The Use of Military Metaphor THE WAR AGAINST CANCER

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AIM OF THE REVIEW

To conduct a comprehensive exploration into the use of military metaphors in advanced cancer care and to discuss the impact they may have on patients within a palliative care setting. This study examines why oncology patients seem to be singled out for this 'battle' on their disease. This burden to fight, to somehow be in control of their illness is something which is not always expected of people with other serious illnesses. Media reports discuss 'the war on cancer' and famous people who have 'lost their battle' with the disease. Does this language benefit patients or burden them?

METHODS

Systematic literature searches were carried out on CINAHL, Medline, Embase, PsychINFO and Web of Science, as well as grey literature databases and manual searching was also completed.

1,416 citations were identified through searching. After removing duplicates 1,262 citations were screened of which 19 studies were identified for full text eligibility. 4 studies were deemed suitable for the qualitative synthesis.

The Joanna Briggs Institute (JBI) recommended approach to study critical appraisal, study selection synthesis and data extraction was used. This was followed by a thematic analysis based on Braun & Clarke (2006).



FINDINGS

BENEFITS OF MILITARY METAPHORS

Communication

- ▶ Provides a **common language** between clinicians and patients.
- Creates a distance between the patient and their condition.
- ▶ Can help to make unfamiliar concepts more accessible.
- ▶ Offers clinicians a "gentle way in" to more difficult conversations.
- Opens up deeper, more personal conversations which make it easier to start spiritual conversations.
- ▶ Helps patients to **express emotions** that may otherwise be inexpressible.

Motivation

- ▶ The language of war or combat gives many patients the determination to get through the hard days.
- Gives some patients a sense of pride when they are described as "fighters".
- Encourages mutual solidarity amongst patients as they motivate each other to "soldier on".
- Many patients find these metaphors empowering when talking about their disease.
- Helps patients make sense of their suddenly chaotic world.
- ▶ Gives a **sense of control** which eases feelings of fear and powerlessness.
- ▶ Provides patients with a sense of purpose and feeling of involvement in their own care.

CONCLUSION

It is not the job of clinicians to police the language used by patients. However, there needs to be an awareness of how figurative language might be a means of denial. Studies indicate both benefits and burdens associated with their use, therefore removing them completely from the conversation may not be helpful. When used appropriately and honestly, they can be a useful communication tool.

BURDENS OF MILITARY METAPHORS

Feelings of Guilt and Failure

- The pressure to "keep fighting" can lead to feelings of guilt when treatment doesn't work.
- ▶ Reluctance to accept early referral to palliative care services as this can be seen as a failure.
- Some patients feel constrained by how they feel they "should" behave.
- Clinicians can feel a sense of guilt and failure after taking on the role of "protector".
- ▶ This language can impair honesty and reduce understanding in conversations which can lead to feelings of guilt.
- Charity campaigns which use military metaphors can imply that a lack of fighting spirit suggests a lack of determination.

Disempowerment

- Military metaphors are often used to avoid difficult conversations and minimise bad prognoses.
- ▶ The use of ambiguous language when delivering bad news may be a way of the clinician protecting the patient and themselves.
- Encouraging patients to "fight" may mitigate against supporting them in their decisions to do otherwise.
- Military language focuses on the disease and not on the emotions of the patient.
- ▶ They can give a **false sense of control** which can lead to a reluctance to accept the disease.

IMPLICATIONS FOR PRACTICE

Further research of the views of palliative cancer care patients on the impact of military metaphors would be beneficial. Clinicians need to be more aware of the potential harm of using military metaphors in discourse around cancer. As some patients see themselves as 'fighters' with a strong desire to live and accept all treatments offered, this may present challenges in discussions on the need for palliative care intervention.

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