Believe in Miracles? You May Not Understand Your Terminal Prognosis

Many religious people with terminal cancer put more faith in the hope for a miracle than in the medical information they receive.

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Deeply religious people with terminal cancer who believe in miracles may not understand when their oncologists are trying to tell them that they have little more time to live, according to a new study, Healio reports.

The study's researchers say cancer specialists should take seriously patients' deeply held beliefs—the faith in micracles in particular is more more common among African Americans and Latinos—and work with those beliefs instead of pushing back against them in an effort to help a patient better understand their prognosis.

Holly G. Prigerson, PhD, a professor of geriatrics and sociology in medicine and the codirector of the Center for Research on End-of-Life Care at Weill Cornell Medicine in New York City, led the study, which analyzed the connection between religious belief in miracles and how people with terminal cancer understand information about their prognosis. Published in the journal Cancer, the study focused on 158 people with advanced cancer who were not expected to live longer than an additional six months.

For the 108 participants who reported a moderate to strong belief in religious miracles, the information their health care providers conveyed to them about their cancer's progression did not lead them to a greater understanding of their prognosis.

In an interview with Healio, Prigerson said she and her colleagues have been studying a method of communicating with cancer patients known as "giving information strategically and transparently," or GIST. The goal is to improve patients' essential understanding of the fundamental details of their cancer progression and prognoses. GIST guides cancer specialists in providing people with cancer and their loved ones the necessary basics about their disease so that they can make informed choices about treatment and other life and end-of-life decisions.

"Patients cannot participate in informed and shared decision-making if they lack prognostic awareness," Prigerson said, "They can't decide how they want to spend the last year of their lives."

Blacks and Latinos with terminal cancer are particularly inclined to hold fast to hope for a miracle, research has indicated. Such religious individuals commonly believe that it is incumbent for them to do whatever they can to remain alive so as to demonstrate their faith.

“It seems almost counterintuitive; the most religious patients tend to get the most aggressive care,” Prigerson said. They are also less likely to request a do-not-resuscitate order.

These aggressive treatments may provide little survival benefit but cause serious side effects that harm quality of life toward the end of life.

In a 2016 study published in Cancer, Prigerson and her colleagues found that African Americans with advanced cancer were disproportionately likely to overestimate their life expectancy compared with other racial groups.

Additionally, that study found that for most people with advanced cancer and for the lion’s share of African Americans with such a diagnosis, health care providers are not their source of information about life expectancy. Interviews with such individuals revealed that they saw their chances of survival as a matter between them and God.

“We’re not saying we need to shake people into knowing they’re dying,” Prigerson said. “What we’re saying is that everyone has a right to decide if they want to know the best, evidence-based guess of what that life expectancy might be.”

Prigerson recommends that oncologists work with terminally ill cancer patients’ religious beliefs and refrain from attempting to inundate them with scientific evidence, which can make such faith-oriented individuals defensive and more resistant.

Such methods of communication, Prigerson said, include “saying things like, ‘Miracles can happen outside the hospital as much as they can inside the hospital” or “Miracles are not confined to certain medical settings or to patients who get certain treatments.”

She also called for the development of a screening process to identify the belief in miracles among those with terminal cancer so as to help oncologists tailor their communication styles accordingly.

To read the Healio article, click here.

To read the study, click here.

For more on cancer prognosis, click here.

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