



Original Research

# Is cancer a good way to die? A population-based survey among middle-aged and older adults in the United Kingdom



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## KEYWORDS

Cancer;  
Heart disease;  
Attitude to death;  
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Public perceptions

**Abstract Objectives:** Despite improved outcomes, cancer remains widely feared, often because of its association with a long and protracted death as opposed to the quick death that people associate with that other common cause of adult mortality: heart disease. Former editor-in-chief of the BMJ Richard Smith's view that 'cancer is the best way to die' therefore attracted much criticism. We examined middle-aged and older adults' agreement with this view and compared their attitudes towards dying from cancer versus heart disease in terms of which was a good death.

**Methods:** This study was part of an online survey (February 2015) in a United Kingdom (UK) population sample of 50- to 70-year olds ( $n = 391$ ), with sampling quotas for gender and education. Five characteristics of 'a good death' were selected from the end-of-life literature. Respondents were asked to rate the importance of each characteristic for their own death to ensure their relevance to a population sample and the likelihood of each for death from cancer and heart disease. We also asked whether they agreed with Smith's view.

**Results:** At least 95% of respondents considered the selected five characteristics important for their own death. Death from cancer was rated as more likely to provide control over what happens ( $p < 0.001$ ), control over pain and other symptoms ( $p < 0.01$ ), time to settle affairs ( $p < 0.001$ ), and time to say goodbye to loved ones ( $p < 0.001$ ) compared with death from heart disease, but there were no differences in expectation of living independently until death ( $p > 0.05$ ). Almost half (40%) agreed that cancer is 'the best way to die', with no differences by age ( $p = 0.40$ ), gender ( $p = 0.85$ ), or education ( $p = 0.27$ ).

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**Conclusion:** Despite the media commotion, a surprisingly high proportion of middle-aged and older adults viewed cancer as ‘the best way to die’ and rated cancer death as better than heart disease. Given that one in two of us are likely to be diagnosed with cancer, conversations about a good death from cancer may in a small way mitigate fear of cancer. Future research could explore variations by type of cancer or heart disease and by previous experience of these illnesses in others.

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*‘Your death, near now, is of an easy sort. So slow a fading out brings no real pain’ Clive James (2014).*

## 1. Background

Despite improved outcomes over recent decades, cancer remains widely feared, and is frequently seen as synonymous with ‘a death sentence’ [1]. Worse still, cancer death is often portrayed as protracted and painful: ‘[Cancer is] a really unpleasant way to go ... I wouldn’t wish it on anyone’ [2], or ‘[There are] much better way[s] to go than lying in a bed for 6 months dying of cancer’ [2]. Fear of cancer death may partly have inspired the so-called ‘war on cancer’ [3], in an effort to reduce the burden of suffering and mortality associated with this disease.

Cancer accounts for nearly a third of all deaths in the United Kingdom (UK) each year [4]. Heart disease claims about the same number of lives every year [4], but public perceptions of what it is like to die from these two diseases are vastly different. Dying from cancer tends to be seen as ‘painful’, ‘dragging on’ and causing extreme suffering, while dying from heart disease is seen as ‘quick and neat’, ‘natural’, and ‘relatively painless’ [2,5]. These public perceptions influence the dread associated with each disease [2], people’s willingness to engage in health behaviour change to prevent them [2,5], and research funding allocation [6]. In her classic work ‘Illness as Metaphor’, Susan Sontag states that ‘cancer is more feared than heart disease [...] if only because it [i.e. heart disease] can be instantaneous, an easy death’ [7]. In popular opinion, heart disease seems to be ‘the more desirable’ way to go, because of its association with a sudden death [2,8].

A strikingly contrasting view was expressed by the former editor-in-chief of the BMJ, Dr. Richard Smith, when he argued in a BMJ blog post that cancer is ‘the best way to die’, because it allows you to ‘say goodbye, reflect on your life, leave last messages, perhaps visit special places for a last time, listen to favourite pieces of music, read loved poems, and prepare, according to your beliefs, to meet your maker or enjoy eternal oblivion’ [8]. His blog post attracted much criticism on Internet forums [8,9], as well as in the UK’s national media [10–12]. Smith’s views were called ‘insensitive’, ‘misguided’, and ‘highly offensive’ to cancer patients and their families [10]. Many countered his views by relating stories of people who had died a horrible death from

cancer. But is his really such an idiosyncratic view? In the public’s mind, are cancer deaths synonymous with ‘bad deaths’?

What constitutes a good death has been well researched, and various common characteristics of ‘a good death’ have been reported across studies [13–15]. Examples of these include being in control over what happens, being comfortable (i.e. adequate control of pain and other symptoms), and being afforded dignity and privacy [14,16,17]. Most of these studies examine the characteristics of a good death according to patients with a terminal illness, their caregivers, the recently bereaved, or end-of-life healthcare professionals, such as hospice staff. To our knowledge, it is unknown whether the same characteristics are considered important by the general population. In this study, we examined how middle-aged and older adults rated death from cancer and death from heart disease, the two most common types of adult mortality [4], on measures of a good death, to obtain a better understanding of lay perceptions of dying from cancer and to explore whether death from cancer is really perceived as negatively as suggested by the media responses to Smith’s blog.

## 2. Methods

This study was part of an online survey on attitudes and beliefs about cancer that we carried out in February 2015 in a UK population sample of 50- to 70-year olds ( $n = 391$ ), using a commercial sampling service. Quotas were set for gender and education to create equal groups across their categories. Informed consent to participate was obtained at the start of the survey. The study was exempt from ethics approval.

We selected five characteristics of a good death from the end-of-life literature: [13,14] having control over what happens such as who is present or whether one dies at home or in hospital, having control over pain relief and other symptoms, having the opportunity to settle affairs, having time to say goodbye to loved ones, and being able to live independently and with dignity until death. We asked respondents to estimate the likelihood of each characteristic (four-point scales labelled from 1 ‘extremely unlikely’ to 4 ‘extremely likely’) for death from cancer and death from heart disease. A ‘don’t know’ response option was also provided for these

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