

Hope is an unqualified good. Hope sustains us in the face of adversity and uncertainty; it is a feeling that future events will turn out well in spite of what the present circumstances tell us. Living with hope is to live with the expectation that good things are in the future, even though the chances may be slim. Hope is important not only to believing that life is worth living, but also important to fully appreciating good things that do happen in life.

Living without hope is bad; the lack of hope, or hopelessness, is the feeling that the future events will turn out badly. Hopelessness is bad because it not only may lead to the sense that life may not be worth living, but may also undermine the appreciation of good things do happen in life.

In medicine, patient hope is of great importance. There are 2 aspects of patient hope:

- 1) The hope that medical care will result in health; that there is an effective cure.
- 2) The hope that there are good things in the future worth living for after surviving the sickness and the cure.

A hopeful patient is a patient who not only has the hope that the treatment will be effective, but also has the hope that life after the disease and the cure is still worth living.

In medicine, patient hope may also lead to improved clinical outcomes. This additional consequence may supplement the value of patient hope; however the value of patient hope remains independent of its impact on clinical outcomes. Even if increased patient hope did not result in better clinical outcomes, patient hope would still be of value.

If patient hope is good for patients, then care providers must do what they can to support patient hope. The principle underlying this imperative is beneficence; care providers have a moral obligation to do what is good for the patient. Care providers should try to help the patient hold on to the belief that her treatment is worth it, that she will be cured, and that in the future life will be good.

How can patient hope be supported by a treating physician in the face of a poor prognosis? Should a physician withhold prognostic information with the purpose of protecting or sustaining patient hope? I would maintain that a physician should not withhold prognostic information from a patient for two reasons. First, hope is not a function of probability; therefore poor prognostic information withheld by the physician does not have a direct, causal relationship with patient hope. If prognostic information does not cause patients to sustain or lose hope, then there is no moral basis for withholding the information. Second, withholding information causes harm to the patient and her family; therefore physicians should not withhold information from patients.

The notion that a physician should withhold information regarding a poor prognosis in order to preserve patient hope is based on one main underlying assumption: That low probabilities decrease patient hope, and that high probabilities sustain patient hope. In other words, the assumption is that hope is a function of probability. I would maintain that this assumption contradicts human experience.

Common experience shows us that hope and hopelessness is independent of probability. We have all met hopeful and hopeless people. We have also all experienced hope and hopelessness as well. We admire people who maintain hope in the face of low probabilities. We don't especially admire people who maintain hope in the face of high probabilities. And sadly, there are often times when we see people who have lost hope

even in the face of favorable probabilities. Based on our experiences, it is clear that hope is not directly related to probability.

To hope is a unique human ability; it is the ability to maintain a positive outlook in spite of poor probabilities. Hope is good precisely because it is not a function of probability; the goodness of hope lies in that it actually contradicts probability. There is no positive or negative value to a being that merely assesses the future as a function of pure probability; such a being is just an automaton. An important element of the human experience is the experience of assessing the future based on considerations independent of probability. The degree to which a person is able to see a good future in bad circumstances is the degree to which a person has hope. The degree to which a person has hope, is the degree to which they experience the benefits of having a positive outlook on the future. Hope is most visible when the probabilities are the lowest.

If hope is not function of probabilities, than there is nothing doctors can do to sustain hope by withholding the details of a poor prognosis. Doctors should strive to preserve hope, but withholding prognostic information is not one clear way of doing it. If withholding statistics doesn't preserve hope, it does not accomplish any good. If withholding prognostic information is not directly related to patient hope, than withholding information regarding a poor prognosis isn't justified by beneficence.

Furthermore, a failure to inform a patient of his prognosis is deceptive, and may result in significant harm. There are 2 harms that are the result of withholding information from patients.

First, patients deprived of information regarding their condition cannot make informed treatment decisions. A patient must be aware of his prognosis before he can make meaningful and informed decisions regarding the type and goals of any additional treatment. Treatment decisions, such as whether to continue with aggressive therapeutic treatment or to stop therapeutic treatment and pursue palliative care, are often totally dependant on a patient's chance of survival. In failing to inform patients, not only can patients be harmed by the deprivation of the ability to make informed decisions, but they can also be harmed when they are treated in a way they wouldn't have wanted had they been fully informed. A person who is not told of a poor prognosis may end up undergoing unwanted therapy, and end up dying in a manner and time they oppose.

Second, patients, and family, cannot begin to appropriately deal with death unless they are aware it is imminent. The process of dealing with death involves many people and many issues, and may begin long before a person actually dies. Patients and their loved ones can deal with death far better when they are informed and aware it is coming, rather than if they are just surprised by it. A patient who is informed about his imminent death may take care of practical matters such as wills, estates, and insurance. Friends and family may make a special effort to spend time with, and appreciate the company of the patient if they know that there is a limited amount of time left. These opportunities could be lost if no one is informed about the patients true condition.

Is there a best mix of "hope and honesty?" For the reasons stated above, I would maintain that there is no "mix" so to speak; a physician should almost never mislead or deceive a patient. A physician should never be dishonest with a patient in order to preserve hope, because such dishonesty does not support patient hope and results in harm.

While I would maintain that there is no mix of “hope and honesty,” I do think there is a mix of “hope and disclosure.” I would maintain that there is a balance regarding *how much truthful information* a physician may be obligated to provide, and patient hope. How much information a physician is obligated to provide is entirely up to the patient. A physician is almost always obligated to tell the truth to the patient, but the physician is not obligated to inform the patient of the full extent of his prognosis if the patient does not want to know. Where a patient feels that knowing the full extent of a poor prognosis may make it harder for them to sustain hope, a physician does not need to tell the patient more than they want to know. If a patient feels that knowing the full extent of their prognosis will not negatively impact their hope, and the patient wants to know, the physician should tell the patient everything he knows. It is up to the patient, not the doctor, to determine what level of knowledge or ignorance would best sustain the patient’s hope. It is very important for a physician to do his best to find out how much a patient wants to know, and to respond accordingly.