Is Oncology a Microcosm of Our Health System's Ills?

by Luana R. Lamkin, RN, MPH

According to a recent article in the *Annals of Internal Medicine* (April 2009), the answer to this question is a resounding "YES."[1] The perspective is so timely and so accurate, that I will focus on it for this month's column.

The article's basic premise is that we Americans can't figure out when enough treatment is truly enough. One of my colleagues puts it succinctly: Americans think death is optional. Advanced cancer care is difficult, at best, for patients, families, physicians, and other healthcare team members. Physicians cannot know for sure which treatments will be successful for any single patient. Yet every day they are asked, "How long do I have, doc?" Studies have found that 20 percent of Medicare-aged patients have had chemotherapy within the last two weeks of life. Is that quality of life, or even a dignified death? And what role do patients and their families play? Even if mom or dad are ready to forego further treatment, I often see loving adult children pushing for the latest, greatest hope of a longer life for their parents. And, in my experience, the children usually prevail.

Author Jennifer Fisher Wilson suggests that data-driven conversations help create sound decision making.[1] However, she cautions against using percent response rates with patients, but suggests instead using visual charts or graphs. Of course, these conversations are best when conveyed with empathy. Yet, one study shows that only 11 percent of late treatment decisions were accompanied by empathetic statements.

Perhaps the hardest part of these conversations, though, is not empathy. It is money. I have known many physicians over the years who prided themselves on not taking the cost of care or the patient's ability to pay into account, citing "equality for all my patients." When the average incremental cost of adding erlotinib to a treatment course is $410,000, it is definitely time to introduce cost into the conversation. In Wilson's article, Thomas J. Smith, MD, rightly points out that "we place impossible expectations for success on the oncologist and the system now rewards trying to meet these impossible demands. It does not reward explaining why they cannot be met."

Oncology may be a microcosm of our health system's ills: costs too high, outcomes unpredictable, patient and family pressures to promise more. Perhaps we can also be the microcosm for working together with policy makers to turn the system around.

References

[1]Wilson JF. Cancer care: a microcosm of the problems facing all of heath care. *Ann Intern Med.* April 2009;150:573-576.