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We should stop talking about *winning* or *losing* the battle against cancer.
We don't need military metaphors in medicine.

Cancer is not war

A few months before she died, the journalist Anbjørg Sætre Håtun (1972–2014) wrote a newspaper article on the use of the expressions «to lose the battle against» or «to win the battle against» cancer (1). Describing the outcome of a cancer disease in such words conveys the impression that cancer is an illness that a patient can recover from or die of depending on whether he or she is strong or weak. The journalist found it inappropriate. Cancer is not a competition that can be won or lost as a result of one's own efforts (1).

The use of war rhetoric in medicine is not new (2). Although it has traditionally been most commonly used of cancer, it has also been applied to a number of other diseases such as tuberculosis, AIDS and dementia (3–5). *War against cancer* was launched in the USA as a term in the mobilization of forces against the disease before World War II (6). Cancer was then a hush-hush disease with a gloomy prognosis. Thousands of people were mobilised and helped to bring cancer out into the open. And the American Cancer Society became one of the most successful voluntary organisations in the USA (6). In 1971 President Richard Nixon (1913–94) launched the National Cancer Act under the banner *War on cancer*. Ms Håtun's article showed how wrong things can go when a slogan written in another language from another time and intended to mobilise public support is used as a metaphor for the fate of individuals in Norway today (6).

The Americans have launched a number of wars against phenomena they have wanted to fight – for example *War on poverty* and *War on drugs*. Common to these initiatives is that they have been unsuccessful. Even though the war against cancer brought the disease to public attention and thus helped to increase investment in treatment, prevention and research, we now know that it is not possible to win such a war. It is a good idea to forget the expression *war against cancer* – we don't battle against nature, as the oncologist Jon Amund Kyte has reminded us (7).

Cancer patients have limited possibilities to affect the course of the disease. It has been documented that psychosocial factors have little significance for surviving cancer (8, 9). It is important that patients are also aware of this since it may reassure them of the fact that they have not failed or lost if the treatment does not work or the disease worsens.

However, psychological factors are of major importance for how life with cancer *is lived*, both during and after treatment (6), and in this context it may be relevant to use battle metaphors. It can, for example, be a battle to follow up arduous treatment or to maintain family life and work. Ms Håtun pointed to reconciliation as a solution. Reconciliation is not resignation. Becoming reconciled to what is happening can demand both courage and strength, and there are many who do not always find this strength when the disease and the treatment drain them of all their energy. Saying that one is taking part in a war when what is happening is out of one's control is not beneficial (10).

Even though military metaphors should be counteracted, this must not allow us to reject linguistic images in medicine since they can be timely in many contexts (11). It is important to let patients tell us how they are feeling through their own metaphors. This can make it easier to address difficult subjects. «Before, I felt I was a cathedral and now I am just a run-down chapel,» said a man in his forties to the doctor. He had had a heart attack and was considerably worse for wear (12). The patient's lifeworld can thus be drawn into the consultation and provide greater understanding.

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