

Doctor, can I drink coffee and eat chocolate?

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“Manuela putted a little grated chocolate and dipped the sponge cake with a few touches of Venezuelan rum ... which is the best in the world, although the castristas protest and the Zapatistas get angry”.

Leche nevada a la Simón Bolívar. En Elogio de la berenjena. Abel González. 2000.

- Doctor, can I drink coffee and eat chocolate?

With this frequent and peculiar question, always full of anxiety, many of the survivors of a malignant neoplasm transport us to the ancient medicine. Far from the terrible worry that means that after having defeated the cancer, as a sacrifice they must abstain for life of enjoying a good cup of coffee or a few ounces of chocolate, this question underlies the desire to know if thanks to that cruel penance can extend their lives longer. The myth of dark foods such as coffee, chocolate and dark sodas is most likely to be rooted in The Four Humors Theory. To the Ancient Greek and Roman physicians, the human body was an amalgam of tissues and organs bathed by four different fluids, each of them with well-defined characteristics and an organ center. So to be healthy, these four fluids, blood, yellow bile, black bile and phlegm (or lymph) should be maintained in perfect balance. Thus, as the individual with blood predominance was associated with a warm, restless and spirited temperament, those with excess black bile were associated with a melancholy (of *melancholía*, black bile) and defeatist mood. They were also considered to have a greater predisposition to develop malignant tumors. Although it has been shown that depressive symptoms are associated with an increased risk for the development of malignant neoplastic diseases, it is nowadays known that this state acts more as a cofactor and not as an agent with a direct causality, and with great security nothing has to do with moderately consuming of some chocolate or coffee. We can explain this long to our patients, to reassure and give them, as part of their stage of healing, the tools for the full enjoyment of life, setting aside from habits of risk. But, with much security we will manage in very few cases to take out of their heads that belief.

We are living the moved days of unlimited access to the information. Just by entering the Web, we easily become experts in meteorology, solid or brokers in a few weeks. We went from being part of an armchair to being furious TRX activists or febrile runners. The knowledge is there, unrestricted, handy and free, as one who collects water from a public fountain. All you have to do



is stretch your hand and it is all set to become an expert with our own perception and structure of thought, even above what is considered a scientific truth.

The interesting editorial published in *The Lancet Oncology* on February 2017 *Our Faustian pact with the digital world*, Catriona M. McNeil and Paul R. Harnett describe us this new era, in which since a few decades we inhabit. They describe it with a neologism accepted by the Oxford Dictionary: *post-truth, relating to or denoting circumstances in which objective facts are less influential in shaping public opinion than are appeals to emotion and personal belief.*

For the authors, *the medical profession has known for years that humanity's embrace of the internet as the arbiter of truth has a Faustian dark side. This is perhaps no more evident than in the area of cancer care, in which clinicians are faced with managing the dual challenges of exponential scientific progress and the unchanging nature of human frailty.*

Recognize as specialists that is little likely to improve the prognosis in the majority of the diseases that have made metastasis to distance, can be relatively easy. But convincing a terminally ill patient and her desperate family that an empirical high-dose bicarbonate therapy or an advanced target therapy will not have the effect the Web can promise, is an almost impossible task. In the search for that *magic bullet* against disease, there are not only many robust lines of research and countless scattered despair, but a lot of miles to go. Advances in biotechnology go at a rate that excites, albeit unfortunately much slower than true net achievement, but undoubtedly not as fast as the understandable hope of who needs that treatment runs. When a new therapy arises everything flows. The emotion in the patient and his family, together with the joy that feels as doctors, when we can finally give good news, is always very stimulating. However, sometimes the reality is different and cannot be offered anything else. When all therapeutic effort has been exhausted, any attempt of cure, it is not going to improve the situation, but inevitably worse it for the toxicity and / or high cost of care. In chess this situation is known as *zugzwang*, in which we have to move our pieces, but any possible move option will put us in a situation of greater disadvantage, only appearing on the horizon the certainty that we have lost the game.

Capitulate as doctors because there is no alternative, it has never been easy because it means to stop fighting for the life of those who have honored us with their trust. But much more difficult than giving bad news or surrender, is to affirm with sincerity that a therapy, still in test, will not bring any benefit, especially when the web says otherwise. We fear to be the party pooper, the Prophet of doom, a gloomy and inconvenient, but certainly the most honest role. A half truth is just a lie, no one is exempt from saying a half truth. As pose McNeil and Harnett in his editorial, convincing with the cliché: *that data are immature*, it's like wanting to stop a powerful locomotive with our hands. The great accessibility to the data on the lines of research in new therapies should be accompanied by a guide to facilitate the comprehensive vision of this therapy with its limitations and real state of benefits. Mark Twain stated that it is easier to deceive people than to convince them that they have been deceived.

McNeil y Harnett conclude: *In the post-truth age our obligations as physicians remain the same. We should use information with precision and wisdom, much as a surgeon uses a scalpel. As we*

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strive to provide compassionate care, it is up to us to ensure not only a steady hand, but that the knife is not wrested from our grasp.

So the next time they ask me:

- Can I drink coffee and eat chocolates? I will respond convincingly: of course, with moderation it is not proven to do you any harm. Moreover, accompany it from time to time with an ounce of rum, but Venezuelan rum: the best in the world, because the latter has been proven indeed.

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References:

Mc Neil CM, Harnett PR. Our Faustian pact with the digital world. *Lancet Oncol* 2017; ;18:171-2.