



# Personal Safety Nets® e-Newsletter



Life Cycles, part 2

February 2013, Issue 57

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## Just a note:

If you're planning on sending our newsletter to friends, we're very grateful, but please remember to use the "forward" box and not just send them your copy of the newsletter. Otherwise they can inadvertently delete you from our mailing list. Thanks!

## Letters, We Get Letters . . .



*Editor's note: Since it relates so directly to this month's article, At the Other End, we're continuing the discussion concerning how doctors can do a better job of talking to patients.*

Published in the *New England Journal of Medicine*, **research** was conducted whereby nearly 1200 patients with metastatic lung or colorectal cancer were asked **if they expected their treatment to cure them.**

Knowing that people have an optimistic bias, it is not surprising that the majority

## At the Other End

**Dr. Ken Murray** shocked the medical world and many of us common folk when **he wrote**, ". . . doctors die. . . and they don't die like the rest of us." Dr. Murray said **what's so unusual about doctors is not how much treatment they get compared to most Americans, but how little.** "They know exactly what is going to happen, they know the choices, and they generally have access to any sort of medical care they could want. But **they go gently.**" Dr. Murray is retired Clinical Assistant Professor of Family Medicine at USC, writer for Zocalo Public Square, and medical commentator.



**What about the general public:** do we know exactly what is going to happen to us after we are diagnosed? Do we have a plan? Do we foster false hopes? **Do we go gently?** In a **recent study** in the *Journal of Supportive Oncology*, researchers found **most doctors do not offer their cancer patients an explicit discussion about prognosis and treatment, especially when adverse outcomes are anticipated.** In fact, there have only been a few aids to decision-making developed to assist the difficult discussions of palliative management (relieving without curing). Why? The best answers seem to revolve around the personal discomfort the physicians feel when approaching these topics, and the fact that doctors **hate** to administer futile care.

Dr. Murray says **doctors don't want to die; they want to live. But they shy away from treatment because they know enough about modern medicine to know its limits.** The trouble is that when it comes to patients, even doctors who hate to administer futile care, must find a way to address the wishes of patients and families - wishes for hope and optimism from their doctor. They shy away from straightforward talk.

**In the Journal of Supportive Oncology study,** when doctor's used a specific series of questions and answers to offer explicit discussion about prognosis and treatment, **still nearly all the cancer patients in**



of patients with a poor prognosis, regardless of therapy, felt that their treatment course was likely to "cure" them.



The research showed that two-thirds of doctors tell patients at the initial visit that they have an incurable disease, but only about a third actually state the prognosis. **The findings show that nearly all patients want to know whether or not they can be cured and the majority want to know their prognosis. Apparently, doctors don't routinely deliver.**

According to Drs. Thomas J. Smith and Dan L. Longo, commenting on the study, **doctors need to be more effective at sharing information that would enable patients to better plan their remaining life.** The two doctors say that this can be done by giving personalized information and by mastering the conversation known as "ask, tell, ask," which consists of asking patients what they want to know about their prognosis, telling them what they want to know, and then asking, "What do you now understand about your situation?"



Drs. Smith and Longo say **doctors must become more comfortable with truthful conversations and understand that such conversations do not squash hope or cause depression.** Doctors may

**the research overestimated the positive effect of their palliative chemotherapy, and almost a third still felt they could be cured.** Are the doctors giving the needed information? Are they asking the right questions? Are the patients?

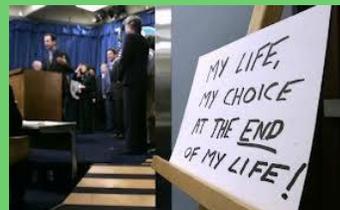
Doctors, who have care to offer cancer patients - albeit as Dr. Murray says, care they wouldn't want for themselves because they know the reality of treatment - "are trained to gather information without revealing any of their own feelings, but in private, among fellow doctors, they'll vent, 'How can anyone do that to their family members?'" **Meanwhile patients (and their families) are shocked, scared, without a plan, caught up in a maze of choices.** When doctors



simply ask if they want "everything" done, (as they must) they answer yes.

Sometimes, a family says "do everything," but often they mean "do everything that's reasonable." **They count on the doctor to decipher what this means.**

**Dr. Murray says doctors, patients and the medical system are all responsible for a system that encourages excessive treatment.** Physicians are fearful of litigation and do whatever they're asked, with little feedback, to avoid getting in trouble. Patients and families are confused but hopeful the medical system will cure all ills. They are usually not provided exact answers or information on current research. Finally, our medical institutions' need for fees perpetuates a system described by Dr. Murray whereby "The patient will get cut open, perforated with tubes, hooked up to machines, and assaulted with drugs. All of this occurs . . . at a cost of tens of thousands of dollars a day. What it buys is misery we would not inflict on a terrorist."



**While all may seem dire, Dr. Murray says (see him here on YouTube) there is a hopeful lesson to be learned from all of this. When faced with our own mortality most of us know one thing: we want a life of quality, not just quantity. "If there is a state of the art of end-of-life**

**care, it is this: death with dignity."**

Whatever your preferences or choices may be, **Personal Safety Nets wants you to be curious, well-informed, and well-supported.**

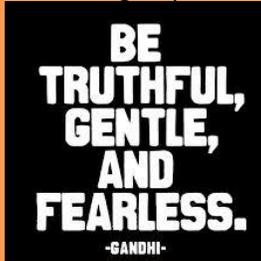
## Did You See This One?

### Survey Says . . .



In our **November 2012** edition we wrote about the **Happiness Initiative** and the premise of true development of

need help doing this - maybe through better practice, mentoring, or through the creation of medical teams that are purposed with disseminating information and answering inquiries.



According to Smith and Longo, doctors have the **tools** to help patients understand and make tough decisions, they just need the "gumption" to get it done.

### Never Miss Out!



If you're fairly new to the Personal Safety Nets® newsletter and interested in seeing "back editions" - it's simple - you have access to our entire **Newsletter Library** - and every edition we've produced.



Approximately ten times a year we pull together interesting research, stories, tips, answers to questions, upcoming events, Cool Free Downloads and more.

human society taking place when material and spiritual development occur side by side to complement and reinforce each other. In our view, **happiness is not a goal, but a byproduct of living a full and meaningful life, lived within and valuing community.**

We followed up in our **December 2012** edition with research on **incorporating both pleasure and meaning into life.** In both editions we offered readers a chance to take a **survey** - a set of scientifically validated question most likely to accurately **reflect and predict the your well-being.**



**Here are results for those PSN readers** who opted to take the happiness index survey using our unique code. You can still take the survey and your unique profile, though our survey data won't reflect your participation.

Our sample group (not scientific, but interesting none-the-less) **scored quite a bit higher** than the random sampling and the 15,000 who opted-in - **specifically in the domains of material well-being, community and governance.** All three areas are high on the list for correlations to happiness (affect and satisfaction with life).



Since it's PSN's strong belief that **"happiness" is a pathway, worn one step at a time,** as we humans walk together toward the future, these numbers seem to indicate personal safety nets - **and a state of mind that invites participation and community** - may make a huge difference!