Article

Sociological Implications of Cancer Treatment on Individuals and Communities

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Abstract

Cancer, marked by the uncontrolled proliferation of abnormal cells leading to the destruction of healthy tissue, remains a formidable global health challenge. While advances in cancer screening, therapy, and prevention have contributed to improved survival rates, the progress has been unequal across the world, particularly in developing countries like Nigeria. This discrepancy is exacerbated by a complex web of factors, including inadequate funding, weak policy execution, and a lack of political will and dedication, resulting in persistently high cancer rates in Nigeria. Using a qualitative approach, this paper relies on secondary data from academic journals and online articles. The findings of this study reveal a disheartening reality: a significant portion of cancer patients in Nigeria continue to face the dire challenge of delayed and ineffective diagnosis and treatment. Furthermore, cancer, as a complex and varied disease, necessitates a range of therapies, including surgery, radiation, and systemic treatments such as chemotherapy, hormonal therapy, and biological therapies. The choice of therapy is intricately tied to the type of cancer and the individual patient, shaping treatment plans, procedural considerations, and expected therapeutic responses. Equally significant is the recognition that cancer's impact transcends the individual patient, affecting their relationships, communities, and social networks. The relatives and loved ones of cancer patients bear the physical, social, and emotional burden of cancer diagnosis, treatment, and recovery, reinforcing the importance of holistic care and support systems. In light of these findings, healthcare professionals and decision-makers should actively encourage public participation in the support for cancer patients. The public perception of cancer and its impact on individuals and families must be transformed, dispelling stigma and fostering empathy. Media campaigns, public awareness pamphlets, and educational initiatives can play a pivotal role in achieving this goal.

Keywords

Cancer, disease, patient, sociological implications, terminal illness, treatment

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Introduction

Cancer, a formidable and often deadly illness, exerts immense pressure not only on its afflicted individuals but also on their immediate communities. As of 2022, the World Health Organization (WHO) has classified cancer into various types, including breast, lung, colon and rectum, prostate, skin (non-melanoma), and stomach cancers, among others (WHO, 2022b). The global impact of this disease is staggering, with lung cancer being responsible for 1.80 million deaths, followed closely by colon and rectum cancer (916,000), liver cancer (830,000), stomach cancer (769,000), and breast cancer (685,000). Tragically, cancer claimed the lives of 10 million people, spanning gender and age groups, in the year 2020 alone (WHO, 2022a).

Amidst the global context, the sociological implications of cancer treatment take on added significance, particularly in regions like Nigeria. Despite advancements in cancer treatment on a global scale, Nigeria continues to grapple with an alarming rise in cancer-related mortality (WHO, 2022a). A dire statistic underscores this crisis: four out of five cancer cases in Nigeria result in fatalities (Obinna, 2022). In 2018, Nigeria recorded 115,950 cancer cases, with breast cancer accounting for 22.7%, cervical cancer for 12.9%, prostate cancer for 11.3%, colorectal cancer for 5.8%, non-Hodgkin lymphoma for 4.6%, and other malignancies making up the remaining 42.7%. Notably, women were disproportionately affected, with 71,022 cases diagnosed in women compared to 44,928 in men, largely due to breast and cervical cancers (Obinna, 2022). Shockingly, an estimated 10,000 Nigerians succumb to cancer each year, while another 250,000 are diagnosed, underscoring the urgency for effective public policies and interventions to mitigate the impact of this devastating disease (Obinna, 2022).

While cancer treatment methodologies continue to advance in industrialized nations, these innovations are yet to be fully accessible in Nigeria, contributing to the rising cancer mortality rates in the country (WHO, 2022a). Despite being a non-communicable chronic illness that is preventable, detectable at an early stage, and treatable, the diagnosis, treatment, care, and support of cancer are often perceived as inescapable death sentences due to a multitude of challenges. Furthermore, inadequate government support and healthcare prioritization exacerbate the cancer crisis in Nigeria (Obinna, 2022). The slow progress in combatting cancer is primarily attributed to insufficient funding, weak policy implementation, and a lack of political will and commitment. In 2018, the Federal Government of Nigeria initiated a Cancer Control Plan aimed at reducing cancer incidence and prevalence. The plan included provisions for prostate, cervical, and breast cancer screenings, but its implementation failed after three years (Obinna, 2022).

