Evidence based recommendations about preserving patient hope

- Hope is held to be essential to patient well-being
  - When communicating bad news, be careful not to destroy hope
    - In the context of dying, greater than 90% of people wish prognostic information to help with decision making, only 50% want to know when they will die. Patients and their families want hope.
    - Allow people to be hopeful by giving them space for hope. Preparation for death can take place over time. Often it is said: “plan for the worst and hope for the best”.
  - It is not false hope when at the same time people ‘get’ the reality of their death.
    - Statistics give you probabilities, hope gives you possibilities
    - In one study it was found, “Hope for cure was common. Rather than being death-denying, patients’ hope appeared life-affirming, functioning to value patients, their lives, and connections with others.”
    - Understand what hope can be and that hope will likely be refocused and revised throughout the illness and dying trajectory. This may include hopes for a trip, healing relationships or knowing their life has meaning to others.
  - Health care providers provide an important role in sustaining hope by being open to hope, helping patients or family members identify their hopes and wishes, exploring ways to reach their goals and increasing the ability to attain these goals by impeccable pain and symptom management, planning and ongoing support.
    - “When you come into my hospital room, you need to know the facts of my life; you need to know the losses of my life; you need to know my body; you need to know my heart; you need to know my mind and my spirit; and you need to sustain my hope.” (quote from patient with Crohn’s disease, Schmidt, 1996, p.512)

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