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Comments on Ten Cases in the Clinical Ethics and Results

Klinik Etikte On Vak'a Üzerine Yorumlamalar ve Sonuçlar

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ABSTRACT A common framework used in the analysis of medical ethics is the "four principles". It recognizes four basic moral principles, which are to be judged and weighed against each other, with attention given to the scope of their application. The four principles are: Respect for autonomy-the patient has the right to refuse or choose their treatment. Beneficence: a practitioner should act in the best interest of the patient. Non-maleficence-"first, do no harm" (primum non nocere). Justice-concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality). In this paper, ten cases are studied from the point of ethical problems and some results are obtained.These cases belong to the some healthy foundations and the relations of patient-physician are pointed out. So, the importance of clinical ethics is also discussed.

Keywords: Clinical ethics; beneficence; nonmaleficence; ethical dilemmas

ÖZET Tıp Etiği analizinde kullanılan ortak iskelet dört ilkedir ve bunların uygulamalarına verilen dikkatle birbirlerine karşı etkisi olan dört ana prensibi tanımlar. Otonomiye Saygı-Hasta, tedaviyi red ve seçme hakkına sahiptir. Yararlı Olma-Hekim hasta için en iyisini yapmak zorundadır. Zarar Vermeme-Herşeyden önce zarar vermemeli. Adalet-Nadir sağlık kaynaklarının dağılımı ve tedaviyi olanın kararı (Eşitlik ve Adalet) Bu makalede, on vak'a, bu etik problemler açısından incelenirler ve bazı sonuçlar elde edilir. Bu vak'alar bazı sağlık kuruluşlarına aittirler ve hekim-hasta ilişkileri vurgulanır. Böylece klinik etiğin önemi de incelenir.

Anahtar Kelimeler: Klinik etik; yararlı olma; zarar vermeme; etik ikilemler

CASE REPORTS

A male patient, an insured worker named N.Y. and aged 57, applies to radiation oncology on 12th August 1998. Prior to this, the patient is diagnosed as having the Stage 3A Squamous Cell Carcinoma of the Lung in the Chest Diseases Clinic. He is told that he has to have an operation. However, the patient does not agree. The patient coming to the radiation oncology under these circumstances is told again that the operation is necessary. He, again, does not agree and is given radiotherapy. He received 66-Gy radiotherapy between 17th August and 6th October 1998.

When the radiotherapy was over, it was determined in the clinical examination that the tumor became smaller. However, he rejected the operation again. As an add-on therapy, chemotherapy was recommended. However, for financial reasons and since he lived in Istanbul, he did not accept this. The following year, in December 1999, it was determined in the

clinical examination that the tumor got bigger again. This time, the patient accepting the chemotherapy was administered 6 courses of chemotherapy.

In the chemotherapy, such medicine as cisplatin, etoposide was given. After this treatment, a shrinking of 40% was observed in the tumor, but in the clinical examination done in January 2001, a growth was observed and he was sent to medical oncology. Here, the life of the patient taken into intensive care due to respiratory distress was extended through life-support systems.

In this case, since the patient has the Stage 3A Squamous Cell Carcinoma of the Lung, he needs a surgical operation. However, the patient rejected the surgical operation probably because he was scared or he did not expect anything from the operation. Here, was the patient coming to the chest diseases clinic in counselor-client relationship with his physician?

If the physician did not approach to the patient in such a relationship and give him enlightening information about the operations and cancer by establishing empathy and confidence, it was not likely that he would take the consent of the patient approving that he would accept the operation. This situation is against the patient and the patient's life shortens a lot in such a risky cancer type and the patient feels a lot of pain as long as he lives.[1,2]

In the lung cancer, to convince a patient to have a surgical operation, not only chest diseases physicians but also the physicians of such clinics as chest surgery, oncology and radiation oncology and, if necessary, a psychiatrist should collaborate related to the matter. Again, because the patient receiving too much radiotherapy and chemotherapy was subjected to side effects, the principle of not harming the patient, one of the ethical principles, was violated.

CASE 1

The patient, an official, named A.E. and aged 49, applied to the Chest Diseases Clinic in July 2000 with complaints of shortness of breath and edema spreading to face. The patient was diagnosed as having lung adenocarcinoma. Later, in the oncology, 1 course of chemotherapy and, in the radiation oncology, 10 days of radiotherapy were administered.

However, during the treatments, the patient has such complaints as fear of lying on the operating table, anxiety. For this situation, the psychiatry clinic followed the patient. However, despite all the convincing and emphatic approaches, the patient giving up the treatment was lost after a while.

