What Is Best for Lung Cancer Patients?

To the editor: In a recent editorial, the authors fervently defend "the role of the pulmonologist in chemotherapy for lung cancer."[1] To justify their position, they use a series of extremely personal arguments and analyze the results of a questionnaire that they have drawn up themselves with the aim of gauging the interest of Spanish pulmonologists in chemotherapy for lung cancer.

In the first place, we could not agree more with the idea that pulmonologists and pulmonology residents should acquire sound theoretical and practical knowledge of the treatment of patients with lung cancer. We believe this not only because of the high incidence of lung cancer in Spain and the high rate of respiratory complications and readmissions among these patients but also because pulmonologists play an important part in the medical teams that offer comprehensive care to patients with lung cancer. With regard to the rest of the editorial, we are in complete disagreement with the opinions expressed by the authors. Underestimating the work of oncologists to the point of considering them mere chemotherapists reveals complete ignorance of what our specialty involves and, what is worse, lack of awareness of the problems of the lung cancer patient, who is the true protagonist of this affair. In most cases cancer is a systemic illness, giving rise to secondary complications, including paraneoplastic syndromes and intercurrent diseases that are common to almost all solid neoplasms regardless of their organ of origin. The range of treatments available to oncologists is constantly increasing and is not just based on cytotoxic drugs but also on new highly toxic molecules, whose correct handling requires exhaustive knowledge. Apart from this, cancer has social, psychological, and emotional implications, which affect both the patients and everyone who is close to them, and for which oncologists receive specialized training.[2]

The authors' interest in defending the use of chemotherapy by pulmonologists is something we do not quite understand. The same arguments could be applied to thoracic surgery or radiation oncology as fundamental aspects of cancer treatment. Are 16% of pulmonologists also "capable of" (but not formally trained for) carrying out an intrapericardial pulmonectomy with mediastinal lymphadenectomy, or of drawing up a plan for mediastinal radiological treatment using a linear accelerator equipped with a multi-leaf collimator? To go into the debate on what a specialist must or must not, or can or cannot, do as a doctor takes us onto the slippery slope of the competences of each specialty and into the realm of professional encroachment. Surely, psychiatrists could make an equally vehement claim to the management of tobacco control units, given that tobacco dependence and abstinence are universally recognized mental disorders?[3]

It is our opinion that by publishing this editorial the authors are stirring up the very "sterile suspicions" between specialties that they seem to want to avoid. This situation in no way benefits pulmonology or medicine in

general and benefits lung cancer patients least of all. Patients have the right to be treated by the professionals who are best prepared in each field of medicine. In the light of constant medical progress it is difficult to believe that many people are sufficiently qualified to perform with expertise in 2 different areas of knowledge. In any case, as it is never too late to find one's true vocation, a professional qualification can be acquired by taking the corresponding training course through the resident intern doctor program, which provides the only recognized certification in Spain for employment as a specialist. Alternatively, by reducing the number of fields of specialization and "de-expertizing" medicine we might just return to the past and go back to the idea of barber surgeons or even of witch doctors.

We hope that, after reading this letter, the pulmonologists in the survey who were interested in initiating courses of chemotherapy (51%) will focus their efforts on achieving closer collaboration with oncologists, radiation oncologists, thoracic surgeons, radiologists, and all the other specialists involved in the prevention, diagnosis, treatment, and monitoring of lung cancer. There is no doubt that both patients and society will benefit more from the integrated, or holistic, form of organization used in modern medicine than from a system that places all-powerful pulmonologists in charge of treating lung cancer patients.

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