The financial burden associated with cancer treatment compounds the challenges faced by Nigerians, as most individuals must cover the costs themselves. For instance, a single radiation treatment cycle at the Lagos University Teaching Hospital costs a staggering N1 million (Obinna, 2022). Chemotherapy expenses for one person can easily exceed N20 million, a sum far beyond the reach of the majority of Nigerians, considering the minimum wage in the country is a mere N30,000. This financial strain extends to individuals, families, communities, and healthcare systems, making timely diagnosis and effective treatment a distant reality for many cancer patients in low- and middle-income nations like Nigeria (Obinna, 2022). A robust healthcare system is pivotal in improving cancer survival rates through early detection, effective treatment, and comprehensive care for survivors.

Diverse types of cancer necessitate distinct treatment regimens, making an accurate diagnosis paramount. The choice of therapy, treatment procedures, and expected therapeutic outcomes are determined by the type of cancer and the individual patient’s unique characteristics. Treatment goals may vary, ranging from the pursuit of a cure to extending life or enhancing the quality of life, while palliative care aims to support the physical, emotional, and spiritual well-being of patients. Notably, early detection can yield favourable outcomes for certain cancers, including breast, cervical, oral, and colorectal cancers. Some malignancies, such as testicular seminoma, childhood leukaemia, and lymphoma, also offer reasonable cure rates when treated appropriately. However, a significant global disparity exists, with 90% of high-income countries offering comprehensive cancer treatment, in stark contrast to the mere 15% of low-income countries equipped to do the same (WHO, 2022b).

In addition to the profound impact on individual health, cancer has far-reaching consequences on the social fabric of affected individuals and their communities. Understanding the multifaceted challenges faced by cancer patients is crucial in identifying the shortcomings of existing treatments and alleviating the pervasive fear that accompanies a cancer diagnosis. This paper assesses the sociological implications of cancer therapies, shedding light on the challenges faced by both individuals and their immediate communities.

Methodology

The study is contextualised within the purview of Nigeria. This paper utilized qualitative research approach to gain insight into the phenomenon of terminal illnesses such as cancer and its treatment. The source of data is solely secondary, accessed from various academic journals and online articles relevant to the issue of cancer. Content analysis of various documents and scholarly publications was conducted.

Conceptual Clarification

Cancer Disease

Cancer disease is a group of diseases characterised by uncontrolled cell growth and tissue destruction, a malignant tumour or neoplasm that affects any organ (American Cancer Society, 2022). Cancer is characterised by fast-growing aberrant cells infecting neighbouring tissues and metastasising, causing death. Second in global mortality, cancer screening, therapy, and prevention have improved survival rates (Takeuchi *et al*., 2018). Fatigue, a lump or thickening under the skin, weight changes, including the unwanted loss or gain, and skin changes such as yellowing, darkening, redness, sores that will not heal, or changes to existing moles are cancer symptoms (WHO, 2022a). Also, cancer symptoms include bowel or bladder changes, chronic cough or breathing problems, difficulty swallowing, hoarseness, and indigestion or post-meal pain, as well as muscle or joint pain, fevers, bleeding, and bruising. Cancer types include bladder, breast, colorectal, kidney, liver, lung, lymphoma, skin, oral and oropharyngeal, pancreatic, prostate, thyroid, and uterine.

Cancer develops from a precancerous lesion to a malignant tumour, a process resulting from the interaction of a person’s genetic factors and three external agents: physical carcinogens (such as ultraviolet and ionising radiation), chemical carcinogens (such as asbestos, tobacco smoke, aflatoxin [a food contaminant], and arsenic [a drinking water contaminant]), and biological carcinogens (such as infections from certain viruses, bacteria, or parasites) (WHO, 2022a). Age causes cancer because cellular repair processes become less effective with age. Chronic infections in low- and middle-income countries are caused by tobacco, alcohol, poor diet, inactivity, and air pollution (WHO, 2022a). 13% of cancers diagnosed in 2018 were linked to Helicobacter pylori, HPV, hepatitis B, hepatitis C, and Epstein-Barr virus (WHO, 2022b). Hepatitis B, C, and HPV cause liver and cervical cancer. HIV infection causes cervical cancer and Kaposi sarcoma.

