

## Reflection

**When There's a will, There's a Way:  
old english proverb****Mona Tareen, MD.MS.***Cleveland Clinic Abu Dhabi*

The Oxford dictionary defines hope as “a feeling of expectation and desire for a particular thing to happen.”<sup>1</sup> Beng et al 2022 describes hope in palliative care as something that changes over time describes it as a “subjective” thing and is not restricted to cure.<sup>2</sup> I sit here thinking what shall I *hope* to share with you today? I decided, after a brief moment of writer's block (yes physicians get them too) to discuss what we, as physicians, feel when providing care for the patient. I will start with a story of a physician encounter in Chicago. I recall rounding as a palliative medicine attending physician on the oncology inpatient unit and seeing a physician (let's call him Dr H) sitting in front of the desktop, holding his head down and appeared mournful. I sat quietly next to him as I opened my desktop to start finalizing my progress notes whilst simultaneously thinking what must he be experiencing at 7 PM at night as we both had late rounds. I said hello with a nod, acknowledged how late in the day it was and asked if I could help in any way. Please know at this point I myself was sundowning after being at the hospital since 5:30 AM for my rounds, but I found time to ask. That one sentence resulted in an avalanche of words. He opened up with he did not know how to share devastating news with his young patient with metastatic breast cancer who was now terminal. She had young children at home. She was out of treatment options. The term he used which us palliative medicine physicians often hear are “there isn't anything else to do”. He looked and felt helpless. I explained to him perhaps I could help and explained how. He thought about it then said goodnight as he left the inpatient oncology unit. The following day, I received my first consultation from Dr H. The following week another and it continued. I realized that sometimes physicians need support in that it is okay if no curative treatments are available. Instead of transitioning from no cure to no care, we transition to supportive care. After that day, I was consulted on



all his patients who were terminal and exhausted all treatment options. Hope- what does the mean to a patient? Are we taking hope away from a patient by telling them their prognosis or helping them plan their life with what time they have left? As Cicely Saunders said “live until you die”.<sup>3</sup>

A review by Kylma et al 2009 talks about hope in palliative care.<sup>4</sup> “Living with hope” and “hoping for something” and how an illness can threaten the intactness of a person. Living with a terminal illness does not mean that one is living without hope, but what does hope mean to a physician? I was always taught that hope means different things to different people. It may be to go on that final trip or attend a wedding or watch the sunset. For others, like those with cancer, it may be for cure or to see their children grow up. The Hope Theory stems from Charles Richard Synder et al 1991 where he discussed how one can reach a certain goal with hope.<sup>5</sup> Corn et al

2020 refers to the “hope construct”<sup>6</sup> The hope construct refers to goals, pathways and agency which exerts its effects on hope through stressors for example in life, illness etc. Corn et al concluded that clinicians regulate hope. Before we discuss this further, do you think we can take away hope from a patient by discussing their prognosis? The short answer is no. Unlike KD Phillips plea in a letter to the editor in 1994 in BMJ where he stated “are we so inhuman or suprahuman that we must blindly follow the modern dictate that the “patient must know?” .... warmth and humanity are becoming submerged in figures”. Palliative Medicine is now a subspeciality that allows for interdisciplinary and whole person care.<sup>7</sup> However, what can we do to maintain hope in patients who have a life limiting or terminal illness? There is research to support, in palliative care, use of forgiveness therapy, dignity therapy or even a life review.<sup>8</sup> Ultimately physicians need to find a balance and this can happen with additional communication training.

So, Dr H felt he could not break bad news to his patients, but he found a palliative medicine physician who could. After that day at least for another 4 years, he consulted me on most of his patients.

Its time let go of unrealistic goals and help patients and physician with truth telling and recentring their patient's goals. Lamont et al 2001 discusses patients with underlying malignancy would like to know their prognoses.<sup>9</sup>

Maya Angelou said it best:

“I rise

Into a daybreak that's wondrously clear

I rise

Bringing the gifts that my ancestors gave

I am the dream and the hope....

I rise

I rise

I rise”.<sup>10</sup>

#### References

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