Abstract  Hope is an essential aspect of the therapeutic relationship between cancer patients and their carers. Realistic hopes provide considerable support, whereas unrealistic hopes can be destructive by impairing the ability to make appropriate decisions about future plans, treatment, and issues of personal importance. Realistic hopes exist for cancer patients at all stages of their illness. Provision of realistic hope facilitates the process of breaking bad news. In this article, the role of hope is explored.

Appropriate hopes are identified from the time of pre-diagnostic work-up throughout the phase of definitive treatment and into the transition to palliative and supportive care. A practical approach is developed, which emphasises communication and listening skills, the importance of providing time and the benefits of intermediate goals that facilitate a gradual adjustment in hopes as the disease progresses.

Key words  Hope • Bad news • Communication • Cancer

Introduction

Breaking bad news is a skill of great importance in the management of the patient with cancer. Realistic hope has been identified as an important attribute by a number of commentators and in surveys of patients and their carers [5, 9, 11]. Unrealistic hopes can be destructive as they interfere with the ability of patients to participate in making decisions about their illness. They can lead to ineffective use of a patient’s remaining time and in general merely postpone dealing with difficult issues. How to communicate realistic hopes in a practical way without encouraging the problems caused by unrealistic hopes has not been discussed in detail in the literature. The aim of this article is to provide practical suggestions of realistic hopes that can be offered at various stages of a cancer patient’s illness.

The initial stage

Breaking bad news often involves removing a cherished hope; whether that is the hope of cure, of tumour response or of freedom from disease progression. One simple aim in breaking bad news is to replace the lost hope with another more realistic one. The patient’s first contact will be in the initial diagnostic work-up. At this stage there are many hopes that may be realistic including that the diagnosis is not cancer, or, if it is, that it is curable or likely to respond well to treatment. One simple aim in breaking bad news is to replace the lost hope with another more realistic one. The patient’s first contact will be in the initial diagnostic work-up. At this stage there are many hopes that may be realistic including that the diagnosis is not cancer, or, if it is, that it is curable or likely to respond well to treatment. It is useful to mention the range of possibilities but to emphasise the more likely ones. For example, in the investigation of a patient with a lesion on chest X-ray that is probably a lung cancer, some patients will benefit from a discussion of your suspicion that it is a cancer, the possibility that there is a non-malignant cause, whether you think this is likely and the probability that effective treatment options will be available if it does prove to be cancer. This allows the patient time to absorb the idea of having cancer, an idea they probably have had alre-
dy. It also provides an opportunity for the discussion of fears and concerns and brings the whole process “out into the open”. This approach is not appropriate for everyone as some patients find it very difficult to deal with uncertainty and with some patients it may be better not to mention unlikely possibilities. It requires careful judgment and attention to the patient’s response to determine the most appropriate approach for any individual. Wherever possible, a continuing, gradual process of communication in a series of small steps is preferable to presenting information in an abrupt or cataclysmic fashion.

In most situations, once the initial work-up has been performed some specific treatment will be offered. It is important at this consultation that a clear idea of the goals of treatment is communicated. Cure will be a realistic hope for some patients, prolonged disease-free survival or palliation of symptoms will be appropriate for others. Understanding the goal of treatment is essential to making decisions about initiating or stopping a particular therapy. Misunderstandings created at an early stage can be very difficult to deal with at a later date.

The transitional stage
The most difficult transition occurs when definitive treatment fails and a purely palliative approach is required. There is, however, often an opportunity to prepare the patient for this event. There is often a transitional stage when it gradually becomes obvious that definitive treatment is failing. This is characterised by a period of waiting when repeated examination or investigations fail to reveal evidence of the hoped-for tumour regression. Another time of changing expectations occurs with the institution of second-line therapy. As the probability of response diminishes with successive treatments it is important to shift the focus of hope to more realistic goals. These transitional periods are very important as they provide an opportunity for a gradual change in patients’ expectations as their condition deteriorates. If the early indicators are that the patient is not responding, this can be made clear. This allows adjustment of expectations and discussion of realistic goals if a response to therapy does not eventuate. Discussion of these issues at this stage allows the patient to think about future goals without completely taking away the previously appropriate hope of response. Realistic hopes that can be emphasised at this time are that symptoms can be well controlled and that the disease may remain stable or progress slowly. It is worth emphasising that many patients live with their cancer with symptoms well controlled, sometimes for long periods of time. Reassurance that despite cessation of definitive treatment the patient will not be abandoned is essential.

The advanced stage
Care of patients with advanced disease requires very careful consideration of appropriate hopes. As the disease progresses the hope that they remain well or in a stable condition will have to be abandoned. Hope that symptoms will be well controlled and that suffering will be minimised then becomes paramount. Some patients will continue to hold hopes that seem inappropriate; our policy is not to challenge these unless they are causing major problems. At the same time it is important not to reinforce inappropriate hopes but rather to emphasise more realistic ones. At this stage especially patient’s hopes vary enormously; some hope for death to come quickly, some for prolonged survival; some patients’ hopes centre on their family and some on spiritual issues. Often realistic hopes can be suggested that focus on these issues.

Discussion
There has been increasing realisation from patients, the public and doctors of the need for greater openness and recognition that the skills necessary for breaking bad news can be communicated in a systematic way [4]. The literature has emphasised a variety of important issues concerning the breaking of bad news. Provision of privacy and lack of distractions is important. It is crucial to communicate to the patient that you are not in a hurry so they can take as much time as they need. Demonstrations of a supportive attitude, expression of interest in the patient as a person, use of simple language and avoidance of jargon go a long way to improving communication. Brewin has identified three ways of breaking bad news [2]. The blunt, unfeeling way assumes that the patient will be upset so there is nothing that can be done about it. The kind and sad way demonstrates sympathy and concern but leaves the patient with little positive support or encouragement. The understanding and positive way emphasises appropriate positive messages with what he calls “sincere and controlled optimism”. He lists the essential features of this approach as flexibility, positive thinking, reassurance and planning for the immediate future.

Several authors have emphasised the need to be flexible and adapt the information given according to the patient’s response [2, 7]. Patients often indicate by their response whether or not they want more information. Whatever the patient’s response it is important to avoid extremes of optimism and pessimism, to emphasise probabilities rather than absolutes and to leave the patient with a plan for the immediate future [1].