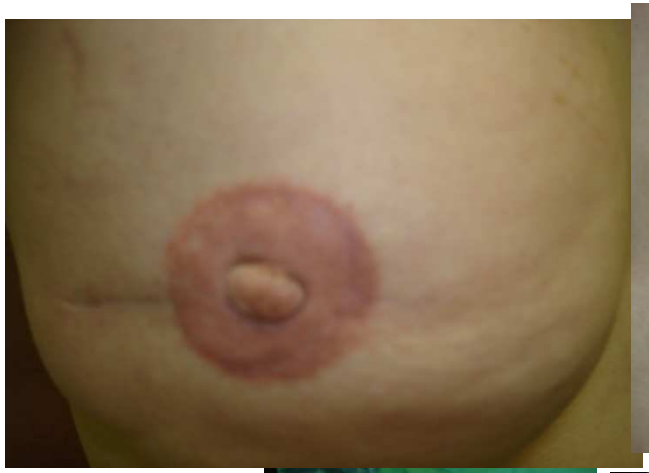
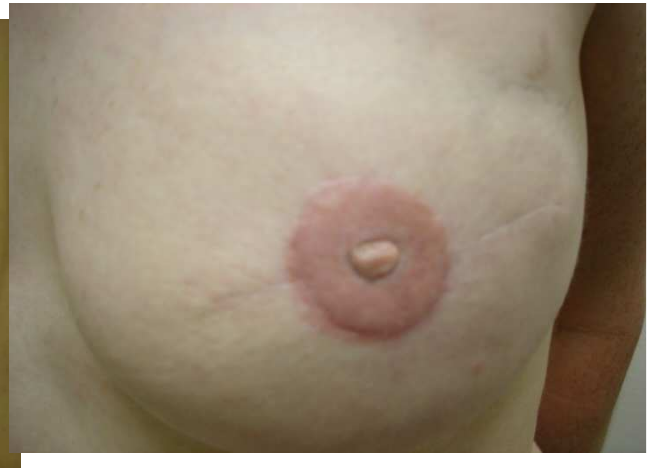
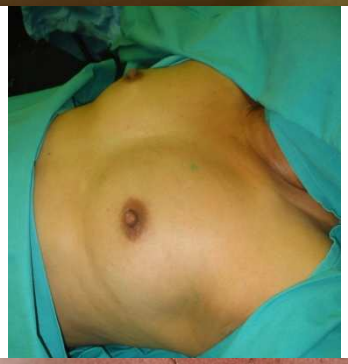
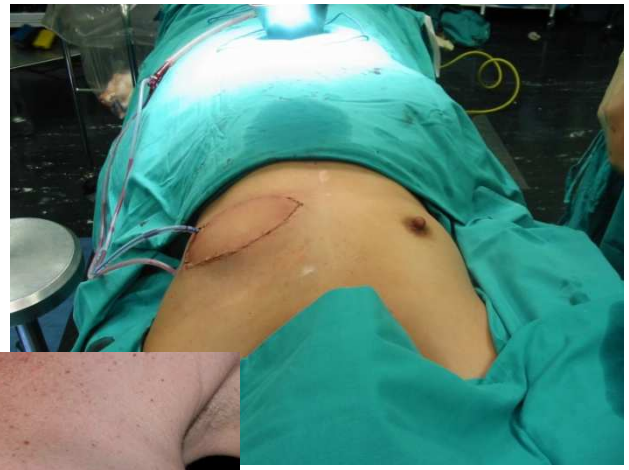
