

## Commencing or changing disease-specific treatments

## Recommendation

- Be clear regarding the goals of treatments (eg, palliative rather than curative) and specifically what outcomes may be improved (eg, relief of symptoms) and how likely this can be achieved.
- State whether or not survival may be improved by the treatment.
- Where applicable, explain that shrinking the cancer will not necessarily prolong survival.
- Be proactive for quality of life and avoid recommending toxic treatments if little likely gain will result.
- Give clear information about the likely side effects, costs and time involved, to enable patients to make informed decisions in the context of their goals.
- Ensure that full supportive care will be provided whether or not any disease-specific treatment is given, and provide reassurance to this effect.
- Encourage patients to share in decision making according to their desired level of involvement.

## **Useful phrases (where applicable)**

"The aim of this treatment is to help make you feel better. We will monitor the benefits and side effects of the treatment and talk about the options if the treatment is not helping you." "The aim of this treatment is not to cure, but to control the disease for as long as we can. If we control the cancer, it is likely that we will relieve some of your symptoms and make you feel better, even if we can't make you live any longer.

"There is about an X% chance that this treatment will shrink the tumour. That should make you feel better, but may only extend your life by a few [weeks/months/years]."

"While you receive chemotherapy for your cancer, we will still do everything to support you as a person."
"There are a number of different [people/services] to help you along this cancer journey."

"People vary in how they want to make medical decisions. Some people want to make the decisions themselves, some people want to share decision making with the doctor, and some people want the doctor to [make/give a lot of help in making] the decisions. What do you prefer?"

"So based on your goal of [eg, wanting to stay at home as much as possible with your family and friends], I propose that we do the following . . . What do you think?"

"Given the current situation, our options are . . . I'm wondering whether. . . is the most suitable option for you because . . . What are your thoughts?"

1. Back AL, Arnold RM, Baile WF, et al. Approaching difficult communication tasks in oncology. CA Cancer J Clin 2005; 55: 164-177.

Clayton JM, Hancock KM, Butow PN, et al. Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers. Med J Aust 2007; 286(12): S79-S108. © Copyright 2007 The Medical Journal of Australia – reproduced with permission.



