

## Full Medical Disclosure Helps Yulia Fight Breast Cancer

“When I found the lump in my breast, that was the moment my calm and peaceful life came to an end,” explains Yulia, a 37-year-old economist and mother of three from Kiev. “I had read in books and magazines that after a certain age it is necessary to conduct breast self-examinations, so for the past several years I had been doing this regularly, but nothing can truly prepare a woman for such a discovery.”



PHOTO: KATHRYN UJIAN  
Yuri and Yulia, who—as of February 2001—has been cancer-free for 12 months.

Immediately after detecting the lump, Yulia and her husband Yuri went to several medical institutions in Kiev where doctors performed ultrasounds and biopsies, neither of which indicated cancer. It was only when they did a lumpectomy that cancerous cells were found. “They never actually told me that I had cancer, though,” Yulia notes. “I was simply informed that a surgeon would operate and remove the lump, then, while I was still under anesthesia, he would decide whether or not to remove my breast.”

Explaining that the old tradition of Soviet medicine was not to inform patients of the true diagnosis, but just to reassure them that everything is fine, Yuri, a 40-year-old computer programmer, states, “They don’t inform patients if the diagnosis is good or bad; they just say ‘you need an operation’ and that’s the end of the discussion.”

Calling this sort of treatment a crime

against patients, Yulia stresses the importance of providing women with all possible information regarding their condition and what options they have. “In order to beat breast cancer, you must fight it, but you can’t fight if you don’t know what you are fighting or how to go about it.”

Understanding that the couple was uncomfortable with the way they were being treated and looking for more information, many of their friends helped them obtain articles and research about breast cancer. Yuri even contacted acquaintances in Germany and Canada to see if they could send information. “Some people recommended that we go to the Kiev WWC. That was where we finally found out about the cancer diagnosis,” Yulia says. Doctors at the WWC told the couple that radiation treatments and radical surgery were needed and should be followed by chemotherapy and then reconstructive surgery.

“I can’t tell you how frightening it is to hear such a diagnosis,” Yulia says, “but the warm, caring, and open attitude of the staff at the WWC is radically different from that of other clinics and hospitals. That really helped us get through this.” Psychological support in such situations is imperative, she says, noting, “Dr. Kovalchuk performed the operation successfully, kept me well-informed, and supported me and my family throughout the entire process. He gave me the hope I needed to fight. I spoke to a friend who had similar surgery at another place, and the differences in our experiences are like night and day.”

In other oncology institutes, the attitudes toward the patient often harken back to Soviet times, according to Yulia. “They don’t treat patients as living, breathing, thinking beings, but rather as material. They decide what to do and how to do it and if you want to get a second opinion, your original doctor must give his or her permission—and they can say no.”

Explaining that it is typical for people to not trust doctors because, traditionally, medicine was a state institution, Yuri says, “We do not doubt the qualifications of the old-time doctors, but we do question their behavior toward patients. The relationship between a doctor and a patient should be one of open-

AIHA’s Women’s Wellness Centers (WWCs) provide a client-oriented approach to primary healthcare by offering services that specifically address women’s health needs throughout their life continuum.

Several of these innovative Centers offer comprehensive breast health services that include teaching the basics of self-examination, performing clinical exams, and offering mammography screening. This approach is designed to detect changes in a woman’s breast tissue at the earliest possible stage and to follow up with appropriate interventions. At the WWC in Kiev, Ukraine, for example, more than 1,660 mammograms, 630 breast ultrasounds, and 2,183 clinical breast examinations were performed through the breast health program in 2001. These exams resulted in nearly 300 women being diagnosed with breast cancer and the identification of almost 1,000 patients with potentially abnormal pathology. Below is the story of how a WWC’s approach to breast health affected the life of one woman; her doctor’s story is on the other side.\*

ness, cooperation, and support. It should be a quick and easy process to gather information about specific conditions and diseases and to link patients to others who are going through the same experiences as a way of psychological support.”

Yulia agrees wholeheartedly. “Surely psychological support is absolutely a key factor in successful treatment. At the WWC, I felt comfortable, calm even, like I was part of a team. I really have a great desire to work with other women who have been diagnosed with breast cancer, to share my experience with them, and maybe make what they are going through a bit easier.”