Terminal Illness

Terminal illness is defined as an illness or disease process that is not susceptible to curative medical therapy and will deteriorate and finally result in death (Lorenz *et al*., 2018). There is no established list of terminal illness, although people who are terminally ill may have a single disease or a combination of illnesses. A terminally ill person is one who has a terminal illness, although it is impossible to determine how long a terminally ill person will survive, it is often considered that a terminal disease will end in death within 6 months or less (Corr *et al*., 2019). This timescale applies primarily to disorders with relatively predictable courses, such as cancer. Some terminal illnesses include advanced cancer, dementia (including Alzheimer's), motor neurone disease (MND), lung disease, neurological disorders such as Parkinson's, and severe heart disease. Some prevalent diseases, such as Alzheimer's disease, organ system failure, lung illness, and AIDS, have considerably less predictable disease trajectories and may not end in death for months or even years. (Lorenz *et al.*, 2018). As a result, the prediction of when a disease has reached the fatal stage varies greatly.

Advanced cancer is not usually terminal, although it is possible because it typically indicates that there is a large amount of cancer that has spread. Terminal cancer typically signifies that the cancer cannot be managed and will most likely result in death. Some advanced cancers may be treated to slow or stop their progress, while others are terminal. Diagnosis, based on testing and, in some situations, therapy, helps to identify whether a certain disease is terminal or not. A person suffering from a terminal disease may survive for days, weeks, months, or years. It is often determined by their diagnosis and any therapy they are receiving. Healthcare experts may struggle to anticipate how long patients with terminal illnesses may survive. Receiving a terminal diagnosis may be startling or unpleasant, since many individuals believe the word "terminal" indicates they will die soon. Cancer sufferers may be concerned about this. As an illness advances, a person's health may deteriorate progressively. Other individuals may feel better or worse at various periods throughout their sickness; it is not always a straight line. Patients with terminal illness are frequently given emotional, spiritual, and practical care to help them manage their symptoms and maintain a decent quality of life.

Literature Review

Cancer Treatments

Surgery

Surgery is a typical cancer therapy that removes bodily tissue to detect and treat (alone or with various treatments) and lowers the chance of a specific form of cancer for high-risk people. It also alleviates cancer-related suffering but is not used to treat some kinds of blood (leukaemia) or lymphatic (lymphoma) cancer because cancer cells may spread (American Cancer Society, 2021; Ussher & Sandoval, 2018). Surgery may not be carried out on a patient if cancer is widespread (in many areas of the body), near delicate tissues or a blood artery. Surgery may not reach all bodily areas; thus, it may not be the optimal therapy for metastasised cancer. In this case, chemotherapy, radiation, targeted cancer medications, or hormone treatment may be indicated to decrease tumours and manage symptoms (American Cancer Society, 2021).

Surgery eliminates most forms of cancer before spreading (metastasising) to lymph nodes or distant places, but not for all early-stage tumours (DeVita *et* *al.*, 2014). Some tumours develop in inaccessible places; thus, eliminating them may entail removing an essential organ which may impair its function. In this case, radiation with or without chemotherapy may be preferred. Similarly, surgery may be combined with radiation and chemotherapy. Doctors may use neoadjuvant treatment to shrink the tumour before surgery or adjuvant therapy to destroy as many cancer cells as feasible after surgery. Surgery may cure non-metastatic cancer. Before surgery, it is not always easy to tell whether cancer has spread. During surgery, surgeons remove lymph nodes surrounding the tumour to check for cancer spread. If so, the individual may be at risk for cancer recurrence and require chemotherapy or radiation treatment following surgery.

Surgery remains the oldest cancer therapy for treating many forms, mainly removing a tumour and adjacent (nearby) tissue. A surgical oncologist, a cancer surgeon who removes a tumour to restore bodily function or relieve adverse effects, performs surgery in the office, clinic, surgical centre or hospital (DeVita *et al.,* 2014). Anaesthesia is used during surgery to block pain, although it varies by operation type and extent. Inpatient surgery requires patients to remain in the hospital overnight or many days following surgery, whereas outpatient surgery allows patients to go home the same day. Surgery differs from other cancer treatments because it is often used to treat cancer and noncancerous illnesses. Therefore, patients are more acquainted with it. Mastectomies (the removal of a breast), colostomies (an incision into the colon to allow for drainage), and genital, head and neck surgeries cause increased discomfort due to evident look and function changes.

