Stress, Cancer, Death—A Pediatric Perspective

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The anticipated loss of a child through catastrophic, potentially fatal illness such as cancer is one of the greatest crises a family can experience. Cancer is now the second leading cause of death in children 1–15 years of age, exceeded only by accidents. When faced with this crisis, open communication between family, child, and health care team is crucial in alleviating stress and anxiety.

St. Jude Children's Research Hospital was established in February of 1962 and specializes in basic and clinical research into catastrophic childhood diseases, including leukemia, solid tumors, malnutrition, sickle cell anemia, muscular dystrophy, and severe infectious diseases. The health care team includes physicians, pediatric nurses practitioners, nurses, nutritionists, psychologists, social workers, and ancillary personnel. This multidisciplinary team promotes continuity of patient care.

Since the majority of patients treated for cancer at St. Jude live

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some distance from the hospital, accepting the diagnosis and treatment away from the family's normal support system (extended family, friends, clergy) is typically a time of great stress. It is also then that an effective primary care team becomes essential in forming the family's new support system so vital to the emotional survival of the family unit. Although little more than palliation could be offered to most children with cancer 20 years ago, now—with the new anti-neoplastic agents, improved surgical techniques, radiotherapy, and more effectively combined modality regimens—the prognosis for many solid tumors has greatly improved. Even when an appropriate level of realism can be instilled in the patient and family, the stress of a potentially fatal illness and its treatment can have a pronounced effect on the family's life. Consequently the basic concerns of health care professionals must extend beyond the well-being of their pediatric patients to the stabilization of as close-to-normal living among family members throughout the course of diagnosis, treatment, and recovery or death. Among the frequent problems of family members interfering with their adaptation to the stress of a seriously ill child is the denial of emotions. Mothers may be afraid to cry in front of their children; parents may avoid their feelings by concentrating on unrealistic plans for the future, or may be overwhelmed by their own shock and rendered unable to lend emotional support to one another. In this new struggle of learning to live day by day, parents often become overwhelmed with fear. They are no longer able to predict or control the survival of their child. Even when the child is doing well, it takes only a cough or slight temperature elevation, a minor ache or pain, or even a sudden alteration of temperament to panic theretofore calm parents. Also adding to the problems of many parents is a feeling of guilt. Sometimes parents feel they are being punished for past sins in their lives, or they think that their child has inherited cancer. Working fathers, absent from the hospital environment, may become forgotten grievers and inadvertently excluded from their families.

Although these mechanisms of defense and ambivalent feelings are common in the newly diagnosed patient and his or her family, it is when they extend well into treatment and begin to