

Case1 (by Anthropologist)

Case ①: Case Summary

Y is a 48-year-old female lawyer working at a major urban law firm. Her husband, T, is also a lawyer at a different firm, and they have a five-year-old son.

Since giving birth five years ago, Y has been suffering from Guillain-Barré syndrome and has been receiving regular medical care. Her symptoms worsened over two weeks, including unexplained fatigue, weakness, numbness, and pain in her limbs. She visited multiple clinics and hospitals before being diagnosed at this department. Fortunately, the treatment was effective, allowing her to manage work, household chores, and child-rearing.

In April of this year, Y developed a mild fever, worsening general fatigue, and increased pain. Concerned about a relapse of Guillain-Barré syndrome or the possibility of chronic inflammatory demyelinating polyneuropathy (CIDP), she was hospitalized. Immunoglobulin therapy and steroid pulse therapy were administered, but her symptoms did not improve. During this treatment process, generalized lymph node swelling was detected, prompting further investigation for a new underlying disease.

In May, considering the possibility of malignant lymphoma, Y was transferred to a cancer-specialized hospital in the same city for further evaluation. A lymph node biopsy showed no specific findings. Over the next month, a series of blood tests, CT scans, ultrasound exams, and upper gastrointestinal endoscopy were performed, but no conclusive diagnosis was reached.

By late June, her tumor marker CA19-9, which was not significantly elevated upon admission, suddenly surged to the 700s. A repeat ultrasound revealed multiple metastatic tumors in her liver. A full-body CT scan confirmed cancerous lymphangitis in the lungs, mediastinal lymph node enlargement, and mild pericardial effusion.

In July, an upper gastrointestinal endoscopy identified Type 4 scirrhous gastric cancer. The pathology report confirmed poorly differentiated adenocarcinoma, and the cancer was classified as stage IV.

Y had endured a month and a half of uncertainty regarding her diagnosis, feeling frustrated that no treatment was provided. Her general fatigue worsened, she developed a persistent cough and shortness of breath, and her appetite declined, leading to further weakness. Although she repeatedly urged doctors to begin treatment, they told her, "We cannot start treatment without knowing the cause." However, in late June, she suddenly noticed that the doctors seemed to panic. Just days later, she was abruptly informed that she had "terminal stomach cancer" and that chemotherapy would begin immediately.

Feeling overwhelmed, Y asked her husband to consult Dr. A, who had treated her for Guillain-Barré syndrome for many years. She entrusted her husband with the following letter:

**"Dr. A, thank you for everything. It has been nearly two months since I transferred to this cancer-specialized hospital. There were no characteristic findings, and I spent my days undergoing test after test. However, just a few days ago, I was suddenly diagnosed with terminal gastric cancer with lymph node and lung metastases. The only treatment option given to me was chemotherapy, and I was told that if I did not start immediately, I would have only about one month to live.

However, I do not want to undergo chemotherapy. If possible, I would prefer to receive herbal medicine or cell immunotherapy. I asked my doctor about these options, but he flatly rejected them, stating that immunotherapy does not work for this disease and that herbal medicine should only be used after starting chemotherapy. They insisted that chemotherapy must begin immediately. I did not respond immediately and asked for time until early next week to make my decision.

Dr. A, you have been treating me for a long time, and you know both my body and my personality well. That is why I am writing to consult you. Rather than trying to eradicate cancer completely with chemotherapy, I feel more comfortable with the idea of making cancer cells 'rest' and coexisting with them. I have always been interested in Eastern medicine, and I have been receiving dietary guidance from a Qigong master I know.

I have heard that once chemotherapy is started, natural therapies become ineffective, and stopping chemotherapy later may be difficult. This worries me. I also feel uneasy about how to navigate my relationship with my primary doctor and have lost some confidence in my overall treatment outlook. I would greatly appreciate your honest opinion."*

After receiving the letter from Y's husband, Dr. A informed the neurology team that they would provide a response early the following week.

Case ①: Questions

Assuming you are Dr. A or a member of the medical team who has been treating Y together with Dr. A, consider the following questions:

1. Among the points presented earlier, what seems relevant to Y's refusal of chemotherapy treatment?
2. What additional questions should healthcare providers ask Y to determine her future treatment plan?
3. How should Y's husband be contacted at the beginning of the week?

Case ①: Points for Discussion

- What are the reasons for refusing chemotherapy? Why does the patient think this way?

- What is the average prognosis if chemotherapy is started?
- Are there any treatment options other than chemotherapy?
- To what extent might the side effects of chemotherapy interfere with daily life?
- Is there any evidence supporting herbal medicine treatment?
- What are Y's thoughts on herbal medicine treatment?
- How do Y's husband and blood relatives feel about it?
- How does Y want to live in the future?
- Why is Y interested in Eastern medicine?
- What is Eastern medicine?
- Are there differences in the views of the body and life and death between Eastern and Western medicine?
- Although Y accepted Western medical treatment for Guillain-Barré syndrome, why does she refuse chemotherapy for cancer?
- How does Y feel about experiencing an unexplained condition for one and a half months despite undergoing various tests?
- What does the experience of dealing with an "unknown cause" illness for the past five years mean to Y? What does it mean to Y's family?
- Why does Y believe chemotherapy and natural therapy cannot coexist?
- How does Y perceive "cancer"? How does that perception influence Y's choices?
- Given that Y refuses chemotherapy and expects results from Eastern medicine, what kind of life has shaped these values?
- How has the involvement of different healthcare providers influenced Y's choices and thoughts?
- What is Y looking for in terms of an "overall treatment outlook"? Why is she losing confidence?
- What does Y expect from Dr. A?
- How does Y imagine the progression of scirrhouous gastric cancer? If treatment does not go well, how does she envision her own death?
- How does Y's husband, T, perceive her illness and future treatment? Does he share the same perspective as Y?

