

Seriously ill and hope

The doctor is often faced with the challenge of dealing with a terminally ill patient. Particularly difficult is the controversy of whether to give the patient false hope or whether it is better to come out with the truth and take the risk of emotional and psychological upset of the patient who is unable to accept the truth about his medical condition. There is certainly no one-size-fits-all solution that is universally applicable to every situation, as each patient is an individual personality.

However, to a certain extent, the subsequently cited study could help clarifying the attitude of a doctor that should be maintained towards a person suffering from a serious illness. This is a prospective study entitled "Hope, Truth and Preparation for Death", the creation of which involved 179 legal representatives (mostly family members) of terminally ill patients. In the interview, they were asked questions on topics such as: "Emotional and organizational preparation for the future", "Opinion on false hope", "The doctor's obligation to communicate the prognosis" or "The manner in which the prognosis should be communicated". Overall, 93% of representatives think that avoiding discussion of the prognosis is an unacceptable way to maintain hope. The main explanation was that discussing the prognosis is necessary to logistically and emotionally prepare family members for the patient's possible death. Other arguments were that an accurate understanding of the patient's prognosis allows for better support for the patient and other family members, a moral aversion to the idea of false hope, and a feeling that the physician has an obligation to discuss the prognosis. Only 7% believe that the doctor should keep information about the prognosis to himself, because of the idea that discussing death could emotionally damage the family or negatively affect the patient's health. Detailed conclusions from these interviews are summarized in the table.

Detail Table

Topic	Description	Citation ^[1]
Emotional and logistical preparation for the future	Families used the information to familiarize themselves with the patient's condition and to prepare logistically for death.	"We should know whether we are on the long or the short route, because we can arrange our lives accordingly. We can plan and support our family and ask for help from different sources."
Patient and family support	Prognostic information allows the family to choose different behavior (to be more often at the patient's bedside, to pray more or differently).	"Oh (sigh) because I think I'd rather hear the truth and know what I'm in for and, you know, prepare emotionally for whatever is to come. That way I can support my mother or sister much more."
Aversion to false hope	Families feel that raising false hope is wrong.	"So when there is no hope, I think it would be wrong to encourage the family's hope, because then there will be a real shock when something goes wrong."
Physician's commitment to discuss prognosis	Families see disclosure of the prognosis as a basic duty of the physician.	"I also think it's a matter of respect and I don't want the doctor to think I can't do something or understand something. This is humiliating to me. So I think it's a matter of honor and respect."
External sources of hope	Families are looking for hope other than what the doctor offers them.	"And hope? Doctors do not give hope. You know what I think? I don't believe they are there for that purpose. I think they're there to do their jobs and do things the best they can, but the hope comes from somewhere else, I think."
The severity of the prognosis is discussed	Families feel that the doctor should avoid expressing absolute certainty when communicating the prognosis.	"I think it would always be best for a doctor to end with, 'You know, anything is still possible.'"

Links

References

1. Apatira, Latifat et al., Hope, truth and preparing for death: Perspectives of surrogate decision makers, in: Annals of Internal Medicine, 12, 2008, p. 865.