Prostate cancer will be diagnosed in >35,000 men this year in the UK, and unfortunately around 10,000 men will die from it. Although the early identification of this tumour can potentially save lives,\(^1,2\) the shock of receiving the bad news about the diagnosis, the difficulty selecting the best treatment option for that individual, and the problems associated with coming to terms with the effects of treatment may pose an enormous emotional challenge to the individual concerned. Nor is that individual solely impacted when prostate cancer strikes, his entire family is likely to be affected. In particular, his partner is likely to take the brunt of the emotional perturbation that frequently ensues from this anxiety-provoking diagnosis and from the effects of the treatment that is required.

The active support of the partner, not only to help the man afflicted through this difficult process, but also to help the supporter to make the necessary emotional adjustments, can make an enormous difference.\(^\text{citation}\) It should be the mission of urologists and family practitioners to do what they can to ease this process and reduce stress and anxiety levels to a minimum.

Self-evidently, there are several phases of the prostate cancer journey that the patient and his family have to travel. The shock of the initial prostate cancer diagnosis can be devastating, and one that many men, and their partners, find great difficulty coming to terms with. Part of the problem stems from the reluctance of many men to share their feelings and emotions, even with their closest partner or relatives. The manner in which the bad news about the cancer diagnosis is delivered by the clinician can be critical. It is usually better if the partner is present at this crucial interview, providing the patient himself has agreed to this shared approach. From an ethical viewpoint, the patient’s own view about whether or not the partner should be involved in this process should always be respected.\(^4\) It has sagely been stated that if bad news is broken sympathetically, the patient will never forget you, done clumsily, and he will never forgive you. Lucid and sympathetic counselling support not only of the patient, but also of his partner, can mitigate the negative impact of this most difficult time.\(^5,6\)
It is sometimes assumed that patients and their supporters may not want to know all the facts about the cancer that afflicts them. Several surveys confirm, in fact, that the reverse is true. In the age of the internet, many patients in whom this diagnosis is made immediately ‘surf’ the web and download a considerable amount of often alarming and sometimes misleading information. The availability of well-balanced and non-alarmist information and support for both the patient and their partner during this perturbing juncture can therefore be crucial.

As in many aspects of life, anxiety levels tend to diminish once a definitive decision about a specific course of action has been decided upon. But, how can a man and his partner decide between the various treatment options available to them? These include active surveillance, radical prostatectomy (open, laparoscopic or robotic), brachytherapy or external beam radiotherapy, with or without hormone therapy. Each of these has its advantages and disadvantages, as well as prominent advocates and detractors. Educating and informing both the patient and his partner about the pros and cons of the various treatment options in an unbiased fashion can considerably ease the burden of the decision-making process by facilitating the process of sharing.

Once a decision has been arrived at for a given treatment option, emotional and psychological support from the partner can be crucial during the preparation process, during the treatment itself, as well as during the recovery period. Before surgery, for example, a fitness and weight reduction approach.8 The role of the partner can be critically important in maintaining the morale, self-esteem and confidence of the individual affected and maintaining the closeness of the relationship. Careful nurturing and ongoing development of this supporting role by the partner, that is to say ‘supporting the supporter’, and of the immediate family, by the medical and nursing team involved seems an obvious and rather economical way to improve the quality of the patient journey in this most frequently diagnosed cancer of men.

**Declaration of interests:** none declared.

**REFERENCES**