Case ①: Additional Information

Y is an exceptionally intelligent individual who, due to her profession as a lawyer, has developed a strong habit of researching and analyzing information thoroughly. This habit extends beyond her field of expertise in law to include natural sciences, medicine, and alternative therapies. When she encounters an issue she does not fully understand, she actively seeks out relevant academic books and research papers to deepen her understanding. Her husband, T, shares this approach.

After discovering unexplained systemic lymphadenopathy and being transferred to the cancer-specialized hospital, Y diligently reviewed her own test results and symptoms while simultaneously studying medical literature. She suspected early on that her condition was not malignant lymphoma but rather a form of cancer that had metastasized throughout her body. Thus, by the time she was diagnosed with advanced gastric cancer in July, she was undoubtedly shocked, but she had already been preparing herself by exploring how she would approach treatment if she were diagnosed with cancer.

During a recent medical conference discussing her case, one participant asked what books had influenced Y's perspective on her illness and treatment choices. Y provided the following titles:

- **Happiness Given by Cancer—12 Stories of Healing Minds** by Fumio Kawatake (Sogensha, 1995)
- **Spontaneous Healing: How to Discover and Enhance Your Body's Natural Ability to Maintain and Heal Itself** by Andrew Weil (Kadokawa, 1995)
- **Getting Well Again: The Simonton Method's New Developments** by Carl Simonton (Sogensha, 1994)
- **Becoming a Qigong Person—A Cancer Specialist's Perspective on the Ideal Lifestyle** by Ryoichi Otsu (Fuunsha, 1999)

These books collectively promote the idea that human beings possess innate healing abilities that can be maximized through holistic approaches, emphasizing harmony with nature. They critique the mass-production and mass-consumption culture of modern Western medicine and advocate for alternative ways of living and engaging with disease.

Another crucial influence on Y's views was a personal experience: A close friend of hers lost their parent to liver cancer despite undergoing aggressive chemotherapy. The friend's son, who was a physician, pursued every possible treatment option, yet the patient ultimately succumbed to the disease. This experience reinforced Y's belief that "**chemotherapy is like a game of whack-a-mole**"—meaning that it only suppresses the cancer temporarily without addressing its fundamental cause.

Conversely, Y's maternal grandfather was diagnosed with pancreatic cancer at age 75. While

he initially underwent surgery, he later refused chemotherapy. Instead, he committed to an organic diet centered on brown rice and vegetables, continued his physical activity by working on his farm, and reportedly lived out the remainder of his life in good health. For Y, this story served as an example of an alternative, natural approach to dealing with cancer—one that aligned with her personal values and beliefs.

Y also shared her philosophical perspective on her illness:

"Rather than being preoccupied with my disease and reacting to every test result, I want to live my life for others. I choose to believe in the path of self-healing and entrust the rest to fate."

Her husband, T, also supported her approach, saying:

"I believe my wife's decision reflects her entire philosophy of life. My role is to support her choices as best as I can."

However, T also admitted that he was conflicted:

"Personally, I don't think undergoing chemotherapy is necessarily a bad option. But if I were to tell my wife, 'You should do chemotherapy,' that would no longer be supporting her in the way she needs. Even from an objective standpoint, chemotherapy does not guarantee a cure. Given this reality, I respect and stand by her decision."

Medical Team's Response and Oncologist's Reaction

During a case conference among Y's physicians, two key points were identified:

1. **Dr. A and the neurology team needed to gain a more precise understanding of Y's current medical condition, including the latest clinical data from the cancer-specialized hospital.**
2. **They needed to find a way to effectively communicate Y's values and wishes to her primary oncologist.**

Following this decision, Dr. A contacted Y's primary oncologist at the cancer hospital, requesting details about her most recent test results and informing them that Y's husband had visited their clinic to discuss treatment options.

However, Y's oncologist at the cancer hospital responded negatively. The oncologist firmly believed that **Y's prognosis was poor and that she did not have much time left to live.** Additionally, they held strong skepticism toward complementary and alternative medicine, dismissing Y's treatment preferences as **"a dangerous way of thinking that wastes a person's remaining time."**

Furthermore, the oncologist explicitly stated:

"If the patient refuses chemotherapy, we cannot take responsibility for her care. If she chooses this route, she should seek treatment elsewhere."

This response highlighted the tension between Y's personal values and the conventional

medical approach, presenting a significant ethical and practical dilemma for Dr. A and the medical team involved in her care.