

BEHANDLING TÆT PÅ PATIENTERNE

Psykiatri og kræft

Kræftpolitisk Forum 2024

Henrik Thiesen / SundhedsTeam og Sundhed i Front
Københavns Kommune



SUNDHED
I FRONT



DØDELIGHED OG BRUG AF SUNDHEDSVÆSNET BLANDT SOCIALT UDSATTE MENNESESKER I DANMARK

En befolkningsgruppe med 17 år kortere levetid* end resten af befolkningen

*levetiden forbedret med 6 år i forhold til 2007

Dødelighed og brug af sundhedsvæsn blandt socialt udsatte mennesker i Danmark

Registeropfølgning
2007-2021

Pia Vivian Pedersen
Nanna Bjørnbak Christoffersen
Sofie Rossen Møller
Michael Davidsen

Somatiske kontakter til sundhedsvæsenet med cancersygdom (ICD 10 C00-C97)

	Relativ risiko for mænd	Relativ risiko for kvinder
Død	2,31	3,06
Indlæggelser	1,35	1,03
Ambulatorie	0,95	0,77
Akutmodtagelse	N/A	N/A

Syndemisk lidelse

- ◆ Interaktionen mellem sociale, somatiske, mentale, misbrugsrelaterede og opvækst-/traumerelaterede problemer
- ◆ Fremhæver kompleksiteten af sundhedsspørgsmål og behovet for omfattende strategier til at tackle sygdommenes sammenflettede natur og deres sociale determinanter.
- ◆ OG understreger vigtigheden af at tage fat på de underliggende sociale og økonomiske uligheder for at forbedre de overordnede sundhedsresultater.

SSM - Qualitative Research in Health 5 (2024) 100415

Contents lists available at ScienceDirect

ELSEVIER

SSM - Qualitative Research in Health

journal homepage: www.journals.elsevier.com/ssm-qualitative-research-in-health

“There’s so much wrong with me. I’ve just gotten a little sick”: Syndemic cancer experiences among people struggling with homelessness and severe substance use

Pia Vivian Pedersen^{*}, Morten Hulvej Rod, Tine Tjørnhøj-Thomsen

National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark

ARTICLE INFO

Keywords:
Cancer
Homelessness
Illness experience
Suffering
Substance use
Qualitative interviews

ABSTRACT

This article investigates the complex ways that social conditions and illness experiences interact with cancer in a marginalised population. Drawing on the theoretical framework of syndemics, we explore how people living in circumstances of homelessness and severe substance use in Denmark experience and manage their cancer illness. We draw upon qualitative, partly longitudinal, interviews with marginalised people with current or previous cancer illness. Participants suffered from a wide range of physical and mental conditions alongside their cancer illness and substance use. Adverse interactions between these conditions delayed, complicated, or hindered both the cancer diagnosis and the cancer treatment of participants. Surprisingly, for some, the cancer diagnosis also contributed to temporary periods of stability. Nevertheless, disadvantaged social conditions of chaotic, unwanted housing conditions, fragile social relations and social isolation worked to aggravate participants’ cancer trajectories and general life situation. Participants’ cancer experiences were cases of syndemic suffering that took on a distinct direction in which cancer created cyclical rounds of suffering due to the many late effects of the illness and treatment. The article demonstrates how marginalised people’s cancer experiences are inextricably linked to, and shaped by, the social and health inequities characterising their lives.

1. Introduction

1.1. Marcus

At the time of our interview, 51-year-old Marcus was on a two-week recuperation stay at a municipal care home for ill homeless, substance using citizens. He was trying to regain some calm following a two-month period of what he described as a mental breakdown and an escalating use of alcohol and cocaine.

Marcus had liver cancer and was incurably ill. He did not remember the exact date of diagnosis, but it was in 2018 or 2019, he said. The cancer illness was discovered while he was also diagnosed with hepatitis C. At this point in time, he was in prison and was granted leaves to attend his hospital appointments. Besides cancer, Marcus suffered from liver cirrhosis, gallstones, stomach ache, and frequent toilet visits. It was difficult for Marcus to differentiate between the different physical health conditions, both prior to being diagnosed with cancer, during treatment and after treatment had been ceased. Symptoms of liver cancer and liver cirrhosis are similar and unspecific, e.g., tiredness, lowered appetite, and jaundice (yellowing of the skin and eyes). In a chaotic everyday life of living on the streets and being preoccupied with securing the next ‘high’, Marcus either did not notice or repressed these symptoms. Over time, other, more severe symptoms emerged, and he experienced several incidents of marked confusion and jumbled, slurred speech. Marcus was finally diagnosed with liver cirrhosis after shelter staff convinced him to take the ambulance they had called, because his stomach had swollen up, and he vomited blood.

