

The Human Dimensions of Cancer Care Deserving Our Attention

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While cancer touches millions of lives, every experience is singular. Each journey is shaped by the specific tumor type, treatment options, support systems, and countless personal circumstances. Yet in this diversity, there's also unity: a community of patients, caregivers, clinicians, and advocates all navigating complexity together.

We often speak about the “patient journey” in oncology. But how often do we truly prioritize what's happening beyond the data points and clinical milestones? Cancer treatment has been moving steadily toward personalized medicine, recognizing that each patient's disease is molecularly unique and requires tailored approaches. This is important and it's tremendous progress. Yet even as science advances, many aspects of cancer care remain frustratingly one-size-fits-all, not because we lack innovation, but because access, infrastructure, and human systems haven't kept pace.

More importantly, patients experience far more than treatment response or side effects. They face information overload, communication barriers that compound an already overwhelming situation, day-consuming logistics, and financial strain that extends beyond medical bills.

Whether you work in pharma/biotech marketing or medical affairs, clinical practice, or are supporting someone through cancer, this article isn't about prescribing solutions. It's about pausing to consider what we might be missing and challenging ourselves to look beyond the obvious.

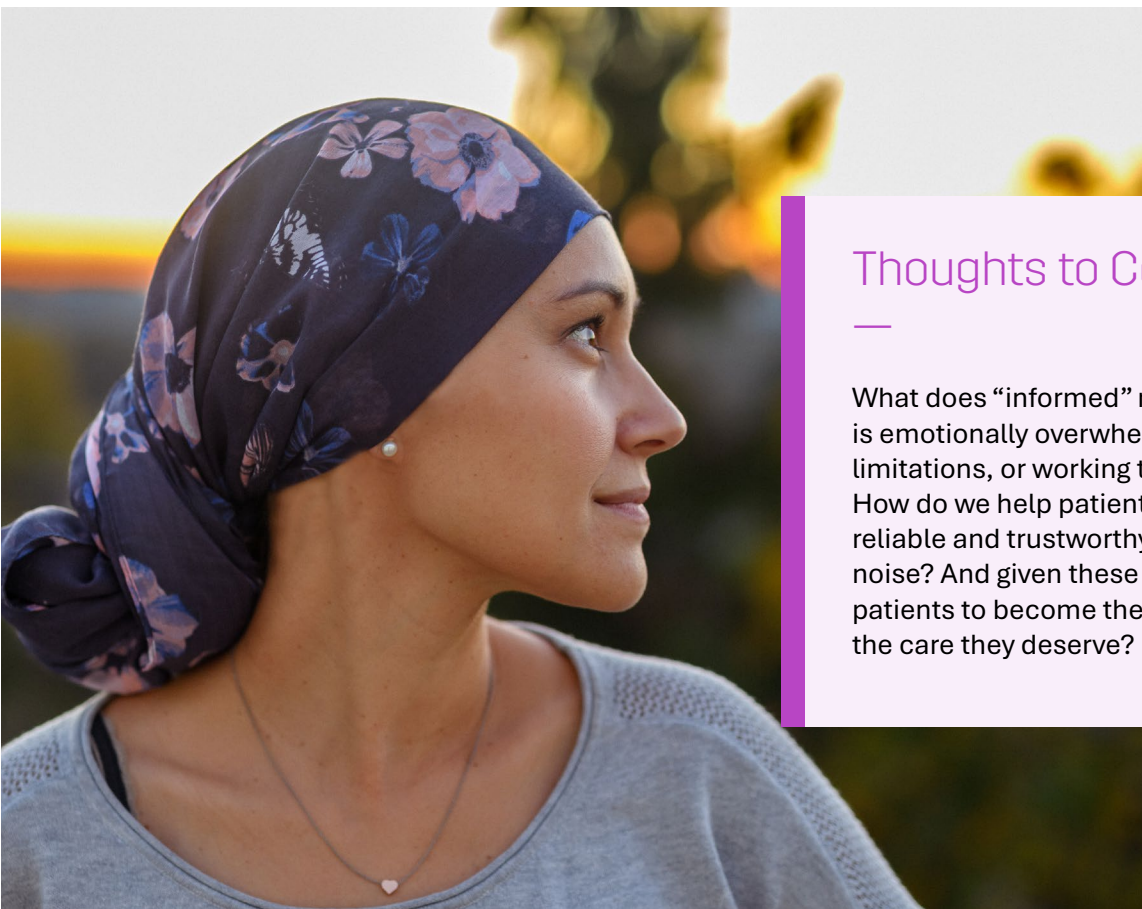
What Patients Navigate

Imagine receiving a cancer diagnosis. Your first instinct might be to understand what's happening. So you turn to Google at 2 AM, scrolling through medical studies, patient forums, and survivorship blogs. Some information is accurate. Some is outdated. Some is actively misleading. Many patients also carry a healthy skepticism, questioning sources that appear pharma-sponsored or biased. And they're trying to make sense of it all while processing fear, shock, and uncertainty.

Health literacy varies dramatically. One patient might parse clinical trial data easily. Another might struggle to understand what "Stage III" means. Both deserve accessible information. But the internet doesn't curate itself based on comprehension level or emotional state.

Then there's the question patients may not know to ask: How up to date is my oncologist on the latest therapies? Even if this thought comes to mind, it feels awkward, maybe even disrespectful. Yet oncology moves fast. New approvals, emerging data, updated guidelines. Staying current requires deliberate effort.

Most oncologists are deeply committed and work hard to stay informed, yet the pace of innovation creates real challenges even for excellent physicians. This is something those of us who work in oncology know intimately well, but it's not the standard baseline knowledge for patients - and that creates a gap. Patients may not realize that advocating for themselves could make a difference in the care they receive.



Thoughts to Consider

