

## Discussing life expectancy

Recommendation		Useful phrases (where applicable)
•	Consider asking the patient to talk about how things have been going over the past several weeks or months and what changes they have noticed in their level of function.	"Before I answer that question I need your help to understand what changes you have noticed in your body lately. This will give an indication of how things may go. How have your energy levels been going [last week, last month]?" "What could you do a month ago that is difficult now?" "What has been happening to your weight and appetite?"
•	Consider explaining the factors involved with making survival predictions.	"Several things can affect how long a person with your condition may live, for example, how well your type of cancer [or your illness] responds to treatment, what other conditions you have etc." "Usually we can tell time is getting short when patients are unable to get up from bed and when important organs are not working well. I think this is how things are for you now."
•	Avoid being exact with timeframes unless in the final days of life. If giving a timeframe, explain that the lifespan will be limited by the cancer (or other illness), but that it can be very difficult to predict exactly how long a person with the condition may live.	"It is very difficult to say how long someone has to live. I can only guess in terms of days, weeks, months or years. In your case, I would 'guestimate'"
•	Give a range for timeframes.  Emphasise the individual's unique experience.  If a more specific timeframe is requested, offer to give this information as an estimate, but emphasise the unreliability of survival predictions.	"Time is now limited. Death can occur at any time, although it may be several days away."  "Many studies have shown that doctors are not very accurate at predicting how long a person with a serious illness like yours may live."

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## Recommendation

- Various approaches may be used to phrase life expectancy, such as days versus weeks versus months, likelihood of being alive for certain events, rough range, probabilistic (eg, 10% and 50% survival).
- Use an approach with which you are comfortable. If you are comfortable with a variety of approaches, be guided by the patient's preference; for example, ask the patient whether they would prefer to be given a rough idea (eg, weeks to months) or the chance of living a given length of time (probabilities).

## Useful phrases (where applicable)

"It could be hours to days [or 'days to weeks', 'weeks to months' or 'months to years']."

"It might be as short as a few months or as long as several months." <sup>I</sup>

"Most people in your situation live a few months, some live longer than that and some live shorter."

"We measure life expectancy in days, weeks, months or years. If we look at you now, it's not going to be days but more likely to be [months/years]."

"One third of people will [do well/still be alive] a year from now, half will live about 6 months. Exactly what will happen for you, I don't know."

## Where probabilistic data are available and the patient requests detailed numerical or statistical information:

"Are you the kind of person who likes to know the numbers or are you more interested in the big picture?"

"It's not possible to be certain in an individual case, but based on other people I've seen in your situation, if you took a 100 people with your type of cancer and stage of illness, half of them [or 50] would still be alive in . . . weeks time and 10 [or 10%] would still be alive in . . . months time." <sup>2</sup>

"The typical person with your type and stage of cancer lives . . . months. This means that half the people live more than . . . months and half the people live less than . . . months."

"On average, patients with your type and stage of cancer live . . . months. One quarter of patients will live . . . months or less and one quarter live . . . or more months. While I do not know for sure where you are in this group, the fact that you are feeling so poorly right now and in bed most of the time makes me concerned that you may not live longer than the average . . . months." <sup>3</sup>

- If statistics are provided, explain their limitations (eg, not specific to individual patients).
- "We can only talk in averages here; some people do a lot better, and some a lot worse"
- "Statistics only help us understand the big patterns of illness, not exactly what will happen for an individual with that illness."
- 1. Stockler M, Tattersall M, Boyer M, et al. Disarming the guarded prognosis: predicting survival in newly referred patients with incurable cancer. Br J Cancer 2006; 94: 212.
- 2. Christakis N. Death foretold: prophecy and prognosis in medical care. Chicago: University of Chicago Press, 1999.
- 3. Lamont EB, Christakis NA. Complexities in prognostication in advanced cancer: "to help them live their lives the way they want to". JAMA 2003; 290: 98-104.

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