Here, the problem is the difficulties which failing to convince the patient sometimes gives to the physician. In patient-physician relationships, there are persuasion difficulties arising completely from the character of the patient known as difficult patient. How is this dilemma solved? If a patient cannot be convinced despite all the counselor-client relationships, coming of a relative who can make him listen to his words most in collaboration with the psychiatrist into play will provide the physician to apply the treatment with great help.[3]

CASE 2

The patient, a retired chief inspector named B.Y. and aged 52, applied to the Chest Diseases Clinic with complaints of shortness of breath, cough, and expectoration. After the lung x-ray, he was diagnosed as squamous cell carcinoma of the lung. Thinking that the cancer, which was Stage 3A, was inoperable, 35 courses of radiotherapy were applied in the radiation oncology. Moreover, 6 courses of medical treatment were applied.

It was determined that although this patient's tumor remained the same in size despite these treatments, its resistance gradually decreased. Although the physicians hid the illness, the patient knew that he had the lung cancer. The patient had shortness of breath and complained that the physicians looking after him continuously changed.

There are some ethical dilemmas in this case.

1) A patient needs to trust his physician and always wants to be with him especially in risky diseases such as lung cancer and changing of the

physician gives harm to the principle of faithfulness. However, in this case, there is physician change. It is known that service physicians change continuously in hospitals and this change causes patients to get into depression.

2) The patient was not told that he had the lung cancer. However, he knew of his illness. This is against the rule that a patient should not know the truth. No matter how much we try to hide the diagnosis from the patient, modern communication means (computer, etc.) and the patient's receiving treatment in the radiation oncology will help him know his illness. Therefore, today it is not appropriate to hide the truth. Some authors state that the truth gradually appears in the chemoteraphy.[4]

CASE 3

I.M., a male aged 51, having Social Security Institution retirement, an ex-professional footballer.

As a result of the pelviography of the patient applying to hospital A with complaints of pain on both sides of his hip bone four years ago, he was told that he would have a hip prosthesis. The patient wanted to have the operation in hospital B where he thought there were experienced physicians, but since he was told that he could have an appointment only six months later, in hospital A he was applied firstly left and then right total hip prosthesis. The patient having been left inactive for 26 days could not walk, his pain increased and there occurred a shortening of about 1-2 cms in the left leg.

Discharged from hospital, the patient was given painkillers whenever he consulted his physician for his unrelieved pains. When his physician offered the patient, still using his walking sticks and having problems in his social life, a second surgical operation, he rejected because he had lost his confidence in his physician.

Upon recommendation of another patient having undergone the same operation, he wanted his referral to the Medicine Faculty Research and Application Hospital. As a result of the examinations in the Medicine Faculty, he was told that the operation had been misapplied and offered a revision. The patient, to whom the left total hip prosthesis was applied again, was made to get to his feet on the second day. Relieved of his complaints, the patient is awaiting for the right total hip prosthesis.

In the treatment of osteoarthritis, replacing the degenerated hip joint occurring as a result of the degeration of the hip joint with an artificial femur head and acetabulum eliminates the pain and enables co-movement and stability.

The total hip prosthesis applied in the treatment of severe osteoarthritis should generally be applied in patients aged over 60 in cases when the conservative treatment is useless and unsuccessful. In the post-operational period, the patient should be mobilized within a short time and a function increase should be achieved via physiotherapy.

In this case, as a result of a limited health service and since he was offered a postdated operation in the hospital which he preferred, the patient could not benefit from the principle of justice. The principle of justice requires physicians to treat their patients equally and prevents them from seeing a patient as more important than another.[5]

Distribution of medical equipments and possibilities fairly is the basis of this principle. In the institution where the first operation was performed, the lack of physician's responsibility is seen. The physician did not apply the recent and scientific methods in the treatment and caused damages with the surgical operation. The patient needs to trust his physician's medical knowledge.

Through other physicians, he may question his knowledge. Hence, physicians whose patients are sure about their knowledge and treating them well create the feeling of confidence in their patients. In this case, the patient lost his confidence in the physician whose knowledge he was not sure about. The patient's consent was taken for the operation, but he was not informed about the difficulties which he would likely to encounter after the operation and the principle of informed consent was violated.

The patient's life quality was impaired after the treatment. The most basic aim of all medical treatments is to restore and maintain the quality of

life and even increase the quality of life. After the operation, the patient became incapable of carrying out his daily routines due to increase in pain and the shortening occurring in his left leg.