Chemotherapy

Hormone therapy, immunotherapy, and targeted therapy are chemotherapies. Hormonal treatment prevents cancers from getting the hormones they need to grow; immunotherapy helps the immune system fight cancer; targeted therapy changes how cancer cells multiply and behave. Traditional chemotherapy uses cancer-killing drugs delivered intravenously, orally, topically, or by injection (Adam & Koranteng, 2020). Localised chemotherapy can be given through the urethra to the abdomen, chest, central nervous system, or bladder (the tube through which urine exits the body or semen is ejaculated). Chemotherapy is often given through a catheter or port (a small disc inserted under the skin). Adding a chemocatheter to a port requires minimal surgery. Catheters and ports help chemotherapy patients avoid multiple arm sticks. Catheters and ports are used to administer antibiotics and antiemetics (medications for preventing nausea and vomiting). Chemotherapy can be neoadjuvant (given before surgery or radiation) or adjuvant (used to kill any remaining cancer cells in the body after surgery or radiation therapy). Some types of chemotherapy require a multi-day infusion that may begin in the hospital and continue at home (Ganz, 2021). Oncologists may combine chemotherapy, radiation, and surgery to stop cancer cell growth.

Chemotherapy treats primary and metastatic cancers. Cancer type, subtype, location, age, disease stage, and overall health determine a patient's chemotherapy. An oncologist may offer chemotherapy to cancer patients for tumour removal, such as a lumpectomy for breast cancer. Chemotherapy is known for being effective in treating cancer, although, it can cause anaemia, constipation, diarrhoea, fatigue, hair loss, appetite loss, nausea, and vomiting. Chemotherapy drugs target fast-growing cells, especially in the digestive tract, skin, and hair follicles. Chemo is a systemic treatment because the drugs travel throughout the body and kill cancer cells far from the original (primary) tumour, unlike surgery or radiation that targets a specific area to kill or damage cancer cells. Local treatments affect one body part. Chemotherapy shrinks tumours and stops cancer from metastasising to cure, control, palliate, and kill cancer (spreading). Palliative care reduces cancer symptoms, but chemo is needed when the cancer is advanced and cannot be controlled. Many patients think chemotherapy is only intravenous, but new oral agents with fewer side effects increase survival. Starting chemotherapy while grieving may give patients hope.

Radiation

Radiation therapy (radiotherapy) treats and cures cancer, prevents relapse and relieves symptoms, using x-rays, gamma rays, electron beams or protons to destroy cancer cells. The goal is to eliminate cancer cells without hurting healthy ones. Radiation may be used alone or in combination with surgery, chemotherapy, hormones, or targeted treatment. Normal cells grow and divide more slowly than cancer cells (American Cancer Society, 2022). So, radiation breaks apart the DNA of cells to destroy cancer cells by stopping them from growing and dividing. Radiation can harm nearby normal cells, although most recover and continue working (American Cancer Society, 2022). Radiation therapy is a local treatment that targets and affects only the affected area, unlike chemotherapy and other oral or injectable treatments. Radiation treatments target cancer cells while sparing healthy cells. Systemic radiation therapy involves injecting or swallowing radioactive material. While this radiation goes throughout the body, the radioactive material concentrates mainly in the tumour, leaving the other body parts unharmed.

Radiation therapy can be exterior or internal. External radiation directs high-energy rays from outside the body into the tumour. The treatment comes from a large, noisy machine that aims radiation at cancer. It does not touch cancer patients but can move around them by sending radiation from many directions. External beam radiation therapy treats a specific body component. For instance, radiation is only directed to the chest if a patient has lung cancer, not the entire body. External beam radiation treats breast, lung, prostate, colon, head, and neck cancers (American Cancer Society, 2022). Accordingly, external radiation is done as an outpatient, often taken twice a day for weeks and does not make a person radioactive or require special home safety measures. Internal radiation (either solid or liquid) involves placing a radiation source near or inside a tumour.

Brachytherapy is a localised internal solid-source radiation therapy that can be left in the body, implanting seeds, ribbons or capsules containing radiation in or around the tumour. Sometimes, the radiation is implanted and subsequently removed. This form of radiation requires temporary safety precautions. The radiation left inside the body becomes non-radioactive over time. Head-and-neck, breast, cervix, prostate, eye, vagina, uterus, and rectum cancers are treated with brachytherapy (Walker *et al.*, 2016). Brain, lung, skin, oesophageal, anus, and bladder cancers may also require brachytherapy.