For more information on AIHA, visit [www.aiha.com](http://www.aiha.com).



## Discarding the “Doctors’ Secret:” Surgeon Forms Partnership With Patients

“There used to be a course under the old Soviet system called ‘The Doctors’ Secret.’ They taught us that we shouldn’t tell patients about their diseases or conditions because it would only cause them to become overly fearful or phobic about doctors and hospitals,” says Dr. Igor Kovalchuk, deputy head physician of Kiev City Clinical Hospital #3 and a surgeon and mammologist at the Kiev WWC.



PHOTO: ANATOLY FEDORSTIV

Dr. Igor Kovalchuk discusses treatment options with a patient at the Kiev WWC.

“In 1991, I visited the Netherlands and, for the first time, I began to change my views about the way I practice medicine, but it was my first AIHA partnership exchange in Philadelphia that radically changed my mind about how the relationship between doctors and patients should be,” Kovalchuk asserts. During that visit, Kovalchuk joined doctors at the Hospital of the University of Pennsylvania as they made their rounds, assisted in a number of surgical procedures, and met with patients before and after their operations.

“What intrigued me the most was that the physicians were actually telling the patients exactly what kinds of medical problems they had. If a doctor suspected cancer, he told the patient,” Kovalchuk says. “In Kiev, our doctors do not discuss med-

ical conditions with patients in any great detail because they believe people do not know much about such things.” Watching the medical staff in Philadelphia explain both the diagnosis and options for treatment so each patient could get a clear understanding of his or her particular situation and, consequently, take a more active role in choosing an appropriate course of action, Kovalchuk began to think differently about the way he himself interacted with patients.

When he returned to Kiev, Kovalchuk immediately began to tell his patients as much as possible about their conditions, potential treatments, and likely outcomes. “I discovered that my patients were really interested in discussing their conditions with me and, because I was open with them, they felt that I really cared about them as individuals and became more open and trusting in return.”

Working with patients to make them feel comfortable and included in the treatment process soon became one of the main goals of staff at the Kiev WWC—although it is not always an easy task, according to Kovalchuk. “First of all, there is a certain mistrust and fear that most people have of doctors. It is a natural sort of phobia, I suppose, because no one wants to hear bad news. Normal time constraints also pose a problem. It is sometimes difficult for a surgeon to find enough time to explain all the details to every patient.” That’s why other staff and even other patients play such an important role for women who have been diagnosed with cancer, Kovalchuk notes. “Very often, our patients trust and find comfort in people who have gone through similar experiences more than the doctors. I don’t want to minimize the important role of doctors, but for information and emotional support, other people can be equally, if not more, important.”

At the WWC, clinicians actively engage in patient education and outreach programs to increase a woman’s understanding of the importance of being an active participant in her own health. “Many of our patients are becoming more and more aware of both the things they can do to live healthier lives and

As part of AIHA’s Breast Health Program, which operates at three Women’s Wellness Centers (WWCs) throughout Ukraine, healthcare providers seek to empower women to be more proactive participants in their own health and well-being.

Through patient education—especially the need for monthly self-examinations—as well as diagnostic screening, clinical breast examinations, psychosocial counseling, group therapy, and a number of related services, clinicians and patients build a relationship based on open communication, support, and respect. More than 30 healthcare practitioners have been trained through AIHA’s Breast Health Program since its inception in 1997. Below, one surgeon describes how AIHA’s partnership program changed the way he interacts with his patients, such as Yulia (see other side), at the Kiev WWC.

the types of services that are available,” Kovalchuk says, noting that increased media coverage of health issues also plays a role in educating the public. “It is much easier for me, as a surgeon, to communicate effectively with patients and make them feel like part of a team to improve their health if they are well-informed.”

Noting that he often encourages his patients to arm themselves with as much information as possible and even to seek the opinions of other physicians, Kovalchuk explains, “I try to pay more attention to those patients who are unsure about what treatment is best for them. . . . I want them to be well-informed—even if I have to tell them things they would rather not hear—because, in the end, the bitter truth is better than a sweet lie.”

For more information  
on AIHA, visit  
[www.aiha.com](http://www.aiha.com).