CASE 4

T.A, a male aged 29, a dozer operator.

When he caught sight of a swelling in his right arm last year, he applied to hospital A. He was given only analgesic pomade without doing any examination. When his complaint did not stop, he applied to hospital B where he went for annual leave.

As a result of the tomography, he was told that there was a mass in his arm and, if removed, he would get rid of it and finally it was operated on. As a result of the biopsy of the removed piece, he was told that it was a tumor and referred to the Medicine Faculty Research and Application Hospital for further examination and treatment.

According to the results of graphy, tomography and biopsy performed here, he was told that his right arm had to be amputated and he had to receive chemotherapy in the oncology clinic because of another mass detected in the lung.

In the interview held with the physician of the patient, it was told that the patient had the Ewing's Sarcoma and also there was metastasis in the lung, but his cranial magnetic resonance imaging (MRI) was normal. After the amputation of his right arm, the patient was told that his lung metastasis would be evaluated in the Thoracic and Cardiovascular Surgery Clinic and also he would take chemotherapy in the Oncology Clinic.[6]

As it is known, the Ewing's Sarcoma places the second among the neoplastic bone diseases observed in children and adolescents. 75% of the Ewing's Sarcoma cases are observed before the age of 20. In the diagnosis, radiological and pathological examinations are used. Following the surgical operation, radiotherapy and chemotherapy are applied. By adding intensive combined chemotherapy to radiotherapy, a five-year disease-free survival was increased from 20% to 50-60%. In the patients having metastasis at the first appointment, prognosis is very bad.

In the institution to which the patient applied firstly, it is observed that he was given service probably without thinking of a diagnosis and, with this attitude, the principle of usefulness was violated and the diagnosis and treatment was delayed. According to this principle, the physician and other health care staff should examine the patient in detail and relieve his pain and be helpful to him. It is observed that necessary examinations were performed and the patient was guided correctly so as to make him receive appropriate treatment in the second institution to which he applied.

However, since he was not given sufficient information about his illness and the truth was not explained, the principle of informed consent was violated. In the third institution, after having performed necessary examinations to the patient, his consent was taken for the required treatment by providing information about his illness and the diagnosis. Here, it is observed that the principles of usefulness and informed consent were obeyed; the principle of respect was also obeyed because the patient's consent was taken with his free will by providing him with preliminary information about the appications to be performed in the treatment of his illness.[7]

CASE 5

M.I, a female patient aged 25, a university student.

When the patient with no previous systemic complaint consulted a private physician in Cyprus in November 2001 with the complaint of chest pain, she was given a painkiller. Upon having an intensive low back pain the same night, the patient applied to the emergency polyclinic of the hospital and she was injected a painkiller there, but the painkiller did not relieve her of pain and so she applied to an internal diseases specialist in Canakkale.

As a result of the examination, the physician told her that she had an infection her gall bladder and started an antibiotic treatment. Upon determining that the patient suffering from low back pain had a hemoglobin level of 6 mg/dl, the physician continued the treatment by adding Jektofer and vitamin B12 injection.

When the patient realizing that the mass in the sacrum area has developed since the summer months told the physician about his complaint, he was given Daflon. When the intense low back pain started again, the physician told her that it might have arisen from the reproductive organs and suggested her to consult an obstetrician and gynecologist.

As a result of the examinations, an ovary cyst was determined in the patient and a treatment was started. In the meantime, when the patient attributing the rapid growth of the mass in the sacrum area to Jektofer and vitamin B12, which she had been using, told this to her physician, she received the answer "you'll recover; you'll recover" and so she felt distrust and applied to her surgical specialist.

As a result of the examination, the physician told her that the mass had to taken out and took her into operation. However, the physician could not take the mass out, but instead took a piece for biopsy. Seeing that there was too much bleeding, the physician thought that there might have been a problem in the bone marrow and told the patient that that matter overstepped him and she had to go to the university hospital for further examination and treatment.

The physician negotiating the case with the General Surgery Clinic of the university and referred his patient. In the meantime, the patient felt quite weak and had intense pain. After being hospitalized, the patient was performed a bone marrow biopsy. Her relatives was informed about the state of the patient being diagnosed as having acute myeloblastic leukemia as a result of the biopsy and they were told that she had 4-5 months to live.[8]

The family failing to meet the treatment expenses of the patient with no social security returned to Canakkale. The patient taking out the green card was referred to a university hospital in Istanbul. However, here she was told that 15 patients having the same illness had been awaiting for her turn to come. When the patient was referred to another university hospital, there she learned that patients with the green card were not given examinations and treatments free of charge. There a specialist physician took care of her and hospitalized her in a state hospital and told her that he would be interested in her treatment personally.