Impact of Cancer Treatment on Cancer Patients and their Relations

Absence of Support from Family and Friends

Family and friends' financial support for medication and other necessities helps patients during and after treatment; without emotional support, patients may struggle during treatment. Based on this, doctors keep advising cancer patients, particularly those with breast cancer, on diet, medication, and self-care (Adam & Koranteng, 2020). Accordingly, family, friends, and religious members support cancer patients emotionally. Religious affiliations can affect cancer patients' support, love, and challenges during and after treatment. Without such support, patients feel isolated, unloved, uncared for, and depressed, worsening their health and recovery time.

Takeuchi *et al.* (2018) find that cancer patients had trouble receiving professional guidance on illness conditions and treatment, including transfer arrangements, hospital selection, second opinions, and psychological counselling. Adam and Koranteng (2020) reiterate that without social support including guidance, recommendations, and other information that improve the quality of life and buffers against unfavourable life events, cancer patients have lower self-esteem and stress-related interpersonal problems that result in a lower quality of life. Awareness and education about treatment, side effects, and food are crucial for cancer patients. On this note, O'Donovan and Hughes (2018) state that social support reduces anxiety, stress, fear, and other negative assumptions associated with a disease such as breast cancer. Accordingly, lack of support for cancer patients increases discomfort, stress, fear of diagnosis, and misleading treatment information. Thus, positive social contacts and social support promote health by reducing adverse physiological responses to stress.

Lack of social support affects cancer patients' lives, lifestyles, and fear of diagnosis and treatment. Radiation is feared, even though it is an effective cancer treatment. Meeting a new doctor and treatment team in radiation therapy can cause isolation and worry while burn fears and visible tattoos can cause anxiety. Adam and Koranteng (2020) assert that there is a need for education because patients might have heard false side-effect information and those with many radiation side effects among the patients usually have more negative feelings and cancer thoughts during treatment. Accordingly, cancer patients' lack of support and adequate health information worsen their health, treatment outcomes and lead to unhealthy behaviour. The lack of medical experts, professionals and lack of emotional, financial, and material support from family and friends exacerbate cancer patients' access to health information, challenges, especially breast cancer and other chronic disease.

Impact of Cancer and Treatment on Patients' Marital Life

Cancer affects patients and partners emotionally and practically, but whose distress is greater is unclear. Some say patients' distress is worse than their spouses'; others disagree (Hagedoom *et al.*, 2018). Accordingly, the mental anguish of spouses or partners increased after diagnosis and correlated strongly with that of patients. Most caregiving is done by spouses, who also stay in the job longer, deal with more impairments, and make more modifications to their lives. Spouses of people with cancer might feel stress, exhaustion, depression, marital stress, poor health, and have needs that are not being addressed. Cancer makes people feel too much stress in their marriages by modifying the way they live. The inability to understand how patients should relate to family and friends hinders healthy relationship growth. Couples' cancer experiences vary; for some, facing cancer together strengthens their relationship while for others, the stress may create new and worsen existing problems, including changes in roles, responsibilities, needs, intimacy and sex (Li & Loke, 2023).

Overprotective or controlling parents may force children to become disease experts owing to the nature of care required. Without two-way communication and counselling, cancer-stricken couples may struggle to adapt (Takeuchi *et al.*, 2018). Patients may feel bad about their appearance or how others treat them. After diagnosis and treatment, patients may face social, work, academic, property, physical, and psychosocial problems, such as interruptions to romantic and intimate relationships, family planning, infertility, and body image dissatisfaction. Takeuchi *et al.* (2018) find that partners of cancer patients lacked information on treatment, disease state, self-care (nutritional needs or anxiety), local support services, and welfare services during treatment (nursing-care insurance system or nursing-care facilities and equipment). Problems with financial arrangements and healthcare professionals have also harmed cancer patients' partners. Women who care for cancer-stricken husbands have higher mental morbidity, including distress, depression, anxiety, and poor mental health (Li & Loke, 2023; Moser *et al.*, 2023).

