

Hope in Advanced Cancer: A Cure, or Something Else?

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Going Beyond Cure

Is a cure the most fervent hope of patients with cancer? On the surface, this appears obviously to be true. But is it?

The concept of hope is ubiquitous in the literature about serious illnesses, such as advanced cancer. Hope is undeniably important. It can sustain patients and their loved ones when faced with a bleak prognosis, and underpin a host of treatment and care decisions. To ensure patient-centered decision-making, it's essential for clinicians to acknowledge and understand their patients' hopes.^[1] A question as simple as "What do you hope from your cancer treatment?" can help clinicians discover whether cure is a patient's primary desire.

With this approach, a recent study^[1] asked 265 patients with advanced cancer what they most strongly hoped to gain from cancer treatment. Interviews with these patients (who had limited life expectancy and incurable cancers) revealed not only their treatment hopes, but whether they shared their hopes with others. Responses to these questions at two time points (baseline and 3 months later) were compared.

The median survival of the patients in this study was 16 months. The data analysis revealed the following eight categories that capture *a broad spectrum of hopes from advanced cancer treatment*:

- Unqualified cure;
- Cure tempered by realism (hope for a cure but acknowledgement that this is unrealistic);
- Quality of life;
- Reaching a milestone;
- Life extension;
- Tumor stabilization;
- Remission; and
- Unspecified control.

A complete cure was not the most frequently voiced hope, identified by only 12% of patients at baseline, and dropping to 8% at the 3-month time point. *Instead, quality of life (42%) was the most common hope both at baseline (42%) and 3 months later (36%)*. Hope for a longer life was also verbalized (32% at baseline and 26% at 3 months). Younger patients were significantly more likely than older patients to hope for a complete cure.

Most patients reported discussing their hopes with their spouses/partners (86%), other family members (77%), or their oncologists (65%), but infrequently with other clinicians.

Viewpoint

Understanding a patient's hopes, quality-of-life concerns, and goals is a very important aspect of patient-focused care. This study makes important theoretical contributions in understanding the concept of hope and its clinical implications.

This study also builds on previous literature which has emphasized the need for improved patient-clinician communication to foster accurate understanding of disease status and prognosis.^{[2-}

^{4]} Patients need to receive understandable and honest information, especially when survival is limited, and *clinicians need to elicit and support patients' hopes* to balance the treatment of a disease with the life of the person living with serious illness.^[5,6]

The finding that only about one third of patients with a poor prognosis discuss their hopes with clinicians other than their oncologists suggests that many clinicians aren't initiating these discussions. Knowing that *a patient's hopes often change over time suggests that these conversations should not be "one and done."*