When the patient went to the mentioned hospital, the head physician of the hospital told her that the status of a patient with leukemia would deteriorate in a hospital having such conditions and she was hospitalized in the hematology clinic of a university hospital in another city. When she was told that the bone marrow biopsy had to be repeated and since she had felt a lot of pain in the previous operation, she accepted unwillingly. Moreover, a biopsy was taken from the mass in the sacrum as well.

As a result of the examinations, the patient was told that she did not have leukemia, the mass was the alveolar type of rabdomyosarcoma, the existing blood picture might have occurred due to the pressure of the mass on the bone and she was hospitalized in the oncology clinic so as to give her chemotherapy. As a result of the therapy, the mass became smaller and the general status of the patient got better. The treatment was continued.

Included among the malign tumors in the skelatal muscle classcification, rabdomyosarcoma has many types. Of these, the alveolar types occur as a result of the accumulation of indifferential oval cells. Most of the time, these have a bad prognosis compared to other types. They are more fequent in the childhood period. They are diagnosed via biopsy. Although the main treatment is surgical excision, chemotherapy and radiotherapy are applied due to the localization of the mass.

In the mentioned case, it is observed that the patient experienced great misfortunes. It is observed that since the patient did not mention her complaint, which was the main reason of her illness, at the beginning, the procedure, which had to be performed for diagnosis and treatment, was not carried out and her treatment was delayed.

It should not be forgotten that the main duty of the physician is not to harm the patient and to be beneficial. If the status of the patient does not fall within the physician's area of specialization, s/he

should get help from the physician who is a specialist in that field or guide the patient correctly to get the correct treatment.

Since the patient could not get answers to her questions, she lost her confidence in the physician. Here appears the importance of informing the patient. For a treatment to become successful, the patient should get involved and, to achieve this, s/he should be informed and feel confidence in the physician. It is observed that the general surgery specialist to whom the patient applied guided his patient correctly.[9]

It is thought-provoking that, in the research hospital, only one complaint of the patient was dealt with, the mass in the sacrum, which was the reason of her actual illness, went unexamined and she was told that she had only a few months to live based on the luekemia diagnosis performed through the bone marrow biopsy.

If how wrong diagnosis will affect the life of the patient and those of her relatives is taken into consideration, the importance of the sensitivity to be shown in this matter becomes clear. It should not be forgotten primarily that the patient should not be given any harm.

CASE 6

A retired woman aged 48.

The patient realizing a hard mass in the size of a hazelnut in the right breast a year ago and losing her mother five years ago due to breast cancer was scared of living the same and refrained from consulting a physician. However, upon the insistence of her husband, she applied to the hospital two months ago and was performed examinations.

As a result, she was diagnosed as having intraductal breast cancer. Seeing that her physician approached in a very sincere and consoling manner, the patient sated that her physician hold her that he would not put forward a negative opinion without examining the mass, even if there appeared a malignant one, he would treat it in the best way.

Although it consoled her, the patient who could not forget the status of her mother was seized with fear again upon the physician's telling her that she had to have an operation. Learning that the breast was likely to be taken out, the patient did not accept this firstly.

Later, she saw that the operation was necessary for her survival and granted approval for the operation. After the operation, she firstly checked if her breast had been taken out or not and when she saw that it had been taken out, she stated feeling unhappy.[10]

The patient, whose general status was good, was discharged from hospital and told to come for an examination again. Later, in the interview which she held with her physician, when she was told to take chemotherapy, she was seized with fear that she had not recovered from her illness. Losing her confidence in her physician, the patient did not accept the treatment and applied to another physician. When the physician told her that she had to take this treatment, patients like her were administered this treatment and good results were obtained, the patient was convinced and applied to the hospital to take the treatment.

Breast cancer is seen at a rate of 1/11 in the developed countries. Breast cancer and the application of mastectomy cause destruction in the patient's psychological life. Having a malign illness, surgical intervention, organ loss have potentials of causing serious psychiatric and psychosocial problems. In the same study, recurrence was found to place the first among the worries related to future in the patients to whom the total mastectomy was applied due to breast cancer. Being in need of others and unable to meet personal needs placed the second and being dissatisfied from one's body due to organ loss placed the third.