Partners of cancer patients face physical and social morbidities, such as low physical health, decreased physical function, and loss of physical fitness (Ussher & Sandoval, 2018). Accordingly, women caregivers are experts in decision-making, physical care, and emotional support for cancer patients, resulting in over-responsibility, self-sacrifice, physical costs, and overwhelming emotions. Male caregivers are forced to enjoy and master caregiving, changing relationship roles by making a dominant person dependent or controlling. One partner may garden and cook while the other cleans and pays the bills. If cancer and treatment make a patient tired or unable to perform their usual tasks, healthy partners may provide extra care. Cancer and its treatment can cause frustration, resentment, guilt, or sadness, affecting patients' energy and appetite (Hagedoom *et al.*, 2018). Misinterpreting a partner's behaviour due to a lack of open communication can lead to frustration and anger. Each spouse may have different emotional needs after a cancer diagnosis. Insensitivity to a cancer diagnosis's emotional demands and fear of hurting or overpowering a partner threatens marriage.

Cancer and treatments affect sexuality and marital life through low libido, vaginal dryness, erectile dysfunction, and depression (Hagedoom *et al.*, 2018; WHO, 2022a). This can cause anxiety and stress in the couple, making communication and problem-solving difficult. Every couple's comfort level with discussing sexual health and intimacy varies, and patients are uncomfortable discussing such issues. Cancer can change a couple's plans for retirement, travel, or parenthood, causing sadness or anger even though it helps patients re-evaluate priorities and set short-term goals like finishing cancer treatment (Hagedoom *et al.*, 2018). Before cancer, time together may have been substantial; however, the inability to delay some goals may affect patients' attitudes towards marital life.

Health Challenges Confronting Cancer Patients

Cancer disease diagnosis and treatment affect patients, their families, and friends. Shock, denial, melancholy, worry, and rage are common after a diagnosis. A third of cancer patients have a mental health condition, requiring support from psycho-oncologists (Valdes-Stauber *et al.*, 2023). Accordingly, 14% of female cancer patients had mood swings, worry, sadness, and fatigue. Fatigue, metastases, and functional restrictions cause cancer patients mental and physical distress. Referral method, gender, age, family issues, weariness, and past psychiatric treatment affected cancer patients' need for psychosocial help (Valdes-Stauber *et al.*, 2023). Fatigue, irritability, infection risk and other side effects associated with treatments cause anxiety, force and strain the patient and family to adhere to medical appointments or hospitalisation schedules. Families may be distressed by a patient's vulnerability during chemotherapy.

Cancer's global burden grows as incidence and mortality rise, leaving the patients to suffer social, emotional, and psychological morbidity. Many survivors of cancer fear recurrence triggered by cancer milestones, which can cause loss of health, sex desire, fertility, and independence. Amputations, disfigurement, or physical function changes bring about negative body image which hinders intimacy and socialisation and lowers the self-esteem of cancer survivors (Ganz, 2021). Friends, co-workers, and family may avoid cancer patients, making survivors feel they cannot relate to non-survivors or refuse to tell employers or co-workers about their treatment. While alopecia prevents privacy and forces patients to accept cancer diagnosis immediately because it is a public reminder that one has cancer, nausea and vomiting from chemotherapy are common but can be treated.

Most cancer therapies cause moderate-to-severe late effects, including death as well as chronic physical and psychosocial impact on the survivors (Ganz, 2021). Late effects of cancer include endocrine problems, growth hormone insufficiency, primary hypothyroidism, primary ovarian failure and therapy-induced mutagenesis (Aziz & Rowland, 2022). As the number and length of cancer survivors increase, so do long-term health issues while monitoring side effects, second cancers, and recurrence (WHO, 2022b). Accordingly, one-fourth of late deaths among childhood cancer survivors can be attributed to a treatment-related effect such as second cancer or cardiac dysfunction. Problems that persist after treatment and develop years later are better identified. Radiation pneumonitis and chronic toxicities like congestive heart failure, neurocognitive impairments, infertility and second malignancies are the prices of cure or prolonged survival (Aziz & Rowland, 2022). Once limited to paediatric cancer, late effects now affect all cancer survivors as concerns arise throughout life.

Cancer diagnosis and treatment can cause physical and mental distress for the patients including their families, friends, work, income, leisure activities, and healthcare providers as the cancer and treatment progress (Takeuchi et al., 2018). Medical breakthroughs and outpatient care have shortened cancer patients' hospital stays, promoting terminal home care (the transfer from hospitals to homes). Takeuchi *et al.* (2018) affirmed that 45% of cancer patients reported severe social difficulties, such as problems in social relationships and support, social isolation, and restrictions in social activities, work, and outside responsibilities. Cancer patients' social problems include home, health and welfare services, finances, employment, legal issues, relationships, sexuality and body image, and recreation. Cancer affects patients' social relationships with partners (among married patients), friends, and family members who help them cope with illness. Informal caregivers often face social consequences due to their caring behaviours, such as difficulty communicating cancer to social relations owing to unfavourable attitudes (Ewing *et al.*, 2016).

