Psycho-oncology in Taiwan

Psycho-oncology has been receiving increasing attention as a specialty in psychiatric service. The Taiwan Psycho-oncology Society (TPOS) was established in 2009. Having met specific criteria, TPOS has been just accepted and became one of the 28 federated members in the International Psycho-oncology Society (IPOS) in October 2011 (www.ipos-society.org/about/federation). This may be a good time to review the development of psycho-oncology in Taiwan, and to examine the most imminent tasks and future objectives in this subspecialty area.

**Genesis and Development of Psycho-oncology**

Psycho-oncology, or psychosocial oncology, is a field concerning the psychological, social, behavioral, and spiritual care of cancer patients. The formal beginning of psycho-oncology dates back to the mid-1970s. Over the past 30 years, the pioneer in this field, Holland from the Memorial Sloan-Kettering Cancer Center (MSKCC) has initiated the establishing international society, training curriculum, research agendas and practice guidelines in this area [1]. In Taiwan, several psychiatrists and other mental health professionals have received training from the MSKCC or have engaged in psychosocial care for cancer patients in past years. But it was not until the past decade that mental health professionals specifically working with cancer patients and researchers dedicated to the field of psycho-oncology were available in Taiwan [2]. There was a lack of shared experience or collaborated research for the psychosocial care for cancer patients previously in Taiwan, and a shortage of specific training, practice guidelines, or recommendation for a standard of care.

TPOS was established two years ago. Since then, systemic efforts have been dedicated to educational activities such as symposia on psycho-oncology, workshops and teacher training on communication skills. Practitioners and researchers from Taiwan also actively participated in international collaboration and exchange. Becoming a federated member in IPOS allows us to have a voice in the international community, to participate in multi-country task forces and research, and to get most up-to-date information and training.

**Key Issues for the Psycho-oncology Society in Taiwan**

There are several hot-button issues actively studied and advocated in the field of psycho-oncology internationally and in Taiwan. To start with, the psychosocial care of cancer patients needs to be emphasized. Studies have shown that 30%-50% of cancer patients meet criteria for a psychiatric diagnosis, and that many of them suffer from depressive and anxiety disorders [3]. An additional 25%-30% of them have subclinical...
psychosocial symptoms (such as irritable mood and demoralization) that need attention and intervention by oncologists [4]. But most of them did not receive psychosocial care. Extensive studies have indicated that cancer patients carry negative attitudes such as shame, doubt or blaming themselves; such stigma may prevent them from seeking help. In addition, oncologists often display a poor judgment in detecting the emotional problems of the patients [5]. Therefore, a routine screening is warranted to determine the need for psychosocial care in those patients.

Distress thermometer (DT), which has been recommended by the National Cancer Care Network (NCCN) (www.nccn.org) in the U.S., is an easy and effective method for screening patients with potential psychosocial problems. By asking a single question, “How is your distress on a scale of 0 to 10?” and referring patients who answer “4” or above for psychosocial care, DT can serve as a triage question for directing the services a patient will receive. It has been advocated because of its simplicity, and the lack of stigma in the word “distress,” since this term encompasses not only psychological symptoms, but also practical, family, physical, and spiritual/religious problems. DT has been suggested to be included in routine medical records as the sixth “vital sign” after pain to direct practitioners’ attention to the psychosocial aspects of cancer patient [6].

DT has been translated into Chinese, and in Taiwan, its effectiveness has been proven to be equivalent to other screening tools such as the Hospital Anxiety and Depression Scale (HADS) [7], while taking less time to complete. TPOS has recommended that the Bureau of Health Promotion in Taiwan include such a universal screening for emotional stress as a benchmark for the 51 cancer centers currently receiving its funding for promoting quality in cancer care.

In 2010, TPOS piloted a series of communication training for cancer care professionals. Although a cancer diagnosis is no longer always kept a secret to patients, revealing this diagnosis still places a great burden on patients, their families, and even their healthcare professionals. Evidence from Taiwan showed that cancer patients prefer to learn about their diagnosis and prognosis [8]. But the manner in which oncologists break the bad news, while acknowledging the emotional aspects of the patient, is still critical. TPOS adopted the SHARE model, which was developed in Japan [9], due to its cultural similarity and ease of transferability, and the lesser amount of time it consumes in training oncologists. This model emphasizes a “Supportive environment,” “How to deliver the bad news,” “Additional information,” “Reassurance,” and “Emotional support.” To date, 46 facilitators in Taiwan have completed their training in SHARE, and are ready to serve as teachers in communication training workshops. In 2011, five workshops were held and 126 people received this communication training.

Individual and group psychosocial intervention for the cancer patients has been extensively studied worldwide. A landmark study has showed that psychosocial treatment can lengthen survival time for patients with metastatic breast cancer [10], but unfortunately, this study has not been universally replicated [11]. Nevertheless, studies have shown that psychosocial intervention reduces emotional symptoms, prevents relapse, and improves psychological well-being of cancer patients. Recent research and treatments target the spiritual aspects of patients; meaning-centered psychotherapy, dignity therapy and other existential therapy have been widely used.

Other important research agenda around the world include suicide in cancer patients, psycho-
social health of cancer survivors, quality of care, palliative care, and caregiver issues.

**Discussion**

Overall, the development in psycho-oncology is well worth noting for mental health professionals. Psychiatrists need to play a role in the multi-disciplinary team work in routine cancer care. We should establish policies and treatment guidelines to ensure that psychosocial care becomes part of the standard integrative treatment for cancer patients. We also need to conduct more research on psychosocial intervention and optimize psychosocial care for cancer patients accordingly. In an era of strict budget restraints from the Bureau of National Health Insurance and low reimbursement for psychiatric service, this may be a “blue ocean strategy” area of development for young psychiatrists.

Let’s work together for the growth of psycho-oncology in Taiwan.

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**References**