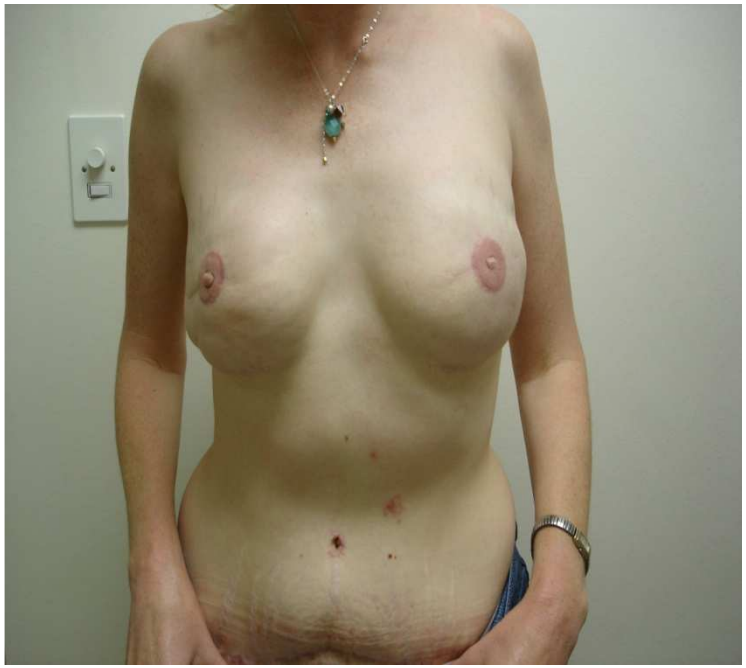
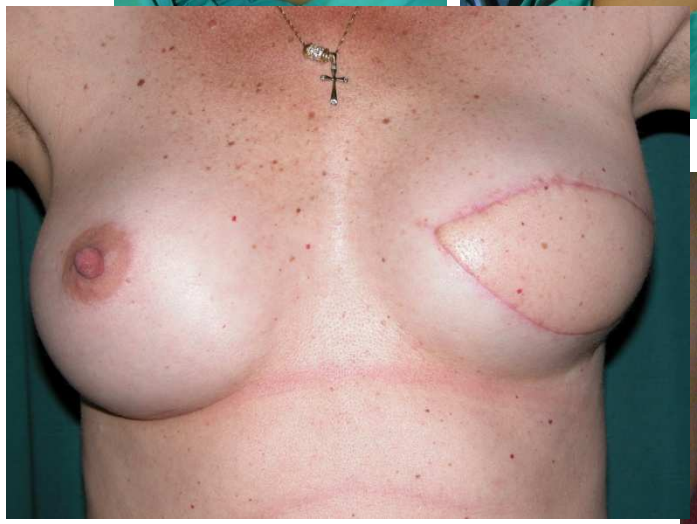
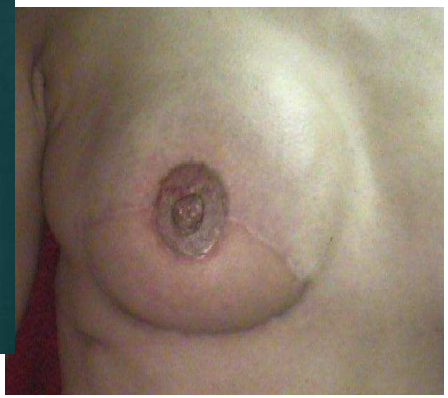
Primary Chemotherapy....the Titanic Analogy