Sociologists have studied cancer patients undergoing curative therapy and survivors. Advanced cancer patients are ignored because death changes their outlook on life and social life (Shilling *et al.*, 2017). Cancer harms patients' social well-being by making it difficult for them to continue socialising and creating unmet demands. Symptoms and appointments limit cancer patients. Advanced colorectal cancer patients have little time for routine activities, leaving caregivers and patients isolated. Cancer patients felt misunderstood and alienated. van Roij *et al.* (2019) find that patients, especially family caregivers, instructed social relations to reduce isolation. Cancer patients initially received financial and emotional support from their friends, but that support declined, harming both patients and caregivers.

More than their disease or death, patients feared leaving loved ones, the emotional impact of their death, the financial ramifications for their loved ones, and being a burden to others (van Roij *et al*., 2019). Cancer patients can find it stressful, tiring, and time-consuming to access medical updates and repeat information, causing painful memories, making them unsure of what to say or do, and frightening (Shilling *et al*., 2017). This can put patients in a tough spot where friends or family cannot help. Others may offer emotional and physical support, while others avoid patients. Partners and family members may fear upsetting patients and not understand their needs. Pushy family members may hinder patients despite their care. Cancer exhausts a parent physically and emotionally, making balancing needs difficult.

Impact of Cancer Diagnosis and Treatment on Cancer Patients' Relations

Cancer's effects on friends and family depend on how close they are to patients. Families communicate, cope and react differently to emergencies like cancer, affecting patients' techniques for expressing news and seeking help. Being a parent with cancer is difficult for both the patient and their children, young or old. The impulse to shelter children from fear and other uncomfortable feelings affect parent-child communication. Even young children can sense something is wrong by overhearing adult conversations. Avoiding the topic may lead them to believe the situation is worse than it is, causing confusion and fear. Children worry more when vital news is withheld (Wright *et al.,* 2015). Accordingly, adjustment to parent cancer diagnosis and treatment changes children's behaviour, making them clingy, impulsive, angry or distant. Both parents and children struggle with cancer challenges, although adult children may care for a cancer-stricken parent. Like adults, children may struggle with how cancer changes family life by worrying about the future or struggling to understand why life cannot return to normal.

Cancer and its treatments affect the patient’s family, friends and community, causing lifestyle changes and making emotional responses difficult for family members to handle (Smith, 2022). Therefore, a cancer patient’s spouse or partner is often the most affected family member through sadness, anxiety or anger, which can affect the relationship. Every couple reacts differently; some find that cancer and its treatments strengthen their relationship, but many couples report increased strain and tension (van Roij *et al.,* 2019). In most cases, a patient’s partner provides direct, day-to-day support. They may help with physical or emotional activities. Depending on the cancer patient’s health, this may also change each partner’s role in the relationship. The patient and the partner may feel guilty or overwhelmed by this change in expectations and responsibilities. Misunderstandings about cancer patients leave them struggling and unsupported. Each family communicates and copes with cancer differently. However, family members are burdened by booking medical appointments, asking questions and recording information on behalf of cancer patients throughout treatment (Mosher *et al.*, 2017).

Some families struggle to remain optimistic and cohesive through uncertain and scary treatment. During the early stages of cancer, family members feel alienated from care and experience emotional tension (Mosher *et al.*, 2017). Accordingly, in the adaptation phase, family members have problems with lifestyle changes, meeting patients’ health needs, and living with uncertainty. In the terminal phase, they experience role strain, communication problems about death, and feelings of loss. Family caregivers of cancer patients struggle to balance caring with normal life activities due to greater responsibility for their own and, occasionally, their children’s future after the patient’s death. The patient’s death makes them feel less supported. Isolation, dissatisfaction, and misunderstandings result from poor communication. Honesty, sincerity, and openness reduce relationship stress (American Society of Clinical Oncology, 2021).

