

# Cessation of disease-specific treatments

Recommendation	Useful phrases (where applicable)
<ul style="list-style-type: none"> <li>Sensitively explain that the disease is no longer responding to the current treatment and that continuing this treatment is likely to cause more harm than benefit.</li> </ul>	<p><i>“Your disease is no longer responding to the [eg, chemotherapy] treatment. More of this treatment would cause you more harm than good [or will give you lots of side effects but is unlikely to affect the cancer]. It is likely that you will have a better quality of life without further [type of treatment; eg, chemotherapy].”</i></p> <p><i>“I wish that more chemotherapy would help this cancer, but unfortunately at this stage it will only make you sicker. Yet there are many other things we can do to help you deal with your condition.”<sup>1</sup></i></p> <p><i>“The aim of treatment is now changing from trying to control the cancer to minimising the symptoms you might get.”</i></p> <p><i>“One of the best predictors of how someone will be able to handle chemotherapy, and how well it will work for them, is how fit and ‘up and about’ they are while having it. Now that you are quite weak, it is much more likely that the treatment will make you worse, not better.”</i></p>
<ul style="list-style-type: none"> <li>Avoid conveying that nothing more can be done. Emphasise that treatments and support will be provided to help them cope with their illness (see section on facilitating hope).</li> </ul>	<p><i>“As you become sicker with this illness, we will continue to be there to provide the best available treatments to help control the symptoms and support both you and your family.”</i></p> <p><i>“My aim is to optimise your comfort and ability to function as normally as possible.”</i></p> <p><i>“There is nothing more we can do to make this cancer go away but a lot we can do to help you [live/cope] with it.”</i></p>

1. Fischer GS, Tulsky JA, Arnold RM. Communicating a poor prognosis. In: Portenoy RK, Bruera E, editors. Topics in palliative care. New York: Oxford University Press, 2000.

