Life & Times

Should Jean be given the money?

A Twitter Poll exploration of consent and patient-centred care

I recently created a Twitter Poll with the following question: *'Jean is 81 and is being offered palliative chemotherapy (cost £38 000) which she does not want. She would like to visit her daughter in Australia one last time (cost £1500), but she cannot afford to. Should Jean be given the money?'*

Jean is hypothetical, though she is not unlike many of the patients I see in general practice. There was really too little information in the post to answer fully. Would Jean be given the £38 000, or just £1500? Where would this come from? The implication was that this would come from chemotherapy savings, but that may set precedents.

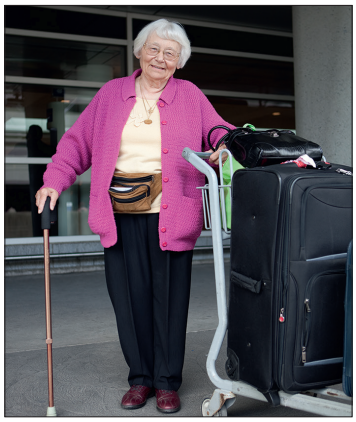
GMC GUIDANCE AND WHAT REALLY MATTERS TO PATIENTS

Some responders pointed these difficulties out. What would happen about travel insurance? Who would pay for Jean's care in Australia if she became unwell? Others perhaps tongue-in-cheek, wanted some 'Quality Adjusted Life Years' measures for the 'intervention' of Jean's trip. Despite this, 67% of the 49 responders, doctors and patients among them, indicated 'Yes', Jean *should* be given the money.

The proposal remains impractical but the feeling that we should say 'yes' suggests discomfort with the fact that Jean's real priorities are not reflected in the options available to her during her final illness. Recent guidance from the General Medical Council requires doctors to find out what really matters to patients, and make this central to their care.[1]

PATIENTS ARE EXPECTED TO MAKE ONCOLOGY TREATMENT DECISIONS TOO QUICKLY

Older patients still face a dilemma when they attend oncology clinics. During the COVID-19 pandemic, they usually have only one person with them and not always their nearest and



dearest. As a GP, patients tell me they are asked to make treatment decisions in a few minutes, often in a corridor. In oncology the choices are not straightforward; treatment might extend life but diminish its quality. There is often a small but real chance that the treatment will kill the patient.

Should Jean fight the illness for the sake of Frank, her husband? What would the functional loss from chemotherapy actually mean? If Jean can just about get round the corner to the shop, church, or her daughter's house, then chemotherapy, with the inevitable functional stepdown, may seal this option off forever.

ENHANCED CONSENT

Older people have different priorities from their younger selves, and from each other, and most will want to speak to their family. They deserve to be able to sleep on things, speak to a cancer support nurse, their GP, or a spiritual advisor.

We know that those who have more information tend to choose less care, which in turn saves money for the health service. We take days over deciding which car to buy, would a week be too much for this kind of decision?

I wonder if cancer treatment targets drive this headlong rush; much of the time being eaten up in the wait for the oncology appointment so that little time can be offered for decision making.

We cannot assume that all those who regret their decision to take chemotherapy have not been consented properly: sometimes a patient may be the unlucky one who does not benefit rather than the nine that do, and we cannot know in which group the patient will fall before the decision is made.

However, 'enhanced consent', where time, counselling, and additional information is available, has the promise of reducing treatment regret and costs, and, even if this were not the case, simple compassion tells us that all patients deserve treatment that ascertains what is important to them and puts this at the heart of their care.

Pack your bags Jean, your GP is coming with you!

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"...those who have more information tend to choose less care, which in turn saves money for the health service [...] in oncology the choices are not straightforward; treatment might extend life but diminish its quality."

REFERENCE

1. General Medical Council. *Guidance on Professional Standards and Ethics for Doctors: Decision Making and Consent*. 2020. https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf (accessed 5 Feb 2021).