Informed Consent in Stage IV Cancer Patients: Are We Doing it Right?

Sir,

Advanced-stage cancers, for all practical purposes, have a grim prognosis. The responsibility of breaking this bad news lies with the physician and is seldom performed in detail. The pressure of the family members to keep the patient in dark about the grave prognosis; and the fear of the patient losing all hopes and abandoning further treatment compel us to sugarcoat the reality.

But is this the right thing to do? Should not the patient be given the chance to make his/her life choices, especially when they do not have much time left? Should they be offered to spend the remaining time with loved ones at home in peace or be forced to undergo palliative surgeries or chemotherapies, multiplying their agony and distress – unless there is a clear survival benefit in their case?

The ignorance and bewilderment of cancer patients in Pakistan speak volumes about the process of informed consent here. It is mainly because there is no legal protection for patients in such cases. Financial conflict of interest makes the physicians like “salesmen,” offering dubious and futile treatment when compassionate care alone would suffice. Uninformed patients waste their resources in the form of time and money by pursuing futile tests and treatments expecting miracles.

Like before any surgery, informed surgical consent is fundamental to surgical execution. The risks and concerns must be documented and discussed early; particularly in stage IV cancer patients, where the goal is palliation of the problem at hand. The patients should be explained the need and benefit (if any) of the procedures and their likely outcomes. They should be explained in explicit words that the offered treatment will not provide any survival benefit and is being considered to only alleviate the symptoms. Obscuring the details should be considered unethical and immoral.

Likewise, when offering chemotherapy or targeted therapy with palliative intent, the patients should be given a clear scenario of benefits / risks in terms of survival advantages explained; and penned down in an overt way.

Any ambiguity in discussing the prognosis and life-expectancy is considered unethical on the part of the physicians. Instead of giving an olive branch to the patients with stage IV, they should be offered the facts and actuality and given the chance to make their choices. Particularly, when the treatments offered cost a fortune and the assets would be better saved and utilised elsewhere, a decision to be made solely by the patients.

A study, published in the Journal of Clinical Oncology, suggested that many patients with terminal cancer do not understand what to expect; and have unrealistic hopes.1 This study clearly elaborates the importance of open discussions with the patients regarding their terminal disease, leading to better understanding and reduction in false hopes.

We propose the following format be given to all stage IV patients for a written informed consent:

Diagnosis:
Stage:
Survival expected without treatment:
Intent of treatment – curative vs. palliative:
Improvement in survival expected with the treatment:
Duration and cost of treatment:
Adverse effects expected from the treatment:
Alternatives to the offered treatment:

Having clarity about the disease, it will enable the patients to make better informed choices for themselves, have lesser fallout in case of adverse outcomes, and be a safer practice for the physicians involved, ensuring them no medico-legal action.

We should all work together to implement such practice.

CONFLICT OF INTEREST:
The authors declared no conflict of interest.

AUTHORS’ CONTRIBUTION:
AAK, AJ: Drafting of manuscript.

REFERENCE
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