Cancer as an illness is central to the life of not only the patients but also their significant others. The social identification process appeared to be influenced by the strive for normality and social isolation. Many patients and their family caregivers resist self-identification with cancer because they do not want to be treated differently by others and strive for normality (van Roij *et al.*, 2019). Accordingly, many cancer patients and caregivers oppose self-identification because they want normalcy. When patients do not normalise, their social network may see them as cancer patients, increasing their self-identification. Cancer identification may also benefit, such as portraying a cancer patient as strong and upbeat. Advanced colorectal cancer patients had closer relationships, a higher appreciation for life, and defined goals (Mosher *et al.*, 2017).

After treatment, a patient's family and friends may feel relieved, happy, exhausted, confused, upset, or convinced that everything will return to normal (Li & Loke, 2023). Nobody intends to make things worse, but the reactions may stem from anxiety and fear. After cancer treatment, family and friends may expect cancer patients to act normally. If patients' priorities shift, their loved ones may feel confused, disappointed, anxious, or frustrated. Friends and family may have trouble accepting that patients may still need support or that some symptoms, such as fatigue or memory problems, may never go away. Concerned about the cancer returning, those around the patient may question their priorities and goals. When cancer treatment ends, loved ones can have a range of reactions. Because they care about cancer patients, family and friends want the misery and disturbance to end. Patients who find their reactions challenging to handle may dissociate from them. Family caregivers may feel guilt or worry when separated from the patient and avoid social activities. A study by Li and Loke (2023) shows that informal care givers receive social repercussions when caring for cancer patients.

Conclusion and Recommendations

Cancer treatments, encompassing modalities such as chemotherapy, surgery, and radiation, have undoubtedly made significant strides in extending the lives of those afflicted with this formidable disease. These medical interventions have been reliable for decades, offering hope and the potential for recovery. However, the paradoxical nature of cancer lies in its ability to inflict not only physical suffering but also to erode the social bonds that are essential for an individual's emotional and psychological well-being. The spectre of cancer invokes fear, anger, and dread, not only for the patients themselves but also for their families and friends. The journey through cancer can be a transformative and challenging experience, not only for the person diagnosed but for those who stand by them. As a result, the relationships within families may evolve, and they may respond to a loved one's cancer diagnosis in various ways. Patient guilt, whether rational or not, is a common companion, leading individuals to feel that they are a burden or powerless due to the treatment process.

In the face of these complex social dynamics, one truth shines through – social support is invaluable for cancer patients. From the moment of diagnosis through the arduous journey of treatment, social support serves as a lifeline. It aids patients in surviving their diagnosis and, more importantly, in living well with the disease. Adequate support can significantly alleviate the anxiety and depression that often accompany a cancer diagnosis. Family members, along with healthcare providers, serve as crucial sources of informational, emotional, and material support. A comprehensive framework that effectively coordinates both family and professional support for cancer patients can undoubtedly lead to improved treatment outcomes and enhanced patient well-being.

In light of the sociological implications discussed throughout this study, there are several critical recommendations for healthcare professionals, policymakers, and society at large. Firstly, healthcare professionals and decision-makers should actively encourage public participation and support for cancer patients. The public perception of cancer and its impact on individuals and families must be transformed, dispelling stigma and fostering empathy. Media campaigns, public awareness pamphlets, and educational initiatives can play a pivotal role in achieving this goal. Families can also play a proactive role in supporting their loved ones battling cancer. This support extends beyond emotional comfort; family members can attend medical appointments, ask questions, and document relevant information, ensuring that patients receive the best possible care. Psychological assistance and improved societal awareness, coupled with national campaigns and accessible online resources, should facilitate discussions about the social implications of cancer, thereby fostering understanding and solidarity within communities.

Furthermore, healthcare professionals should tailor their approach based on the age and sex of the patient and should intervene at the time of diagnosis, rather than later in the treatment process. Transparent and empathetic communication is key, as patients must discuss their diagnosis and treatment with their children and loved ones. It is crucial that healthcare professionals are well-equipped to facilitate these conversations, ensuring that patients and their families receive the support they need. On a broader scale, the federal health ministry should spearhead comprehensive cancer prevention, early detection, diagnosis, treatment, and palliative care initiatives. This should not be seen as merely a medical endeavour but as a holistic, multidisciplinary approach that acknowledges the sociological and psychological aspects of cancer treatment. By implementing these recommendations, we can begin to address the sociological implications of cancer treatment on individuals and communities, striving for a society that offers unwavering support to those facing this formidable adversary.

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