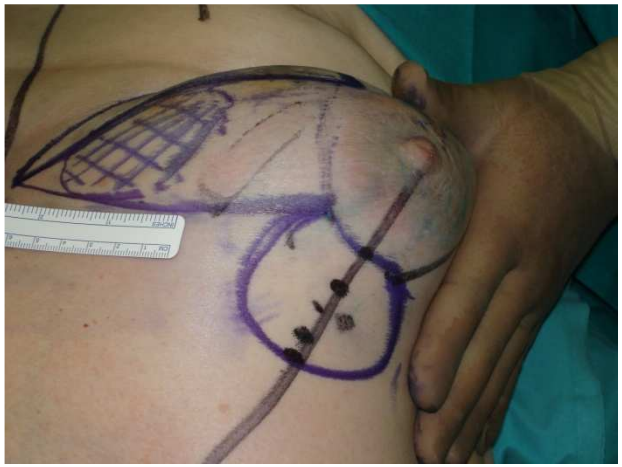
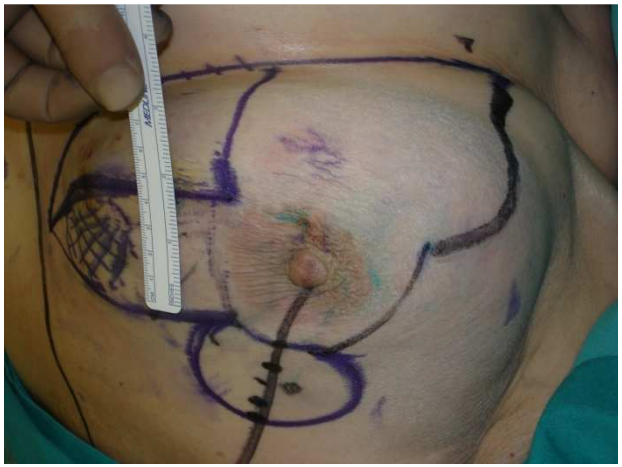
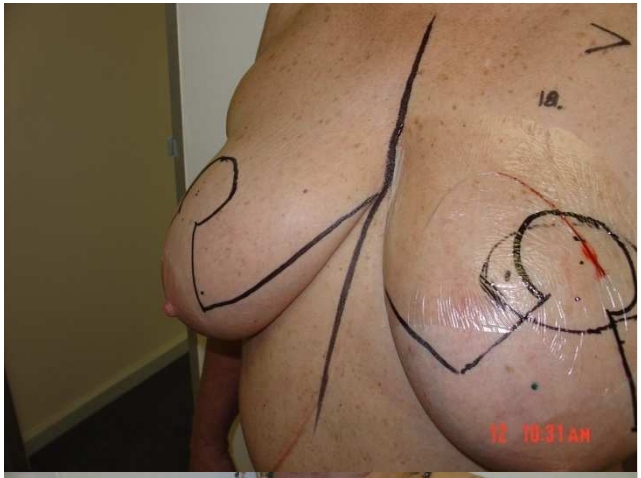
- Initial problems post primary chemotherapy was ensuring return for surgery, 40% of patient refused surgery when achieving a good clinical response to primary chemotherapy.
- The percentage has dropped to 10% with the use of oncoplastic procedures
- Reconstruction is offered in patients with an 80-100% complete clinical response.
- Procedures done all take into account initial criteria for radiation, and prosthetic reconstructions are not offered in patients requiring radiation

