

## SCREENING FOR PROSTATE CANCER

by Charles (Chuck) Maack – Prostate Cancer Advocate/Activist

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

I am a proponent of screening for ALL men regardless of age. There is no way I can support that the physician should be provided the privilege or right to act as God to determine how much longer a patient has to live, and in so doing deprive that patient from the opportunity to determine if prostate cancer may be the cause of ailments he may be experiencing. And if screening for that patient, no matter what his age, determines he does have prostate cancer, then, like provided to all men, his cancer should be explained to him and only that patient should make the determination of Active Surveillance or appropriate treatment. I am absolutely disgusted with those physicians or others on panels who could have the gall to even consider that we are going to shuffle the elderly to the side with expense of their treatment being the over-riding concern; and that is exactly what is driving the callous suggestion that men 75 and over should not even be considered for screening.

If you read closely in so much of the material being provided, "value" of the patient to society and future worth is what is being bantered about. Younger people are of more value because they can still provide productivity and income to the government. Those of retired age are being considered of less value in that respect. So expense is reasonable in healthcare and treatment to keep the productive patient around longer, but expense is supposedly not as reasonable to keep the retired patient around because he/she is costing money without any return. I see that as one hell-of-a-note! I feel that what I have provided in my life to date and what I can still provide in the future in advocacy and mentoring to prostate

cancer patients and their caregivers should place me in a position of at least some "value." So, let us use that as a consideration. Those of you who are recipients of my counsel but not providing anything in return to prostate cancer support lists or to other patients - should we consider you of "less value" and therefore not get carried away with keeping you alive, since you may be retired and of no value anyway? Of course not! So we are letting bureaucrats decide our value without even knowing us or knowing what we might still be doing productively with our lives. If we have family and are productively involved in their lives, are we not of value? If we are volunteers in all manners of helping others, are we not of value? If we are of value to one other person, are we not of value? Of course we are! So I guess you who are reading this understand where I am coming from by now. I'm P-O'd and mad-as-hell at these "panels" who believe they have the right to determine not only my existence, but the existence of everyone.