The concurrent condition of liver cirrhosis grew to have critical impact on Marcus’ cancer illness and illness trajectory. First, liver cirrhosis is a major risk factor for liver cancer, and the two diseases share risk factors, such as heavy alcohol use and smoking (Pinter et al., 2016)—both of which were present in Marcus’ life. Second, Marcus never felt or acted upon symptoms of his cancer illness, presumably because these overlapped with symptoms and complications of his liver cirrhosis. Third, Marcus’ advanced liver cirrhosis was the main reason why his liver cancer could not be treated. Consequently, he was transferred to an outpatient palliative care team. A few days after the interview, Marcus was discharged from the recuperation stay. The first

^{*} Corresponding author. National Institute of Public Health, University of Southern Denmark, Studiestræde 6, DK-1455, Copenhagen, Denmark.
E-mail addresses: ppv@sdu.dk (P.V. Pedersen), rod@sdu.dk (M.H. Rod), titt@sdu.dk (T. Tjørnhøj-Thomsen).

<https://doi.org/10.1016/j.ssmqr.2024.100415>
Received 11 December 2023; Received in revised form 6 March 2024; Accepted 7 March 2024
Available online 16 March 2024
2667-3215/© 2024 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC license (<http://creativecommons.org/licenses/by-nc/4.0/>).

Syndemisk lidelse

- ◆ De sundhedsmæssige og sociale forhold eksisterer ikke som særlige enheder.
- ◆ De interagerer og påvirker hinanden negativt og influerer på det behandlingstilbud man kan give
- ◆ Det er fælles for alle mennesker men bliver meget tydeligt når der er mange interagerende faktorer som ikke kan holdes stabile som ses blandt socialt udsatte.

SSM - Qualitative Research in Health 5 (2024) 100415

Contents lists available at ScienceDirect

ELSEVIER

SSM - Qualitative Research in Health

journal homepage: www.journals.elsevier.com/ssm-qualitative-research-in-health

“There’s so much wrong with me. I’ve just gotten a little sick”: Syndemic cancer experiences among people struggling with homelessness and severe substance use

Pia Vivian Pedersen^{*}, Morten Hulvej Rod, Tine Tjørnhøj-Thomsen

National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark

ARTICLE INFO

Keywords:
Cancer
Homelessness
Illness experience
Suffering
Substance use
Qualitative interviews

ABSTRACT

This article investigates the complex ways that social conditions and illness experiences interact with cancer in a marginalised population. Drawing on the theoretical framework of syndemics, we explore how people living in circumstances of homelessness and severe substance use in Denmark experience and manage their cancer illness. We draw upon qualitative, partly longitudinal, interviews with marginalised people with current or previous cancer illness. Participants suffered from a wide range of physical and mental conditions alongside their cancer illness and substance use. Adverse interactions between these conditions delayed, complicated, or hindered both the cancer diagnosis and the cancer treatment of participants. Surprisingly, for some, the cancer diagnosis also contributed to temporary periods of stability. Nevertheless, disadvantaged social conditions of chaotic, unwanted housing conditions, fragile social relations and social isolation worked to aggravate participants’ cancer trajectories and general life situation. Participants’ cancer experiences were cases of syndemic suffering that took on a distinct direction in which cancer created cyclical rounds of suffering due to the many late effects of the illness and treatment. The article demonstrates how marginalised people’s cancer experiences are inextricably linked to, and shaped by, the social and health inequities characterising their lives.

1. Introduction

1.1. Marcus

At the time of our interview, 51-year-old Marcus was on a two-week recuperation stay at a municipal care home for ill homeless, substance using citizens. He was trying to regain some calm following a two-month period of what he described as a mental breakdown and an escalating use of alcohol and cocaine.

Marcus had liver cancer and was incurably ill. He did not remember the exact date of diagnosis, but it was in 2018 or 2019, he said. The cancer illness was discovered while he was also diagnosed with hepatitis C. At this point in time, he was in prison and was granted leaves to attend his hospital appointments. Besides cancer, Marcus suffered from liver cirrhosis, gallstones, stomach ache, and frequent toilet visits. It was difficult for Marcus to differentiate between the different physical health conditions, both prior to being diagnosed with cancer, during treatment and after treatment had been ceased. Symptoms of liver cancer and liver cirrhosis are similar and unspecific, e.g., tiredness, lowered appetite, and jaundice (yellowing of the skin and eyes). In a chaotic everyday life of living on the streets and being preoccupied with securing the next ‘high’, Marcus either did not notice or repressed these symptoms. Over time, other, more severe symptoms emerged, and he experienced several incidents of marked confusion and jumbled, slurred speech. Marcus was finally diagnosed with liver cirrhosis after shelter staff convinced him to take the ambulance they had called, because his stomach had swollen up, and he vomited blood.

