The Family Physician and Confrontation in Alcoholism

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Abstract

Identification of alcoholism may be crucial for ensuring the most appropriate treatment for patients suffering with cancer. In this setting, the family physician can best provide the leadership in coordinating the critical resources necessary for successful treatment by utilizing the family, the minister, the employer, and most important, alcoholism counselors and Alcoholics Anonymous. To avoid a realistic assessment of alcoholism in a cancer patient will only perpetuate individual sorrow and suffering. The physician may win the battle against cancer, but the war can be lost by the self-destruction resulting from alcoholism.

For many years physicians have minimized the potential dangers of alcoholism, and its victims have been all but ignored. An atmosphere of constant terror and hopelessness is further compounded when the alcoholic suddenly discovers he is also afflicted with cancer. The medical complications associated with excessive alcohol consumption have been clearly defined, and physiological mechanisms have been thoroughly explored, yet definitive therapy remains a puzzle to many practicing physicians. I consider alcoholism to be the most neglected medical illness in the United States.

My experience as a director of a digestive disease clinic indicated that as many as 40 to 50% of our patients had diseases which were caused or aggravated by excessive alcohol intake. Sophisticated techniques for diagnosis and advanced methods of treatment were used in the management of esophageal hemorrhage, ulcers, liver disease, pancreatitis, delirium, and malnutrition but were totally unresponsive to the social and behavioral disorders associated with alcoholism. In fact, a review of the clinical charts of these patients indicated that specific plans for treating alcoholism were recorded for less than 5% of the patients.

Physicians have been quite successful in the acute hospital treatment of medical complications in alcoholics. Unfortunately, the constant medical attention required for the critical medical problems seen in alcoholism does not even begin to confront the real tragedy of the patient after he leaves the hospital. He returns to his real life of denial and drink while the physician remains insulated from the emotional misery, physical abuse, and social disruption of the patient and his family. This is where the real tragedy in the life of the alcoholic exists, but experience shows that this is also the clinical setting where allied health resources can be utilized to gain and ensure the trust of the patient, resulting in a more viable and therapeutic relationship.

The most critical deficiency in physicians dealing with patients suffering from alcoholism is a hesitancy and inability to confront the patient about his drinking problem. Unless an alcoholic identifies himself as a drunk, there is no chance for a cure. The doctor must be less timid with the patient and not compromised by his personal bias or attitudes regarding alcoholism. A frank and realistic confrontation will ultimately strengthen trust and mutual respect between the doctor and patient. There is also the possibility that the physician will focus specifically on cancer while the silent specter of early alcoholism remains undetected.

It is important to know that few if any overt signs or symptoms of chronic alcohol consumption are evident in the early stages of alcoholism. The physician must rely on a carefully detailed history, including not only how much a patient drinks but why he drinks.

Preoccupation and a desire for an occasion to drink are the early warning signs of the potential alcoholic. Alcoholism is not a self-induced disease, and no one starts drinking with the intention of becoming an alcoholic. As a result, denial is a major mechanism utilized by the patient in an effort to preserve his self-esteem.

A physician must honestly ascertain whether he can cope with alcoholism in a patient who also has cancer. He can be in a key position to provide leadership in coordinating the critical resources necessary for successful treatment by utilizing the family, the minister, the employer, and most important, alcoholism counselors and Alcoholics Anonymous.

I can assure you that physicians can always find the intensive care unit or the clinical laboratory in any hospital but are often uninformed regarding where to contact alcoholism counselors or referral to Alcoholics Anonymous. In fact, the information switchboard in the clinical center of NIH has no listing for alcoholism counseling or Alcoholics Anonymous assistance. The medical profession continues to improve its understanding of this disease. However, not too many years ago the only way to get physician enrollment for a continuing education program dealing with alcoholism treatment was to entitle the program "How to Keep the Alcoholic Patient Out of the Doctor’s Office." Fortunately, physicians are becoming more informed, and the medical profession now recognizes that linkage by doctors with alcoholism counselors using Alcoholics Anonymous and family support is the most crucial factor required for successful treatment.

Alcoholics Anonymous is the most significant self-help organization in this country. This group provides more effective relief from the self-destruction and human suffering caused by alcoholism than does any treatment provided by the physician and it does not cost the taxpayer a single cent. Members of Alcoholics Anonymous have turned their lives over to the care of a Supreme Being, and by accepting their common weakness, they develop a union of strength and hope which reinforces their desire to remain sober.

Alcoholism is a complex and destructive disease which requires a total treatment program utilizing several resources. The success of Alcoholics Anonymous can be attributed to the opportunity for alcoholics to identify with others who have had...
similar experiences, enabling them to escape from their isolation and dependence on alcohol. I am convinced that the fellowship and mutual understanding created in Alcoholics Anonymous will allow those members also stricken with cancer to ventilate their enormous fear, greatly improving their acceptance and response to therapy.

The alcoholism counselor, a relative newcomer to the treatment of alcoholism, is now a credentialed and skilled allied health professional who can be an effective extension of the physician for maintaining close supervision of alcoholic patients. The minister can provide spiritual support as well as help to free the patient not only from his morbid fear of cancer but from the tremendous guilt fostered by our society. Finally, there can be no expectations of complete treatment without involvement of close family members in the therapeutic team, helping the patient to reconcile human needs intrinsic within the interaction of the total family complex.

The medical implications involved in chronic alcoholism are extensive and can complicate or affect treatment of cancer in such patients. The syllabus of the recent medical knowledge self-assessment program sponsored by the American College of Physicians in 1977 consists of 11 subspecialty sections. Each section revealed specific medical problems associated with excessive alcohol consumption. The fact that at any time 25 to 50% of a hospital patient population, regardless of their diagnoses, have alcohol complications, has led me to believe that a blood alcohol level should be included as a standard admission laboratory test for every patient.

Considering the incidence of alcoholism and the high potential for coincidental cancer in patients, it is important for the physician to identify clinical signs and metabolic derangements in alcoholism that can mimic those of cancer. This knowledge can hasten a proper diagnosis and provide for more appropriate management of the patient with cancer.

I believe it is absolutely essential that the cancer patient be treated medically, competently, and thoroughly for alcoholism. The family physician can best alleviate the tremendous fear in such a patient and should coordinate overall medical management. A comprehensive clinical approach will pay great dividends in the quality of care and rate of recovery of patients being treated. To settle for less will perpetuate individual sorrow and suffering, and although one might win the battle against cancer, the war can be lost by the self-destruction of alcoholism.

Through this unique conference dealing with alcohol and cancer, clinicians involved in cancer treatment will have the opportunity to more fully understand how to identify and ensure the most effective treatment for alcoholism. In recent years, however, I have conditioned myself to become somewhat skeptical whenever there is a dramatic announcement about a new cause of cancer. This public exploitation further stigmatizes the alcoholic and magnifies his need for denial, potentiating his dependence on alcohol. This conference will promote a more realistic understanding of the cancer-alcohol relationship. Scholarly but cautious conclusions will not only improve treatment but will lessen the apprehension of our patients.
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