The value of time

- Elderly community matriarchs with large strongly endocrine receptor positive tumours are often placed on primary endocrine therapy . 50% of these ladies often accept cancer surgery eventually

Team work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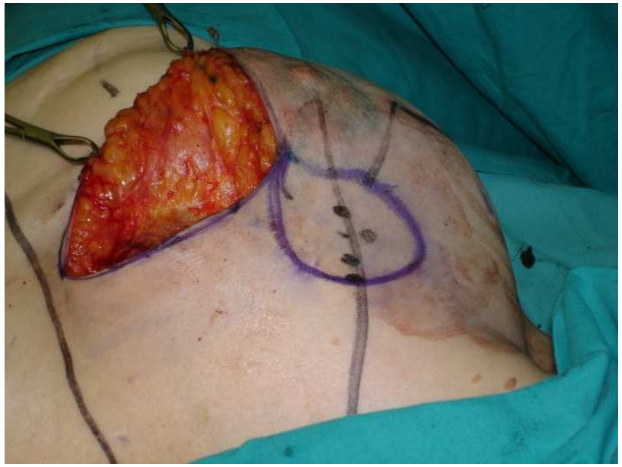
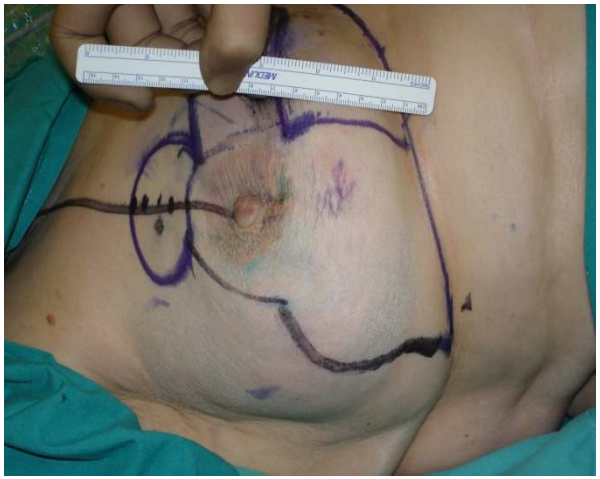
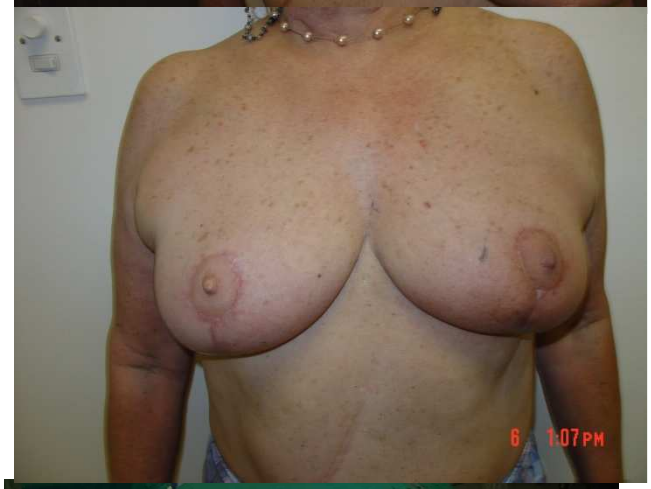
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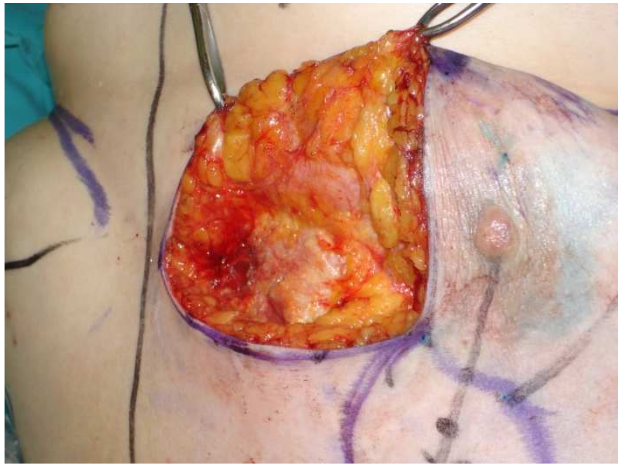
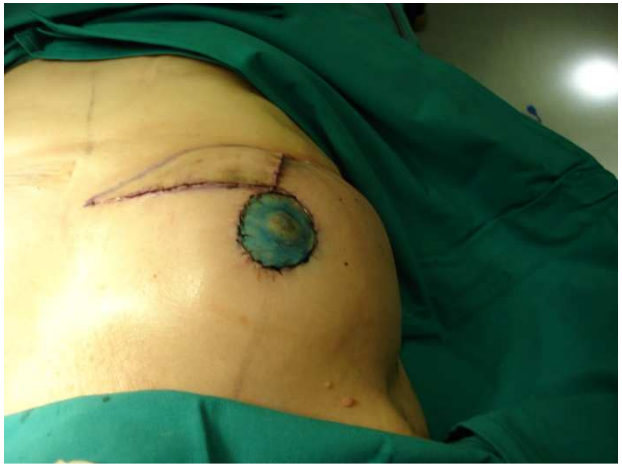
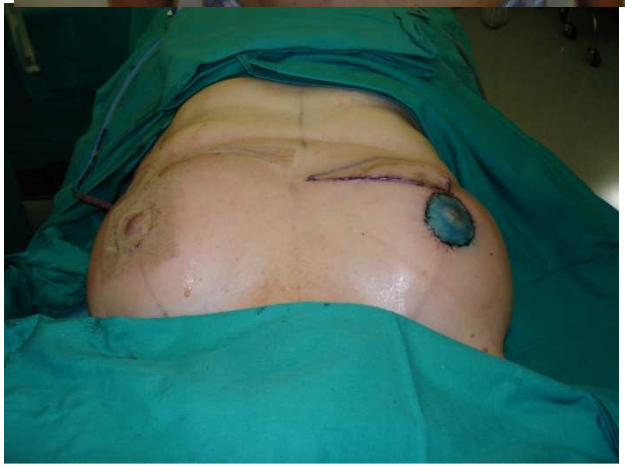




- Multi-disciplinary management of patients in specialist breast units must take into account not only the disease process but also the cultural background of the patient.
- Cultural differences often explain timing of presentation and patient decisions regarding treatment choices.

