

Deciding when not to treat cancer

Patients sometimes wonder but hesitate to ask, “What if I don’t want to treat my cancer? Is that OK? Is that a reasonable thing to do?”

The answer is rarely simple and the ultimate decision is intensely personal, but a few general comments may be helpful.

First, you have the absolute right to refuse to begin treatment or to stop treatment once it’s underway.

Second, every treatment has an expected benefit (e.g., undergoing this chemotherapy will improve your odds of survival by 13 percent), and an expected “cost” (e.g., the chemotherapy will cause you to feel lousy and lose your hair).

We don’t always do it consciously, but we have to decide if the expected benefits outweigh the expected costs.

What makes the calculations tricky is that the costs and benefits often involve uncertainty. A specific treatment might be very effective for 30 percent of people with your cancer, but we may not know if you’ll be in that 30 percent.

When first diagnosed with cancer, most people pursue treatment without giving much thought to the possibility of not doing so. This generally makes sense because this is when you have the greatest chance of a cure.

With some cancers, not treating - also known as watchful waiting – may be the best course of action from the very beginning. An example of this is slow growing prostate cancer in older men.

If cancer metastasizes or spreads, people often weigh the costs and benefits in a more explicit manner. If a treatment will prolong your life for five years, it’s one thing. If the treatment will prolong your life for five months, it’s something else.

There is no right or wrong decision. It’s what *you* want.

Keep in mind that not all treatment is designed to cure or to extend life. Radiation therapy, chemotherapy, and even surgery may be undertaken to reduce pain or otherwise make your life more comfortable.

You always have the right to ask your doctors for information to help you with these decisions. They can’t say with certainty how much benefit you’ll receive from the next treatment, but they can offer guidance based on the patients that came before you.

I encourage people to talk with their family physicians as well. They may be able to provide a helpful and balanced perspective.

If you’re depressed (which is common with cancer), please get treatment for the depression before deciding to stop being treated for the cancer.

If you’re a family member or other loved one, please listen and support rather than impose what *you* think is best or what *you* would do.

An excellent resource is the Palliative Care Program of Hospicare and Palliative Care Services (272-0212). Unlike hospice which is for the terminally ill, palliative care is open to anyone with a life-threatening illness. One of its functions is to help families and patients talk about these difficult issues.

If the possibility of stopping treatment is running through your head, share those thoughts - even if they’re not fully formed - with your loved ones and with your health care team. People often misinterpret symptoms and make incorrect assumptions as to what others are thinking. It’s your decision to make, but don’t make it alone.

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Bob Riter
Cancer Resource Center of the Finger Lakes
612 W. State Street
Ithaca, NY 14850
bob@ibca.net
607-277-0960