In the case under discussion, since the patient lost her mother due to breast cancer, she was scared of living the same thing. Thanks to the physician's approach, the patient granted approval for the operation and knew that mastectomy would be applied, but despite this, she could not accept that she lost an organ. The patient broke down twice both when she learned that she had breast cancer and when she lost an organ.

It was observed in the interview that the physician approached the patient with empathy and provided information about the diagnosis and treatment possibilities. However, since the patient felt scared, she did not want to believe the physician and applied to another physician.

Although the physician behaved toward the patient sincerely, approached her with empathy and provided explanations about her status, he could not help her overcome her fear and accept her status. In such cases, it is observed that a psychiatrist sould also be asked for help.

CASE 7

MC, a male retired teacher aged 49.

With no previous complaints, the patient applied to the hospital with dyspeptic complaints for three months. As a result of the examinations, a mass was detected in the entrance of stomach and the patient was told that it was necessary to take biopsy to understand the observed mass. Since the patient got the idea of the probablity of cancer, he refrained from asking a question.

As a result of biopsy, esophagus cancer and liver metastasis were detected, but as a result of the surgical consultation, the patient was accepted as inoperable.

The physician told the patient that he did not need an operation, but they could make the mass get smaller through radiotherapy and he did not use the word 'cancer'. However, the patient refrained from asking. The patient with low level of hemoglobin was applied two units of A Rh (+) erythrocyte transfusion prior to radiotherapy.

A reaction developed in the patient whose blood group was A Rh (-). Seeing this, the patient lost his confidence. After recovering into a good general health condition, the patient started to take radiotherapy.

Talking to other patients receiving radiotherapy during his treatment, the patient understood that he was there because he had a cancer. The patient stated that he did not want to talk about his illness neither with his physician nor with his family and he just try to continue his life, but swallowing difficulty and feeling very tired made him unhappy.

In the mentioned case, we see that the patient learned his diagnosis as a result of reasoning and talking with patients coming there like him during the treatment. Although what is accepted in general today is telling the patient the truth and that the patient deserves this, it is observed in some cases that the truth is hidden from the patient for such reasons as the psycho-social status, education, moral values of the patient, the stage of the illness. Moreover, in some cases, the patient may not want to take information about his situation.

Seeing that the fear of dying of cancer cannot be overcome despite the importance of elevation in the treatment of cancer and easy accessing of information, it is understandable situation that the physician prefers not to tell the patient about his status by evaluating his patient.

On the other hand, for whatever reason, patients being unaware of diagnosis learn the truth during their treatments. When it is considered that patients will learn their diagnoses sooner or later, the question "Why do not physicians do this before they learn?" might come to minds.

It is also likely to consider that this way might give a patient some time to get used to his diagnosis and accept it. It is observed that a patient's learning his diagnosis from his physician is the best way. Hence, the patient can learn true information without getting into wrong thoughts and losing his confidence in his physician. The patient has the right to decide about his own body and accept or reject the treatment. In cases where this is not done or impossible, the decision in relation to the treatment of a patient not knowing of his diagnosis should be left to his relatives.[11]

CASE 8

S.A., a female retired teacher aged 50.

The patient noticing a swelling in her right breast ten years ago ignored it by thinking that it was temporary. When they came to the hospital because of her husband's illness, she also received an examination. As a result of the examinations,

when the physician told her that she had a mass in her breast and it was serious and it had to be taken out, the patient understood that she had cancer.

The physician told her that her breast might be taken out during the operation. When the patient was asked if this would make her unhappy or not, the patient said that she took it naturally and saw the taking out of her breast as taking out of any organ and, if it was necessary, she would accept it.

After the operation, the patient took chemotherapy and radiotherapy. Following her treatment, she came for examinations at certain intervals. Four years later, an increase was observed in the patient's tumor markers. As a result of the tomography applied to the patient, a mass was observed in the abdomen and she was told that there was a problem in the intestines and taken into operation.

Following the operation, the patient learned that her ovaries had been taken out. When the patient was asked about what she felt about it, she stated that it was important for her to recover and took chemotherapy.

Four years later, as a result of the examinations performed to the patient when an increase was observed again in the tumor markers, the reason for the increase in the markers could not be understood. After a while, the patient noticed a swelling in her abdomen. In another health institution to which she applied, a drug therapy was started by thinking that it was due to dyspepsia.

