

Cancer Care From the Perspectives of Older Women

Chris Sinding, PhD, Jennifer Wiernikowski, MN, ACNP, CON(C), and Jane Aronson, PhD

Purpose/Objectives: To understand how older age affects cancer care, from the perspectives of older women.

Research Approach: Qualitative, participatory.

Setting: Urban southern region of Ontario, Canada.

Participants: Purposive sample (age groups and income) of 15 women diagnosed with cancer at age 70 or older; 10 women were diagnosed with breast cancer, 5 with gynecologic cancer.

Methodologic Approach: Two face-to-face interviews, with data analysis in collaboration with the project team based on constructivist grounded theory, including negative case analysis.

Main Research Variables: Age, experience of cancer care.

Findings: Age-related life and health circumstances intersect with professional practice and wider social contexts and are implicated in treatment decision making, including decisions against treatment, as well as in the day-to-day “getting around” that cancer care requires.

Conclusions: The nursing history should be holistic in scope, attending to the supportive care domains to elicit older women’s physical, social, practical, informational, psychological, and spiritual needs after a diagnosis of cancer. History taking should draw forward older women’s life contexts and examine these contexts in relation to cancer care, including treatment decision making.

Interpretation: Individual-level care and systems advocacy are required to ensure that older women’s worries about sustaining independence, including worries generated by inadequacies in home-based care, do not act as determinants of treatment choices.

The effect of age on patterns of cancer care and treatment is a subject of considerable debate. Controversy abounds, for instance, regarding appropriate medical investigation and treatment for older people (Balducci, 2001; Lickley, 1997; Turner, Haward, Mulley, & Selby, 1999; Yarbrough, 2004). Some investigators have characterized older patients’ generally more conservative treatment as “less than ideal” (Wanebo et al., 1997). Silliman (2003) explicitly linked patterns of treatment for older women with breast cancer to higher rates of recurrence and mortality. Others, however, report that less aggressive treatment appropriately reflects the diminished efficacy of adjuvant systemic therapy in older people (Guadagnoli et al., 1997). Treatment decision making among older people is an area of similarly contested terrain. According to some studies, physicians are less likely to involve older patients in decision making (Lickley; Silliman, Balducci, Goodwin, Holmes, & Leventhal, 1993). Although such findings generally are assumed to reflect inappropriate and inequitable professional practice, some literature on this subject suggests that older people prefer to assign the decision-making responsibility to others (Degner et al., 1997; Ende, Kazis, Ash, & Moskowitz, 1989). More broadly, the

Key Points . . .

- ▶ Debates about how older age affects cancer care usually are undertaken from the perspective of healthcare professionals and framed in medical terms.
- ▶ Older women’s life and health circumstances are relevant to their cancer care in complex—and little understood—ways.
- ▶ Age-related life and health circumstances are implicated in treatment decision making, including decisions against treatment.

link between age and decision role preference appears to be weak (Ende et al.), and some authors question the utility of sociodemographic variables in predicting an individual’s desire to engage in the decision-making process (Degner & Sloan, 1992; Ende et al.).

Debates about how older age affects cancer care generally are undertaken from the perspective of healthcare professionals and commonly framed in medical terms. The research presented in this article builds on a small body of literature that foregrounds older women’s own accounts of receiving care and treatment for cancer. Studies in this domain tend to highlight how gendered social and family contexts, including memories of caregiving, shape older women’s treatment decisions (Cameron & Horsburgh, 1998) and often point to the subjective salience for older women, for instance, of feeling rushed in medical encounters (Crooks, 2001).

*Chris Sinding, PhD, is an assistant professor in the Health Studies Programme and School of Social Work at McMaster University in Hamilton, Canada, and a research associate at the Ontario Breast Cancer Community Research Initiative, Centre for Research in Women’s Health, in Toronto, Canada; Jennifer Wiernikowski, MN, ACNP, CON(C), is an acute care nurse practitioner in the Breast Cancer Disease Site Team at the Juravinski Regional Cancer Centre in Hamilton; and Jane Aronson, PhD, is a professor in the School of Social Work at McMaster University. This study is part of a research program, *Intersecting Vulnerabilities: Gender, Poverty, Age and Aboriginal Identity in Women’s Lived Experience of Breast and Gynecological Cancer*, funded by the Canadian Institutes of Health Research. The study also is supported by a grant from McMaster University. The Ontario Chapter of the Canadian Breast Cancer Foundation funds the Ontario Breast Cancer Community Research Initiative, home of the *Intersecting Vulnerabilities* research program. (Submitted October 2004. Accepted for publication February 17, 2005.)*

Digital Object Identifier: 10.1188/05.ONF.1169-1175