



Letter

Comment on: *The EUSOMA Position Paper on the requirements
of a specialist breast unit, Eur J Cancer 2000, 36, 2288–2293*

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Received 8 March 2001; accepted 10 March 2001

Although the objective of ensuring high quality standards for any such service is laudable, we believe that the requirements fall short of the mark with respect to securing patients adequate supportive care during and after treatment. According to the recommendations, patients experiencing psychological morbidity beyond that which the core team can deal with effectively should be referred to a liaison psychiatrist/psychologist. In our experience, this is a deficient model. Great strides have been made in recent years to acknowledge and respond to patients' need for a holistic model of care that recognises and responds effectively to the emotional, social and psychological dimensions of their illness. This is best accomplished by including professionals with advanced training in psychosocial oncology as core members of the multidisciplinary team. This approach reduces stigmatisation, ensures that the psychosocial domain is attended to across the illness trajectory, both in research and clinical practice, and can be cost-effective.

All cancer care providers are expected to demonstrate sensitivity to psychosocial issues; however, practitioners of psychosocial oncology offer a unique perspective and skill set based upon a substantial body of empirical knowledge and specialised clinical experience. Several scientific journals are exclusively dedicated to this dimension of care. In North America, psychosocial oncology is a specialty represented within the disciplines of psychiatry, psychology and social work and is an integral component of comprehensive cancer care activities. It is doubtful that any service lacking this expertise could be designated as high quality. Moreover, patients treated in its absence are unlikely to receive the standard of care that they expect and deserve. It is perhaps illuminating that the composition of the EUSOMA working party responsible for drafting this position paper is devoid of representation from the social science disciplines or patient advocacy groups.

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