Conclusion

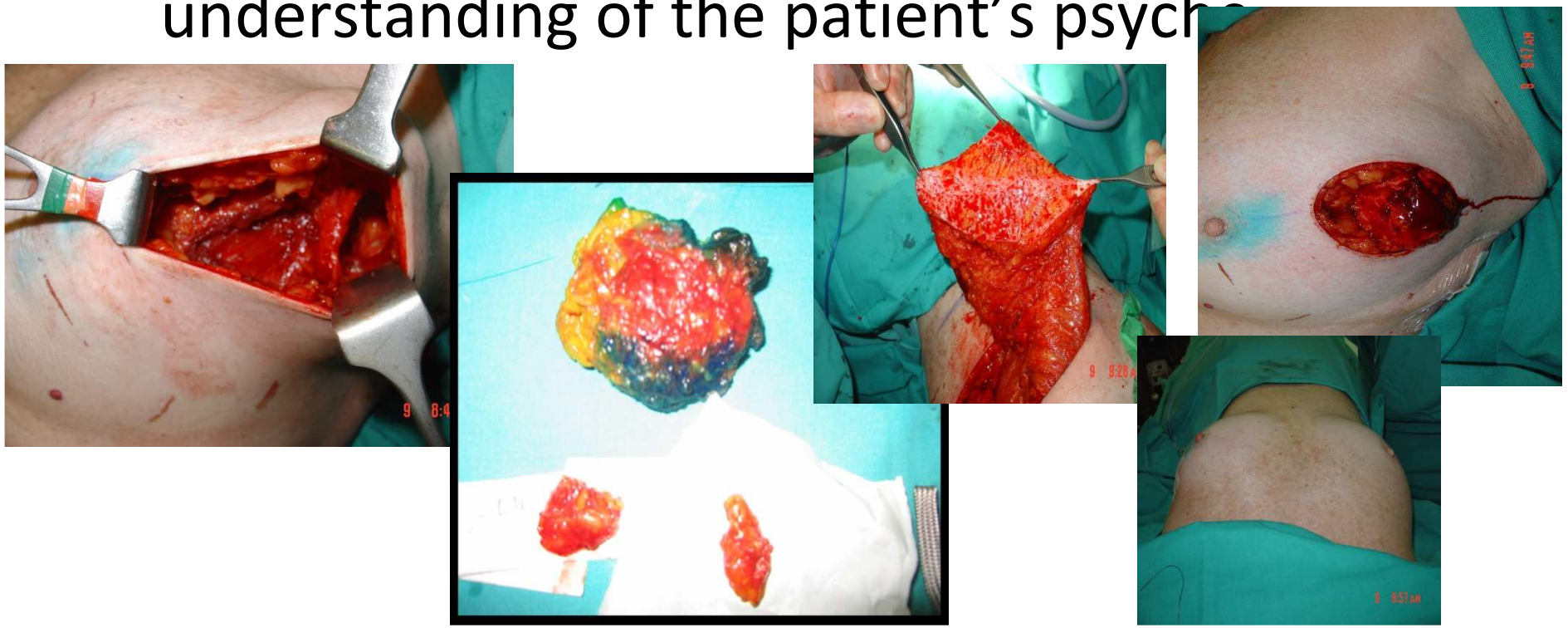
- **We can no longer expect people to come to us. Rather, we must go to them in their communities, using their representatives, with messages that are relevant to their lives.**
- **It is not appropriate nor necessary to "change" someone's beliefs with regard to a powerful other or God, but it is necessary to get the message about breast cancer detection and management to them in a context that has meaning and significance to their lives.**

Applying these principles in your practice

- International trend to non conventional modalities of screening and cancer management
- Power in knowledge
- Understand trends away from chemotherapy
- Understand patient drives
- Knowledge of treatments
- Holistic medicine

Lessons learnt from the Rainbow Nation

- The key to successful patient interaction and management lies not in our ability to detect and treat the disease but in our understanding of the patient's psych




TOKYO
FOREVER
YOUNG


MY MUM
ROCKS!