What does "informed" really mean when someone is emotionally overwhelmed, navigating personal limitations, or working through their own biases? How do we help patients find information that is both reliable and trustworthy without contributing to the noise? And given these realities, how do we empower patients to become their best self-advocates in getting the care they deserve?

What Caregivers Carry

Cancer doesn't happen in isolation. Behind every patient is often a spouse, parent, adult child, or friend stepping into a caregiver role they never anticipated. These individuals are frequently the first to notice subtle changes - unexplained fatigue, a persistent cough, weight loss, or shifts in mood and behavior - even before the patient recognizes something is wrong. They are the ones who sit in waiting rooms during four-hour infusion appointments, who drive patients across town multiple times a month for radiation, who field insurance calls and pharmacy questions.

For younger patients, this burden is shared. The working patient loses work hours, and so does the caregiver. Both are navigating cancer care logistics while trying to maintain jobs, children, households. For older patients, it's often their adult children coordinating care while managing their own families and careers.

Then there are the less visible challenges. Communication barriers are at the top of the list, and they affect far more people than we might assume. Even for native English speakers, the flood of medical jargon can be overwhelming. Terms like "biomarker-driven therapy,"

"progression-free survival," or "adverse event profile" often leave patients and families feeling lost in their own language. Caregivers frequently step in here too, sitting on speakerphone during doctor's appointments or poring over paperwork, trying to decode and explain what everything means so critical details don't slip through the cracks, especially when understanding them is necessary in making treatment decisions.

And then there's the added layer for the substantial proportion of people in the U.S. who are limited in English proficiency. In these cases, caregivers serve as full medical translators, interpreting not just words but complex clinical concepts they may barely grasp themselves, all while ensuring nothing vital gets lost in translation.

There's also the research burden. Caregivers want to help, so they Google, they read, they come across promising clinical trials or alternative approaches. But they're not clinicians. How do they know if what they're finding is legitimate? They're trying to help without knowing if they're actually helping or just adding stress and noise.

Thoughts to Consider

Support doesn't end with the patient. How do we acknowledge and address the ripple effect on caregivers? What resources would be helpful, separate from what patients need themselves?



What Work and Life Demand

Cancer doesn't pause for logistics - for patients or the caregivers who support them. Appointments, infusions, scans, and follow-ups often happen during work hours and rarely feel simple: an infusion can take hours, plus travel, waiting, and check-in time. For those managing this every few weeks, it's like an unpaid part-time job.

