

‘Doctor, What if it Were Your Mother?’ Hope, Faith and Reason at the End of Life

by Victor G. Vogel, MD

All adults will face suffering, grief and loss in their own lives and the lives of the people they love. They will want to offer hope and comfort to those who are dying and to respond compassionately to the needs of their friends and family. “Doctor, What if it Were Your Mother?” Hope, Faith and Reason at the End of Life” is written by a medical oncologist, Victor G. Vogel, MD, who has cared for women with breast cancer for 30 years. It is filled with his clinical experience and shows how grief can be overcome and how family and friends can help the sick and dying make choices about their care.

Dr. Vogel explains that, at times, oncologists may not give patients completely honest and truthful information about their prognosis and treatment options despite the fact that many patients say they want candid clinical information even if the outlook is poor. He notes that many cancer patients never receive facts from their physicians about either their prognosis or even imminent death. This lack of knowledge is actually associated with worse quality of care and a worsened quality of life for both the patient and their caregivers.

Although physicians sometimes limit prognostic information believing that less information will preserve hope, there is no evidence that disclosure of prognosis makes patients less hopeful. Instead, disclosure of prognosis by the physician can support hope even when the prognosis is poor. Dr. Vogel uses clinical stories from his practice to



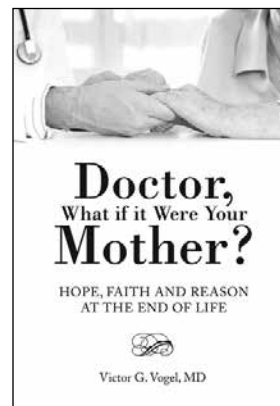
**MARCELA
BÖHM-VÉLEZ,
MD, FACR,
FSRU, FAIUM**

show how this is possible.

Because doctors are concerned about possible negative responses in patients who hear a poor prognosis, he explains that, in many cases, physicians do not tell patients who are dying their diseases are incurable. It is possible that some physicians tell their patients about their poor prognosis, but the patients either do not believe their doctors or they simply do not understand what they are being told.

Dr. Vogel illustrates how this fault of communication can be corrected. He urges physicians to be intentional in their conversations about the nature of disease and the likely outcomes of treatment. He asserts that conversations about treatment are not about winning or losing but must be about what is truthful, rational and realistic. He believes that it is neither logical nor compassionate to employ therapies that are known to be ineffective as someone is dying. Compassion entails being realistic and objective. He believes that in situations where medical technology and treatments are unlikely to produce therapeutic results, patients and their families must ask whether we can afford the questionable therapies.

He also confesses that he and his colleagues at times need help in breaking bad news. He notes that this



disclosure is not one hard conversation for which doctors must muster courage, but, rather, a series of conversations that occur over time beginning

with the recognition of the first threat to life. For religious believers, maintaining hope is an essential component of compassionate care, but Dr. Vogel notes that hope has been criticized for having provided, at times, justification for paternalistic lies and half-truths. Dr. Vogel believes that physicians have a clear obligation to initiate discussions with patients about their diagnoses, the specifics of treatment options and their side effects, and their prognosis in general terms.

Dr. Vogel notes that good communication requires a thorough assessment of a patient’s and family’s understanding of the course of the disease, the patient’s capacity for decision making (or the need for a surrogate decision-maker) and the communication style of both patient and the family. He argues against physicians who hide clinical realities from their patients or who offer false hope in ineffective treatments or technology. He believes that patients pursue medically futile treatments at the end of life, in part, because physicians communicate poorly with them.

He argues instead in favor of fostering realistic expectations such as control of pain or remaining at home and out of hospital for as long as possible.

Dr. Vogel illustrates carefully and clearly that we are going to be forced increasingly to ask whether we have the resources to expend on care that is not curative. He cites data that indicate there is a great deal of waste in the U.S. health care system including unwanted intensive care at the end of life for patients who would prefer to receive hospice care at home. This waste represents millions of dollars in unnecessary spending every year. He believes that physicians need to educate their patients to ask for or demand palliative care when it is appropriate.

He also argues that patients need to ask about hospice care instead of demanding treatments with exorbitant costs that provide limited benefit. He notes that futile therapy may create a difficult financial situation for both patient and family, and he cites examples of treatments that are expensive and of minimal benefit but that do not improve the quality of the lives of patients who receive them. He urges us to ask ourselves whether giving such treatment is desirable in the face of trade-offs that we will encounter in the near future with the ever-expanding list of more complex and expensive therapeutic options and alternatives.

