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Sukhpreet Singh New York Medical College

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Cancer Education And Awareness Program: Education And Its Role In The Prevention Of Cancer

Sukhpreet Singh

"Time is a great teacher, but unfortunately it kills all its pupils." -- Hector Berlioz

I remember this place, a high school auditorium filled with restless and inattentive teens. I was here last year to do a presentation on preventing skin cancer. These presentations had become mundane and rehearsed acts to an uneducated audience. To our surprise, the school principal asked us back to present again because the school was so impressed by our work and the impact that it left on the students. I guess mediocrity passes for excellence in some places.

After our presentation, I was greeted with a familiar but awkward smile, "Hey, do you remember me?" I replied, having no idea who he was, "Yes, of course, I do. How are you?" Without further guesswork, he reminded me how we had met, and I recalled his name, David. As we talked further, he said, "You know you saved my life right?" I replied amusingly, "How is that, David?"

After I had given my presentation the year before, David noticed an odd spot on his back, and it fit the categorization of melanoma that we had taught. He saw a dermatologist, and he was told that he was lucky to have come in when he did. Based on pathology reports, the mole was starting to show signs of turning into an aggressive cancer. I realized that these seemingly mundane and rehearsed acts do have the ability to make a remarkable difference in people's lives.

In medical school, we spend most of our time as students reading textbooks and memorizing minutiae for exams. The cost of this is that we lose perspective and awareness of our ability to make a difference right now, along with the impact we'll make in the future. Medicine is a privileged profession. Even our slightest intervention carries long term significance. We manipulate the human body, and in our best attempts, we cure our patients. Even at our worst, we alleviate human suffering. However, we forget the most amazing skill we have – to prevent disease before it afflicts our patients. We fight all sorts of ailments with interventions, but we minimize the importance of prevention through education. This galvanized my efforts of cancer prevention education.

Cancer has been stigmatized over the years by most as an unpreventable death sentence. This reflects a lack of knowledge of behavioral contributions to cancer. It is this lack of understanding that not only causes an increase in morbidity and mortality, but also consequently makes the job of the physician harder. It is due to these reasons that we as physicians also have a significant roles as educators.

We join the field of medicine because we believe in its ability to cure, but even more than that, to prevent disease. It was with that same philosophy that I started the Cancer Education and Awareness Program (CEAP) last year on campus. I had a vision, one that I hope to accomplish within the next few years at NYMC. With my organization, I aim to dispel the misconceptions about cancer, and to provide markers for early detection in the general community as tools for prevention.

There have been similar programs started in foreign countries to reach populations that are impoverished in HIV/AIDS education. These programs found great success because they were able to approach their subjects through a story telling method, which is the model for our presentations. An article published by Mukoma et al. "Process evaluation of a school-based HIV/AIDS interven-

tion in South Africa" outlines the specifics of their processes, including their successes and failures.¹ When designing our program, I wanted it to not only incorporate a story telling approach, but to be able to address a much broader population. In his study of rural smokers of Illinois and populations of urban cities, McLafferty et al. found that urban dwellers are more prone to cancers due to smoking.² It is nonetheless important to be able to disseminate information to every part of the population; disadvantaged, advantaged, rural or urban.

Unfortunately, no programs in the United States have been able to reach an appreciable scale to do a publishable study. That is one of our goals. We want to be able to show that we are able to reach not only the students in our demographic, but also their parents by emphasizing the need for them to share this information. We aim to provide a comprehensible and scientific Power-Point presentation to kids between the ages of 14-18. This age group is easily accessible through high schools, and according to the American Lung Association, the average age of onset of smoking amongst teenagers is 13 years old.

After we had defined our objectives and outlined a clear mission statement, we sought support amongst the faculty and students. We knew we would not be able to launch this off the ground until we had other people sharing our vision. The success of the project owes itself to the support from faculty members, such as Dr. Wu, and the shared vision of my fellow classmates. It is with all of their help that we have taught nearly 800 students this year, nearly half my intended goal for the entire year. It is through these students that we reach their families and friends, thus, the real numbers are forever growing as information always disseminates. I will have realized my greatest accomplishment if I have been able to reach out to another David.

As we continue to expand on the NYMC campus as a student club in the upcoming years, we aim to provide a curriculum for other cancers beyond our current lung cancer presentation. At the end of this year, we intend to incorporate a curriculum for skin cancer as well. I also intend on making CEAP an independent non-profit organization that will be incorporated into other graduate schools in the area. Our greatest strength is in our numbers.

To recapitulate the words of Berlioz, the passage of time is a great teacher with its undeniable consequence – death. As physicians, we bear the responsibility to not let our patients learn through time and to make their own mistakes, but to teach from the mistakes of others to allow them to live more fruitful lives. As long as we continue to believe that we have the ability to change the course of events by our own interventions, in this case to prolong life, we will make a difference without fail. That is why we must take on the roles of teachers and educate others before time does it for us.

REFERENCES

- Mukoma, W., Flisher, A.J., Ahmed, N., Jansen, S., Mathews, C., Klepp, K.I., Schaalma, H. (2009): *Process evaluation of a school-based HIV/AIDS intervention in South Africa*. Scand J Public Health, June, 37, Suppl 2: 37-47.
- McLafferty S., Wang F. (2009): Rural reversal? Rural-urban disparities in late-stage cancer risk in Illinois. Cancer, June 15, 115(12): 2755-64.