For some, this can be manageable. If you have flexibility and an understanding boss, you can rearrange your schedule or catch up later. But not everyone has that luxury. Others have roles that simply don't accommodate frequent absences. For those with inflexible managers or unsupportive workplace cultures, asking for time off repeatedly can feel like risking job security at the worst possible moment.

Then there's the financial reality. Medical bills are only part of the picture. There's also lost income, sometimes for both the patient and the caregiver. Many people work hourly jobs where missing time means lost income. There are also transportation costs, childcare expenses if a parent is undergoing treatment, maybe even relocation costs if the best care is hours away. Insurance may cover the drugs, but it doesn't cover life.

And after all this, where is the time left simply to live? Side effects often leave patients depleted - fatigued, limited in mobility or energy - making it harder to enjoy time with family, pursue hobbies, travel, or savor everyday moments. How do we better honor the "surviving with cancer" that demands so much, while helping preserve what makes life meaningful?



Thoughts to Consider

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What systemic support is missing when life keeps moving? How can employers better support employees through health crises? What policies or resources could ease the logistical and financial burden?

What Clinicians Balance

Oncologists face a unique tension. The field is moving faster than ever - new approvals, biomarker-driven therapies, immunotherapy combinations, cellular therapies like CAR-T. Staying current isn't optional, it's essential. But it also requires constant learning on top of already demanding clinical schedules.

Now add the reality of the 15-minute appointment. The patient sitting across from them may have spent hours online researching their condition, while others may still be in shock and defer any and all decisions to their doctor. They might arrive anxious, overwhelmed, armed with printouts and questions. An oncologist's job is to meet them where they are, provide clarity, and chart a treatment course, all while managing a packed schedule.

Then there's the treatment recommendation itself, which may involve a paradox tied directly to the Hippocratic principle of "do no harm." Cutting-edge therapies offer hope - better response rates, longer survival, different side effects - but they're newer, with less real-world experience. Could choosing a novel therapy you're less familiar with cause harm? Or does defaulting to a tried-and-true (but less effective) regimen cause harm by default?

Thoughts to Consider

How do we bridge the gap between what's possible and what's practical or comfortable? What support do clinicians need to stay current without burning out so that they can ultimately provide the best care for patients?



What This Means for All of Us: Awareness That Leads to Action

If you work in pharma/biotech marketing or medical affairs, this isn't abstract. You're not just bringing a therapy to market. You're entering people's lives at their most vulnerable moment. Every clinical endpoint represents a person navigating fear, communication barriers, logistics, financial strain, and the profound question of where and how their time to simply live should be spent. The metrics matter, but so does the human context behind them.

For all of us, cancer will touch someone you know. It probably already has. Yet every unique experience is also united by these shared human challenges. Understanding these dimensions prepares us to offer better support, build better systems, and show up with more compassion.

So here's the call to action: commit to seeing beyond your current perspective. If you're in a pharma/biotech, ask whether your decisions account for the full reality patients face. If you're treating patients, consider what they might not be telling you. If you're a caregiver, give yourself permission to acknowledge how hard this is and seek support.

There are no one-size-fits-all answers here. But better questions can guide us:

How do we make reliable information more accessible without adding to the overwhelm?

How do we support caregivers carrying invisible burdens?

How do we build workplaces and systems that acknowledge these realities?

How do we help clinicians stay current while honoring their experience and giving them space to practice thoughtfully?

When we truly see these complexities, not just clinical, but human, we're better positioned to support, innovate, and care. That awareness, turned into action, honors each person's unique experience while strengthening our collective ability to help.





About the Author

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For more than 15 years, Nala Kim has been working with oncology pharma teams to translate complex science into meaningful communications that serve clinicians, patients, and caregivers. Her work bridging clinical innovation and human reality has shaped her perspective on the many dimensions that matter in cancer care.

About BGB Group

BGB Group is a commercial solutions company that partners with pharmaceutical, biotech, and medical device companies to navigate complex challenges. With integrated capabilities, including strategic advisory, market access, medical communications, and advertising, and a commitment to client success, BGB Group helps clients achieve meaningful outcomes that improve patient lives.

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