He writes that clinicians need to address the spiritual needs of dying patients. He shows that doctors often do not elicit the nonphysical concerns of their patients, their families, or their caregivers. He believes that care team members must be prepared to address spiritual issues during the dying process, primarily by listening to the concerns of the patient. Dr. Vogel urg-

In summary

- We all want to offer hope and comfort to those who are dying and to respond compassionately to the needs of our friends and families during their final days.

- Because doctors are concerned about possible negative responses in patients who hear a poor prognosis, in many cases they do not tell patients who are dying their diseases are incurable.

- Physicians have a clear obligation to initiate discussions with patients about their diagnoses, the specifics of treatment options and their side effects and their prognosis in general terms.

- Dr. Vogel argues that physicians must encourage patients and their family members to ask questions that are important to them about their disease, its treatment and its prognosis. Doctors need to provide multiple opportunities for discussion of the issues raised by these questions.

- Dr. Vogel urges physicians to define

realistic expectations for the remaining days among patients who are dying by spending time listening to them while eliciting their expectations.

- He believes that care team members must be prepared to address spiritual issues during the dying process, and that physicians should be conversant in spiritual matters during which they primarily listen to the concerns of the patient.

- Futile therapy may create a difficult financial situation for both patient and family, and he notes that one of the most important ways to conserve precious medical and family resources is to spend less on expensive care during the last month of life.

- Finally, Dr. Vogel shows what he has learned about patients' wants and needs as they die and how that knowledge can be translated into comforting, palliative care at the end of life while always maintaining hope.

es that appropriate referrals be made to a chaplain, pastor, priest or rabbi if a patient is receptive to the consultation, and he says that care team members must approach a patient's religious beliefs in the broad context of their spiritual orientation. He argues that spiritual resolution can be achieved by and among dying patients and their loved ones, leading to a peaceful death.

He carefully examines the intersections of faith and science, medicine and hope, healing and grace. He focuses extensively on strategies to improve communication between patients and their physicians as they wrestle with the challenging decisions at the end of life. The book is richly illustrated with examples from the author's many years of experience in caring for patients with cancer. He also reviews the challenges he faced

personally as his own mother died from acute leukemia while receiving the best possible medical care at one of the world's finest hospitals.

Dr. Vogel urges physicians to define realistic expectations for the remaining days among patients who are dying by spending time listening to them while eliciting their expectations. He says that dying patients should be able to grieve for the losses they are experiencing, to engage in making plans for their deaths, and to direct as many decisions about their dying as possible. He cautions that if we do not make the important changes in our health care system to avoid needless and futile therapies, we will bankrupt the entire system as the aging baby boomers needlessly consume resources without improving the lives of those who are

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dying. He believes that this will ultimately worsen the quality of the lives of our children and grandchildren and will incur debts for them for many, many years. He believes that hope lies in our ability to make thoughtful and rational decisions for ourselves so that we do not needlessly burden our heirs with a legacy of debt.

Dr. Vogel believes that we need to work on returning to patient-centered care that focuses on what patients need rather than what their doctors and their families may want. He argues that we need to focus on the difference between knowledge and hope and learn how knowledge of what is futile can actually engender hope. He further believes that we all need to embrace

the reality of the end of life that is inevitable and comes for all of us. While we need to work to avoid false hope, at the same time we must sustain hope even when survival is unprecedented and even if hope is only for peaceful death. He illustrates how the process of dying can actually create or make hope achievable where only cynicism and doubt existed before.

Dr. Vogel's suggestions for improving decision making at the end of life are not uniquely his, but he deftly combines illustrative clinical vignettes with objective data about the rising costs of health care and poor communication that exists between doctors and seriously ill patients. He illustrates the book with strategies he has used successfully over many years to help patients

confront grief and loss successfully. He shows how he has shared bad news with patients and families who confronted serious illness together with him. He shows what he has learned about what patients want as they die and how that knowledge can be translated into comforting, palliative care at the end of life while always maintaining hope. His ideas are worth considering.

Dr. Böhm-Vélez is a radiologist and president of Weinstein Imaging Associates, a private practice focused on women's imaging with offices in Shadyside, South Hills and North Hills. She also is chair of the Pennsylvania Radiological Society (PRS) Breast Imaging Committee. She can be reached at marcelabvelez@gmail.com.



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