

# Physicians

**PHAX**

March 2006

## Our Services

*Comprehensive End-of-Life Care*

*Full Family Support*

*Ongoing Grief and Education Services*

## Our Strengths

*Incomparable Experience*

*Extraordinary Compassion*

*Unwavering Commitment*

## Our Distinction

*Community Based*

*Community Focused*

*Community Supported*

This discussion is about the difficult balance between maintaining hope and truth telling, especially as it applies to giving bad news.

*The miserable have not other medicine; But only hope — William Shakespeare*

One of the most difficult things a physician has to do is give bad news. Often times a physician may think that by telling someone the entire truth about his/her diagnosis, they will be responsible for taking away hope. Perhaps, they are even a little afraid of taking away their own hope as the treating Physician.

It is possible that our fear of causing loss of hope is just a way we avoid the harsh reality of impending death. The fear of destroying hope, is commonly noted by patients and families who feel that “the doctor is not really telling me everything”, a feeling that is corrosive to the doctor-patient relationship.

Dr. Brody writes, “Hope means different things to different people, and different things to the same person as he/she moves through the stages of illness. The Physician can play a valuable role in helping the individual patient define their hopes and fears. When close to death, hope often becomes refocused away from long-term goals and towards short-term or spiritual goals. Hope may mean a pain free day, a sense of security, love and non-abandonment, or a wedding to attend in the near future. “When we talk to patients and find out what is really worrying them, we can almost always give them realistic assurances. Factors that often increase hope in the terminally ill include feeling valued, meaningful relationships, reminiscence, humor, realistic goals, and pain and symptom relief. Factors that often decrease hope include feeling devalued, abandoned or isolated, lack of direction and goals, and unrelieved pain & Discomfort. Statement such as “There is nothing more that can be done” decrease hope. There may not be anything that can be done about a patient’s prognosis, but there is much hope in their quality of life in the time they have.

Some strategies that are helpful: Ask the patient if there are particular upcoming events they wish to participate in, like a wedding, birth, trip, etc. Ask what the patients specific concerns are for the future. Encourage the patient to make short, medium and even long term goals with an understanding that the course of the terminal illness is unpredictable. This helps patients and families concentrate more on the hope for upcoming events and goals and less on the loss of hope.

## References

Body H., Hope. JAMA 1981;246:1411-1412

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