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**DECIDING TREATMENT OPTIONS FOR BREAST
CANCER:**

**A GROUNDED THEORY OF THE
WOMEN'S PERSPECTIVE**

by

Lynn Harwood

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ABSTRACT
**The women's perspective on deciding treatment
options for breast cancer**

Fallowfield and Hall (1991, p. 387) state: "Coping with the diagnosis and treatment of breast cancer is problematic for both the women with the disease and their doctors who must treat it". A variety of surgical techniques and types of adjuvant therapy are now available. As well as advances in medical and surgical care, marked cultural changes have also occurred in western health care over the past 30 years, with increasing concern for individual autonomy and consumer rights. Increasing emphasis is now placed on the provision of information to patients and on their participation in decision making about their prospective treatment. Questions remain, however, as to whether patients benefit from being offered choice, and evidence is currently limited.

The aim of the present study was to discover the women's perspective on having to make choices regarding their preferred treatment options for breast cancer. The Glaserian (after Barney Glaser) school of grounded theory was chosen as the research method. Fourteen participants were recruited. Each woman participated in a loosely structured interview lasting 1-1¹/₂ hours, which was taped and transcribed. Together these interviews became the data for analysis. Substantive codes and theoretical categories were developed from this data and finally a conceptual framework was constructed.

Three main categories were identified. These were:

- Detecting a cancer – the crisis evolves.
- Discerning value priorities.
- Reaching a point of salience and commitment to choice.

The over-arching or core category identified was "Unifying 'the self' with treatment choices".

It was identified in the present study that freedom of choice is part of the life project of 'choosing oneself'. The self is not a ready-made being but an existent always in the process of becoming, or as Macquarrie (1972, p. 145) states: "A unitary self as distinct from a series of unconnected acts". Women made their choices based on their past, their present life situation and their projection, for themselves, of their future. These decisions were made within the context of provisionality versus permanence; a diagnosis of cancer brought with it a renewed awareness life's uncertainty and also one's mortality.

PREFACE

In the year 2000 breast cancer has reached almost epidemic proportions in western society. Although breast cancer is a greater risk in later years, younger women, and even men, can develop this condition. Owing to the pervasiveness and significance of this disease condition, extensive medical research has, and continues, to be undertaken. Although cure and prevention of this disease are the scientific community's primary focus, this is unlikely to be realised in the immediate future. Management and control of this disease therefore remain central concerns. To this end extensive clinical trials have been undertaken to determine how to best manage this disease.

Surgery, radiation, chemical and hormone therapy, remain the major treatment strategies for this condition. Unfortunately, as well as attacking the 'disease' these modalities impact on 'the person' inflicting their own morbidity in the quest for survival (or quality of life) advantage. Unsurprisingly, considerable psychosocial research has also been undertaken researching this morbidity. These have included studies comparing the psychological morbidity between such treatment options as mastectomy versus mastectomy and reconstruction versus conservative surgery. Quality of life studies have also investigated the impact on women of undergoing adjuvant hormone and chemotherapy.

In reviewing this literature on breast cancer, it was noticeable that there were few studies investigating the 'women's perspective' on having to make choices regarding their preferred treatment options for breast cancer. It was therefore decided to investigate the processes and factors women themselves describe as important in making their treatment choices.

As a nurse I have been involved with women undergoing treatment for breast cancer in both medical and surgical oncology for a number of years. In 1980-82 I was employed as a research oncology nurse caring for women undergoing adjuvant and treatment chemotherapy. From 1983 to the present date I have been involved with women having surgical treatment for breast cancer. It was this experience (and concern) that led me to choose this topic for my post-graduate research project.

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