



Reader Feedback

Failure to Disclose Prognosis

The Ethics Forum, "Disclosing Prognoses, When Patients Don't Ask," which is found on page 14 of the April 2006 issue, raises disturbing issues.

The authors first described a case report in which a 53-year-old white man, who presented with limited stage small-cell lung cancer, was informed by his physician that his cancer was "not likely to be cured." The physician also had told the patient's son that his father might expect to live "approximately six to 12 months more." Following the case report, the authors discussed the ethics and legalities of a physician's failure to communicate a poor prognosis directly to the patient.

Our determination, however, is that a young patient with a good performance status who presents with limited stage small-cell lung cancer cannot be assumed to have a terminal illness. These patients have a median survival of more than 20 months and a five-year disease free survival in excess of 20%.^{1,2} The patient in this case should have been informed by his physician that he had a significant chance of cure with platinum-based combination chemotherapy given concurrently with early local radiation.

In our practice, we often hear patients say their doctors only gave them six months to live, usually after the interval has passed. As physicians, we may know the median and long-term survival rates of groups of patients with cancer, but we are not good at predicting the length of

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survival of individual patients.³ We question, therefore, whether it is appropriate to give patients "a definitive numerical prognostic estimate of life expectancy" when the expected survival is uncertain.

In this case, the failure to communicate a realistic hope of long-term survival may be more serious than the failure to communicate a poor outcome. The major concern is that the prediction of the patient's physician may have become a self-fulfilling prophecy.

—Barbara Campling, MD
Medical Oncologist
Kenneth Algazy, MD
Section Chief, Hematology/Oncology
Philadelphia VA Medical Center
Philadelphia, PA

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The corresponding author responds:
The readers have raised an interesting concern regarding the obligation of revealing "good information" as opposed to "bad information" when patients specify that they do not want to know an exact prognosis. A 2005 study indicates that the five-year survival rates for limited stage small-cell lung cancer are 0% without treatment and 10% to 13% with treatment.¹ Few oncologists speak of cure for small-cell lung cancer—especially when patients continue to smoke, since relapse and second cancers are common.

In this particular case, the patient emphatically did not want to know the specific percentage chance of a "cure," but rather wanted to begin treatment regardless of precise numbers. Had he refused treatment, trying to infuse hope by providing him with specific numbers may have been a consideration. Nevertheless, the basic ethical issue in this case remains the same: whether or not to disclose precise statistical information that patients do not want to hear. We agree that disclosure is ethically important, but we believe that framing this information according to the patient's wishes and needs is appropriate. ●

—Paulette Mehta, MD
Staff Physician, Hematology/Oncology
and Internal Medicine
Central Arkansas Veterans
Healthcare System
Professor of Internal Medicine
and Pediatrics
University of Arkansas for
Medical Sciences
Little Rock, AR

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