Dr. Vera Hirsh: improving patient's quality of life is necessary for cancer treatment

Submitted Nov 14, 2017. Accepted for publication Nov 28, 2017. doi: 10.21037/tlcr.2017.12.08 View this article at: http://dx.doi.org/10.21037/tlcr.2017.12.08

Editor's note

The 18th World Conference on Lung Cancer (WCLC) organized by the International Association for the Study of Lung Cancer (IASLC) was held in Yokohama, Japan from 14–18 October, 2017. As the world's largest multidisciplinary oncology conference on lung cancer, it gathered more than 7,000 key opinion leaders, professionals and researchers from over 100 countries, who came together to unfold a series of in-depth academic exchanges and collaborations. In the meantime, AME seized the opportunity to conduct interviews with a number of experts.

Expert introduction

Dr. Vera Hirsh (*Figure 1*) is a Professor of Department of Oncology at McGill University Health Center, Canada. She is an experienced oncologist specializing in the field of lung cancer. She is the Chief of the Hematology Oncology Service at Santa Cabrini Hospital in Montreal, Canada. She has been active in conducting researches and has published more than 100 articles on lung cancer studies over the past years.

Summary

Dr. Hirsh shared with us her views on the controversial topic of futile care and the importance of valuing patient's "quality of life". Futile care is defined as care that fails to provide clinical benefits. She explained that it depends on the perceptions of the patients, physicians and also the society. In order to prolong patient's life, even for just 1 or 2 weeks, is it justifiable to let patients suffer from the massive pain brought by cancer? Dr. Hirsh emphasized that we not only need a consensus between patients and physicians with regard to the treatment, doctors should also take patient's emotional needs into account.

As an oncologist, Dr. Hirsh constantly deals with latestage lung cancer patients. She stressed, "We care about the



Figure 1 Dr. Vera Hirsh.

survival of our patients, yet should also maintain a balance of care between the survival and the quality of life of our patients." In addition, Dr. Hirsh stressed that a timely dose adjustment for afatinib will make a difference in medical prescription tolerability and the patients' quality of life. An early and proper adverse events management is of utmost importance in following up closely on the first 6 to 8 weeks of medical prescription. In the subject of futility, we have to achieve a consensus between patients and doctors about the future medical prescription.

In light of this, Dr. Hirsh advocated on valuing patients' quality of life as an essential element of the treatment, including the hopes and the emotional needs of the patients. She tends to think that the profession is challenging for young physicians as nowadays we have much more and better understanding of cancer. Nonetheless, she advised young physicians not to be afraid of taking challenges, as they may find the delight and meaning of helping patients.

Interview questions

- (I) What made you decide to become an oncologist in the first place?
- (II) Can you introduce us to your study on afatinib dose

Translational Lung Cancer Research, Vol 7, Suppl 1 February 2018



Figure 2 Dr. Vera Hirsh: improving patient's quality of life is necessary for cancer treatment (1). Available online: http://asvidett.amegroups.com/article/view/22847

adjustment?

- (III) What are the key elements involved in futile care? What kind of difficulties do you face clinically?
- (IV) What would be your advice to younger physicians? For the original content, please view the interview video

Cite this article as: Li B, Wong V. Dr. Vera Hirsh: improving patient's quality of life is necessary for cancer treatment. Transl Lung Cancer Res 2018;7(Suppl 1):S74-S75. doi: 10.21037/tlcr.2017.12.08

(Figure 2).

Acknowledgements

None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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 Li B, Wong V. Dr. Vera Hirsh: improving patient's quality of life is necessary for cancer treatment. Asvide 2018;5:077. Available online: http://asvidett.amegroups.com/article/ view/22847

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