The patient stated that the physician there did not examine her and prescribed medicine by making a diagnosis only in the direction of what she said. The patient not getting a result from the treatment and with the gradually growing swelling in her abdomen was given an ultrasonography appointment for two months later. As a result of the ultrasonography made two months later, an acid accumulation was detected in the abdomen.[12]

The patient waited for the result of the biopsy in the hospital. The patient stating that the physician had not told her anything yet predicted that she would take chemotherapy again. The patient stating that she had been going to the hospital for ten years and had achieved no result uttered these words: "Not the name of the illness but its treatment is worrying me".

In the mentioned case, in the institution which she applied firstly, it is observed that the physician made the patient feel the seriousness of her situation without using the word 'cancer'. Although the possibility of taking positive results and keeping the patient's life expectancy longer compared to the past has increased with the development of early diagnosis and treatment alternatives in cancer, the negative effect of the word "cancer" cannot be denied.

Here, it is observed that the physician managed to tell the patient about the seriousness of her situation without using this bad word. The treatment to be performed was explained and applied to the patient. It is thought-provoking that the patient not the physician firstly noticed the increase in the tumor markers during the inspections made following the treatment.

Although the interpretation of the swelling in the abdomen as dyspepsia was an alternative to consider, starting the patient's treatment without any physical examination only caused the patient to waste time. In many public health institutions, physicians see a lot of patients. Hence, they cannot allocate sufficient time for patients. However, this cannot justify physicians' delaying their patients' treatments with wrong diagnoses. The primary duty of a physician is not to give harm to the patient.

Generally, the common complaint of patients is the long-lasting examinations and/or inspections. However, cancer is an illness with which patients need to learn to live together in the remaining parts of their lives. In the mentioned case, what is scaring for patients having accepted their situations, as the patient stated, is not the name of their illness but the long-lasting and wearing treatments. In this case, that patients need more psychological support is an important fact which should not be forgotten.[13]

CASE 9

T.Y., a housewife aged 42.

The patient, having no previous complaints, was told in a private hospital to which she applied

with the complaints of sudden headache, pins-and-needles sensation in the left side and weakness as a result of the brain tomography that she had an intracranial tumor and would be taken into operation in the evening. When she heard it, the patient was stupefied and she did not accept to have the operation of that serious on the day when she learn the diagnosis and applied to another hospital.

After the examinations performed here, the patient was told that the operation was not necessary, but the actual problem was that the tumor in the lung had metastasized to the brain. The patient received radiotherapy and chemoteraphy.

After a while, upon sudden development of the inability to speak and loss of consciousness in the patient, she was referred to a reserch hospital for further inspection and treatment. However, since the agreement between the sender institution and the receiving institution had been abrogated, she could not benefit from the possibility of free-of-charge treatment.

In the interview held with the patient, it appeared that she was given insufficient information; when she sometimes asked questions, she received answers from the auxiliary health staff like "It is none of your business!"; at each time she came to the hospital, she was tired of telling many people about her illness again and again.

The patient stated that she became happy when she was given information about her health status, but she refrained from some physicians and could not ask questions. Finally, the patient stated that especially for people living with a difficult illness like cancer, moral support and a smiling face is important.

In the mentioned case, the physcian told a startling diagnosis like brain tumor to his patient without making her ready to hear and, when she was still living the shock of it, he informed her that she would have a brain operation in the evening. Here, it is observed that empathy, the heart of the medical profession, was attached no importance at all and the patient was approached as a broken machine, and the patient was told about the matter in a fathery approach without discussing it with her.

And what's more, the tumor in the lung was skipped over. It is also observed that patients become victims of disagreements between institutions during their referral chain and inspections and treatments go wrong from time to time.

Physicians are bound hand and foot before the reflection of inconveniences on patients in the health system. Here, the patient became helpless before documents in a life-critical situation. Since cancer is an illness which has to be checked at certain intervals, patients are obliged to go to the hospital frequently and live the same applications again and again. Physicians continuously change and the patient may feel uncomfortable with telling the same things at each time.

In patients with cancer, whose treatment is wearing, requires a long process and has heavy side effects, the physician-patient relationships should be closer, warmer and more genial, which can be seen by any physician who can approach patients with empathy.

However, situations arising from inconveniences of the health system might be wearing for the patient and the physician and this might reflect into physician-patient relationships negatively.[14,15]

Informing

Due to the presence of the name of the journal editor's among the authors, the assessment process of the study was conducted by the guest editor.

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During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

This study is entirely author's own work and no other author contribution.

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