The concurrent condition of liver cirrhosis grew to have critical impact on Marcus’ cancer illness and illness trajectory. First, liver cirrhosis is a major risk factor for liver cancer, and the two diseases share risk factors, such as heavy alcohol use and smoking (Pinter et al., 2016)—both of which were present in Marcus’ life. Second, Marcus never felt or acted upon symptoms of his cancer illness, presumably because these overlapped with symptoms and complications of his liver cirrhosis. Third, Marcus’ advanced liver cirrhosis was the main reason why his liver cancer could not be treated. Consequently, he was transferred to an outpatient palliative care team. A few days after the interview, Marcus was discharged from the recuperation stay. The first

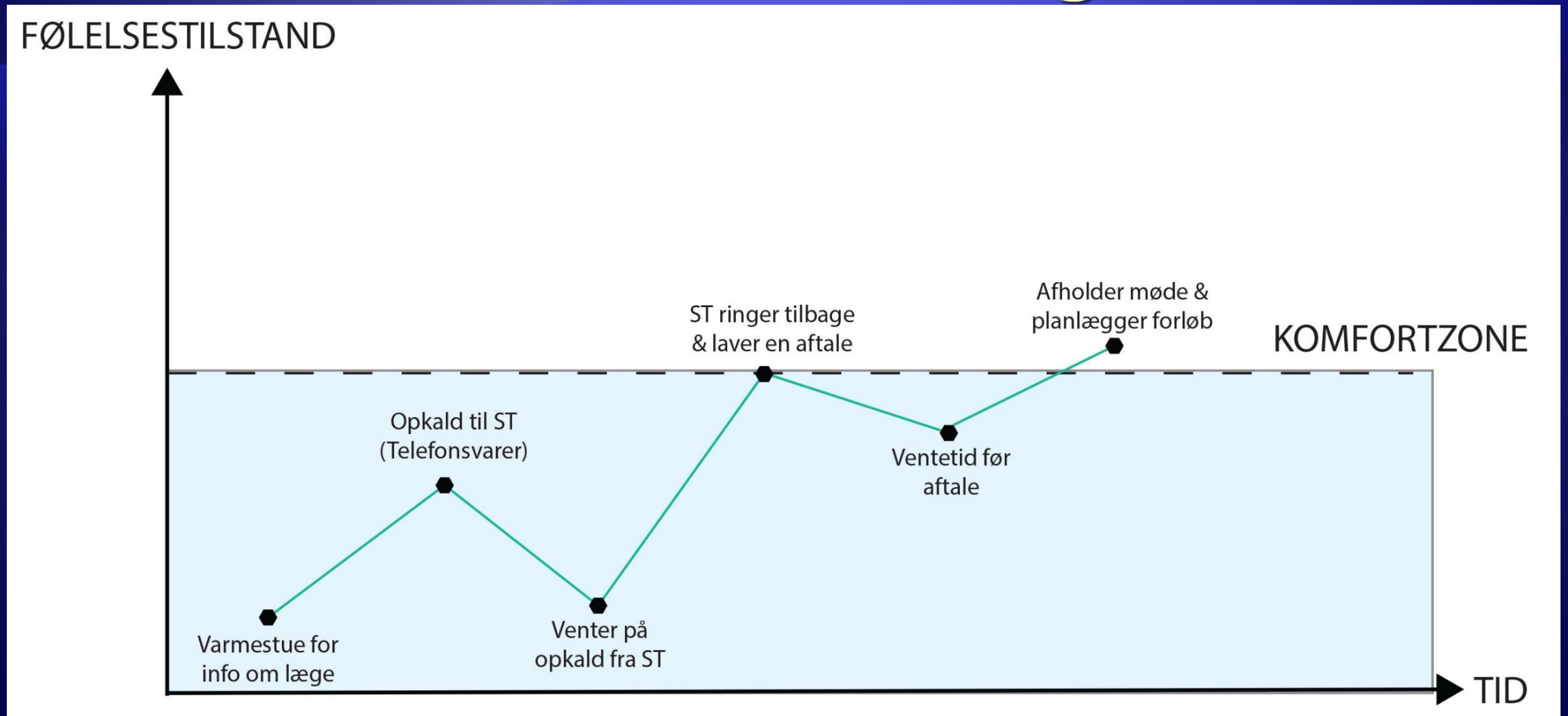
^{*} Corresponding author. National Institute of Public Health, University of Southern Denmark, Studiestræde 6, DK-1455, Copenhagen, Denmark.
E-mail addresses: pvp@sdu.dk (P.V. Pedersen), rod@sdu.dk (M.H. Rod), titt@sdu.dk (T. Tjørnhøj-Thomsen).

<https://doi.org/10.1016/j.ssmqr.2024.100415>
Received 11 December 2023; Received in revised form 6 March 2024; Accepted 7 March 2024
Available online 16 March 2024
2667-3215/© 2024 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC license (<http://creativecommons.org/licenses/by-nc/4.0/>).

Min antagelse

- ◆ Der er en grundlæggende fejl i antagelsen om at mennesker med multiple syndemiske problemstillinger kan rummes i et *medicinsk* paradigme alene for at "løse problemerne"
- ◆ Multimorbiditet og multiproblemer udløser "2.ordens- og 3.ordens-" problemer som indeholder forstyrret kognition og kan ligne det der omfattes af det psykiatriske diagnosesystem
- ◆ Komplekse problemer har ofte løsninger som skal hentes alle mulige andre steder end i regelret og tidsafgrænset behandling i sundhedsvæsenet
- ◆ Ved at fjerne nogle problemstillinger, uanset årsag, mindskes risikoen for 2. ordensproblemer

Tæt kontakt sikrer at det følelsesmæssigt er til at overskue at få en diagnose



SLUT



Kontakt:

Henrik Thiesen

gg63@kk.dk

<https://sundhedsteamet.kk.dk/>