

Journal Watch

Giving Honest Information to Patients With Advanced Cancer Maintains Hope

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Location: Tertiary Palliative Care Unit, Grey Nuns Hospital

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Reference: Smith TJ, Dow LA, Virago E, et al. *Oncology* 24, May 2010.

Abstract:

BACKGROUND: Oncologists often do not give honest prognostic and treatment-effect information to patients with advanced disease. One of the primary reasons stated for withholding this information is to "not take away hope." We could find no study that tested if hope was influenced by honest clinical information.

METHODS: We tested decision-aids in 27 patients with advanced cancer who were facing first-, second-, third-, and fourth-line chemotherapy. These aids had printed estimates of treatment effect and the patient's chance of survival and being cured (always zero). We measured hope using the Herth Hope Index, which ranks patients' responses to 12 questions and yields a maximum score of 48.

RESULTS: The scores on the Herth Hope Index did not change and the patients remained uniformly hopeful about their future. The pretest score was 44.2 (SD 3.9), and it increased to 44.8 (SD 3.86; $P = .55$ by paired Student's t-test).

CONCLUSION: Hope is maintained when patients with advanced cancer are given truthful prognostic and treatment information, even when the news is bad.

Strengths: This is a useful topic to explore, centering around hope and advanced cancer. The researchers created, what appear to be, very detailed information tables for patients with various cancers. Use of an assessment tool, the Herth Hope Index was explored.

Weaknesses:

Small sample size.

The post period when the Herth Hope Index was administered was not clearly identified. Patients identified to be experiencing significant distress, having difficult adjusting to their illness, or anticipated to have great emotional difficulty handling the information were not included in the study.

Relevance to Palliative Care: Physicians, particularly those more closely involved with patients with advanced illness, are often reluctant to provide bad news including discussion around survival time because of fear of 'taking away hope'. This small study suggests that these types of discussions do not appear to alter hope in a negative fashion, and that patients wish physicians to be 'truthful, compassionate, and clear' in their discussions.