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## Afterword

“The voice of our patients”

The word patient means in its original form “the one who suffers”. Its root can be traced to the latin word *patiens*, present participle of the verb *patior*, whose meaning is “I am suffering” and linked to the greek term *pashkein* (“to suffer”) and also to *pathos*, which is considered a quality that evokes pity, sadness, or sympathy.

Nonetheless, the term patient seems to have been replaced by others such as health consumer or client, situation that implies a business relationship. Surgery should be far from being a trade or a commerce, highlighting the role of John Gregory (1724–1773) and his contributions. He was the first one to develop an ethical system of physician’s behavior and conduct and a decisive influence in Medicine as a fiduciary profession.

What do us as patients request from our surgeons?

Firstly, deep concern for our situation and empathy. Clear, faithful and loyal communication should also be a must between a surgeon and his or her patient.

Communication needs to be “tête-à-tête”; we as patients want and need to look at our surgeons in the eyes, discussing our situation and our prognosis. When we pose the question “Doctor, what would you do?”, we do not want to hear shortcuts or evasive responses. We just want an honest, upfront and altruistic advice from an expert, taking into consideration our set of values and sur-

rounding circumstances and weaknesses. Patients, most times, want to know if you would choose the treatment options you are recommending for you or your relatives.

We also need that our surgeons acknowledge their errors, making the dictum “Primum non nocere” a mandate in everyday surgical care. Most times the harm is not just limited to the outcome, but to us and our families as a whole.

We also need that our surgeons engage themselves affectively with us, because they tend to become one of the most important people in the world for cancer survivors. Trust is a 2-way path, and we need to feel empowered and motivated by our treating surgeons. There has always been a traditional sense of belonging to a physician, but this sense of property has been lately lost due to multidisciplinary teams and the lack of an “orchestra director” and no one seems to “own” the patient, exception made of the payers.

At the end of the day, we request time from our surgeons that the surgical profession understands that we suffer with our pain, our disease, our weaknesses and our burdens.

In summary, we, as patients, want our surgeons to provide the best care and expertise but also to communicate effectively, be sympathetic and do not fear to show your feelings, understand your patient, put yourself in the patient’s shoes and give the time we and our relatives deserve.

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