

## MEDICINE

# Tell Cancer Victims Truth

Leading cancer authorities agree a cancer patient should be told the truth about his disease. Watson Davis reports results of a Science Service poll of experts.

► LEADING CANCER authorities agree that a cancer patient should be told his diagnosis and the expectation of the course of his disease.

In a telegraphic poll by SCIENCE SERVICE of the experts assembled in the scientific sessions of the American Cancer Society in New York, Oct. 23 and 24, nearly all who answered believed that doctors should tell the diagnosis with due care for the person's situation and condition. As to what should be told about prognosis, the prospects for the future, there was emphasis on being hopeful but honest. The possibility of new and better methods of treatment should not be overlooked.

The way to tell a patient about his condition was repeatedly stressed as important.

Dr. Alton Ochsner of the Ochsner Foundation Clinic, New Orleans, in expressing the belief that with few exceptions patients should be told, stressed the manner of telling.

Expressing the belief that cancer patients should know the diagnosis with only rare exceptions, Dr. Thomas Carlile of The Mason Clinic and Virginia Mason Hospital, Seattle, Wash., said further:

"Because of so many variables in the response to treatment and natural course of disease, the cancer patient should not be deprived of the hope of improvement or cure and a continued utilization of available methods of treatment should be made.

"As to prognosis, some patients must know statistical averages and opinion or estimate of his physician for business or other reasons. However, in most instances, it is to everyone's advantage to assume how any individual patient will follow the most favorable course of a particular tumor situation and for the patient, the family and the physician to act accordingly, as a time will come when even better methods of treatment will be available."

Dr. John G. Walsh of the American Academy of General Practice, Sacramento, Calif., stated:

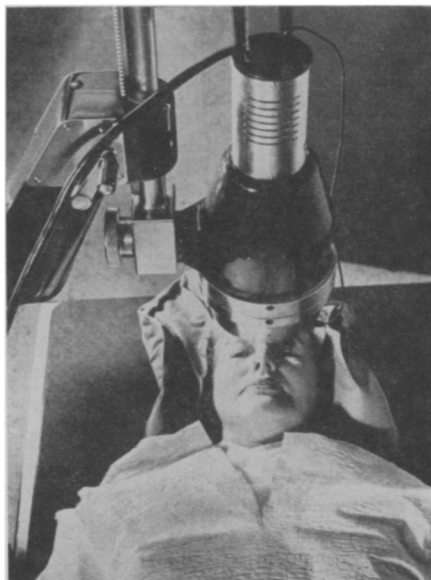
"Since cancer may be serious in varying grades depending upon the type and location, total and complete details of a prognosis cannot always be given by doctors. Many types of cancer have good prognosis relative to a cure. To withhold knowledge of the diagnosis of cancer and at least a reasonable explanation of prognosis from a patient requesting information is not in the best interest of a patient from the spiritual, emotional and moral standpoint. This is true especially if a rapid downhill course may result in leaving a family unprepared for disaster.

"From a financial, emotional and legal basis, the personal physician, usually the

family doctor, should know the patient well enough to select those who prefer not to know the cold facts relative to a poor prognosis. Many of these cases already know or sense the future, but shelter themselves from the truth until they actually know the end is near. To destroy this natural protective mechanism might prematurely create a severe emotional state. Most patients wish to know the diagnosis and prognosis, at least in a general way. It is more difficult to screen those who do not, and to understand their reasons."

All patients are individuals with feeling, with varying degrees of intelligence and emotional stability, and with malignant diseases of varying prognosis, Dr. Samuel G. Taylor, III, of the University of Illinois, Chicago, commented. For these reasons Dr. Taylor believes the decision as to whether a patient should be told must always be made on an individual basis by a physician who has been able to measure intelligently all these factors.

Explaining that at the University of Minnesota hospitals, most patients seen are aware of the nature of their illness, whether cancer or other diseases, Dr. Victor Gilbertsen, University of Minnesota Medical School,



**BRAIN SHOTS**—The Magnascanner draws a line-by-line picture of the brain or other body organs after a small amount of radioactive material is introduced. Primarily used for diagnosis of cancer, the instrument, produced by the Picker X-Ray Corporation, White Plains, N. Y., was shown at the Second International Congress of Neurological Surgery.

Minneapolis, said that most of those who had not been informed by their physicians found out for themselves or were told by friends or relatives. Dr. Gilbertsen believes that "nearly all patients should be informed of the nature of their illness, if they are told in an unemotional, realistic, and understanding manner. Patients aware of their diagnosis report that such information has been of definite value regarding cooperation in planning of further medical care, in alleviating anxiety, and in planning for the future of their families."

Dr. Eugene P. Pendergrass, University of Pennsylvania School of Medicine, Philadelphia, Pa., has found that an explanation as to the nature of the patient's disease takes time, but it is very effective in gaining his confidence and that often the patient may be told the truth about the diagnosis if one takes adequate time to prepare him for such an interview and uses good common sense.

In the experience of Dr. I. Rossman, Montefiore Hospital, New York City, most cancer patients become aware of the diagnosis and do not press for discussion of it. When the question is raised, he said, it should be handled delicately but not evasively. Prognosis is always difficult to discuss concretely and, in his opinion, is better left somewhat vague, since some patients greatly outlive the most expert guesses.

Dr. Richard L. Evans, Salt Lake City, Utah, advises that the physician should always be hopeful and that personal circumstances should determine the degree of disclosure.

In the opinion of Dr. J. Englebert Dunphy, University of Oregon Medical School, Portland, Ore., patients should definitely be told about diagnosis and prognosis.

Dr. George G. Reader, New York Hospital, Cornell Medical Center, New York City, feels that most patients need not be told because diagnosis and prognosis become matters of implicit understanding between patient and physician.

To Dr. Eugene M. Bricker, Washington University, St. Louis, Mo., there is no fixed inflexible rule because whether or not cancer patients are told the truth depends on individual circumstances.

Commenting as associate professor of health and religion at the University of Chicago, Chicago, Ill., Dr. Granger E. Westberg said:

"There is a growing feeling among clergymen that a cancer patient has a right to know the truth about his condition. Religion has always confronted man with the fact that he does not live on this earth forever. If a clergyman is asked by the family or the doctor never to mention death to the patient, then an insipid ministry results. The clergyman rebels against such dishonesty.

"Cancer patients cannot put their trust in a clergyman who is forced by relatives to talk only about the weather. The purpose of true faith is so to relate a person to God that he is not overcome by the threat of death. Not to speak of it honestly is to treat the patient as a thing and not as a person."

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