Letters

COMMENT & RESPONSE

Truthfulness of More Optimistic vs Less Optimistic Messages for Patients With Advanced Cancer

To the Editor—Tanco et al report that physicians delivering a more optimistic message are perceived by patients with advanced cancer as being more compassionate and trustworthy. Patients may perceive a more optimistic message as a sign of their physician’s compassion and trustworthiness because they need to protect themselves from devastating news in order to carry on. “Who am I to disrupt this potentially fragile cognitive strategy?” wrote an oncologist. Yet we must acknowledge that the 2 messages in the study by Tanco et al do not convey the same degree of truth. The “more optimistic” message is not as truthful as the “less optimistic” one because patients in palliative care stages are unlikely to resume active treatment or benefit from it.

But what is the right thing to say in such difficult situations? By conveying a more factual, less optimistic, message, do we tell a “higher truth” than through the more optimistic one? Should we compare levels of truthfulness or should we, instead, take a different look at physicians’ truth telling in relation to, and with, their patients? British philosopher Bernard Williams wrote that we are increasingly suspicious of (absolute, final) truth, yet obsessed by truthfulness, while we underestimate the “virtues of truth”: sincerity, accuracy, and authenticity. We should make sense of what happens to us, caring about how truth is constructed individually and historically, and “telling a truthful enough story that will not leave everyone with despair.”

In actual clinical encounters, physicians’ words are only a small part of patient-physician-family communication, an ongoing interactive process, and the patient’s illness can at times evolve unexpectedly. Truth is, therefore, not a neutral object that we unilaterally tell our patients but a relational, contextual, and dynamic entity that we share and build together with them, to help them make sense of their lives with cancer. We can use different words to convey information in different degrees through progressive steps, but we cannot tame our message in order to be better liked and trusted. To foster patient awareness and realistic expectations without destroying hope, we should hope for, and with, our patients. Hope is different from expectations: we have no right to take hope away from our patients by using words that foreclose hope. Rather, our compassion should be sincere and authentic enough to help them make sense of their hopes and fears and sustain them in their own realities.

Antonella Surbone, MD, PhD

Author Affiliation: Division of Medical Oncology, Department of Medicine, New York University Medical School, New York.

Corresponding Author: Antonella Surbone, MD, PhD, Division of Medical Oncology, Department of Medicine, New York University Medical School, 550 First Ave, BCD 516, New York, NY 10016 (antonella.surbone@gmail.com).


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