Coping with a Terminal Illness: Aggressive Treatment or End-of-Life Care?

You have a wonderful and fulfilling life along with your family and friends. After making years of determined effort, you are now finally at the climax of your success. As a highly energetic, healthy, and strong person, you are enthusiastically looking forward to the future and the many opportunities and challenges it will bring. Then one day you get up and feel an excruciating pain in your abdomen and back. You’ve never had such a pain before. Confused as to what’s wrong with your body, you pay a visit to your family doctor to get checked up. The doctor sends you for an abdominal X-ray and a few other tests. The results come back, but the look on the doctor’s face isn’t really reassuring, and that makes you even more nervous. He finally breaks the news: you have late-stage pancreatic cancer, and there are only 6 more months left for you to live. Would you exchange peace with pain in return for the chance to live a few days longer? Although exceptional miracles do sometimes happen, statistics show that you better don’t.

Just when you thought it was the best time of your life, this unfortunate truth has been revealed to you. A similar life-changing scenario could happen to any of us. Once you find out about your terminal illness, there won’t be much time left to decide what to do next. At one end, you think of your family and how your absence and death could both emotionally and psychologically impact them, and so you become determined to extend your life for a few more months and pay the painful price. At the other end, you know that your loved ones don’t want
you to suffer, and although starting life-sustaining therapy could help you to live longer, the extra added time won’t be that substantial to be worth the agony that comes with it. The choice is yours, but the clock is also ticking—what should you do?

Although different patients react differently when they hear the news of their terminal illness, almost all of them will go through—usually lengthy—stages of acceptance which includes denial, anger, and isolation. (Pass, 2006) It is quite sensible that critical decisions, especially those which concern your wellness and comfort, have to be made with utmost integrity and an unbiased state of mind. Thus, by taking the time and making a clear and conscious decision in advance, you can make things a lot easier and convenient when the worst happens.

Looking at the bigger picture, there are two entirely different and opposing options to choose from: aggressive treatment or end-of-life care. The truth, though bitter, is that we are talking about a terminal condition, meaning that there is no known cure for the illness, and the likely course of the disease will result in death in the matter of a few months (USLegal, 2014). When I imagine a similar situation happening to me, I know what my decision will be right away—and so should you.

There is no doubt over the fact that no living organism enjoys pain, let alone us human beings. If I was to be diagnosed with an illness that would—regardless of how hard I fight—result in my death, I would deliberately surrender and try to enhance the quality of my life during
the remaining days. When the inevitable end will come about anyway, I don’t see a reason why I shouldn’t comfortably enjoy the last moments of my life in peace, along with my family and friends. It just doesn’t make sense to waste thousands of dollars, going from one doctor to another, and enduring a constant and excruciating pain, just to end up hearing: “Sorry, there isn’t anything else we could do.”

During the past few decades, and along with technological and scientific advancements, medicine has also simultaneously evolved into what we today call the modern medicine. According to demographics from UC Berkeley, ten decades ago, the life expectancy of an average healthy American individual was just 47 years at its best. Today, however, the situation is different—that figure has been significantly improved to an astonishing average of 80 years. (Noymer, 2005) The science of modern medicine has brought with itself many great breakthroughs, transforming incurable and fatal diseases into conditions that can be cured through therapy—even some types of cancer can now be treated or eradicated by detecting them early on with state-of-the-art imaging devices and other cutting-edge technologies.

But isn’t it the very same modern medicine that sets forth the criteria to determine when an illness is to be considered terminal? If so, then the main issue is correctly recognizing the instant when it is alright to call it *terminal*. However, miracles do happen at times—though rarely. For instance, one such case of a successful aggressive treatment happened a few years ago to a patient who was initially given a few months to live with an advanced cancer, and received hospice care. The patient then decided to try an experimental drug in its early clinical stages,
and—against all the odds—made a miraculous recovery. (Duncan, 2010) What the patient’s physician said in his book, in my opinion, is quite unrealistic. Dr. David Agus, the responsible oncologist from the University of Southern California, stated that “the only way patients can truly battle the disease is by aggressively taking control of their own health.” (Teicholz, 2014) Although I agree with those who say that exceptions do occur, I don’t believe that the probability of these special cases is anywhere close to be considered as reliable.

There is no need to speculate mathematical predictions in order to realize the actual likelihood of futile care being successful—plain statistics tell the truth. According to a series of studies that were carried out by researchers in four intensive care units at large medical centers, almost 11 percent of patients received care that their doctors considered futile. Out of the 1,147 patients, only 123 received treatment that could be possibly regarded as futile. The approximate cost of administrating these treatments, however, was a hefty $2.6 million—just during the three-month course of the study. What was the outcome of this investment, you may ask? Well, close to 68 percent of the patients who received these futile treatments died in the hospital, and about 16 percent passed away within 6 months of being discharged. (Bakalar, 2013) Was it really worth such an agony and waste of resources?

What I say is not merely based on my personal opinion or assumptions of the outcomes of aggressive treatment or end-of-life care. In fact, I used to be in strong favor of futile care as the one and only option to be considered; but a recent tragic incident totally changed my opinion about coping with a terminal illness. I had a cousin—with a description similar to the opening paragraph—who was also quite healthy and energetic. However, everything changed when she started having a series of unusual and persistent pains in her belly and stomach. Thinking that it wasn’t anything more than an ordinary stomachache, they visited a physician. But after taking a
few X-rays and undergoing tests, they were given the shocking news that my cousin had a late stage ovarian cancer. Unfortunately, her terminal illness kept progressing and spread to other areas of her body. My cousin’s life had become indescribably miserable during her last days: she was enduring a constant, piercing pain; her whole body was swollen; and her food was just a combination of liquids that didn’t get rejected by her body.

When she finally passed away after a few months, we were all in the sadness of her loss, but also glad at the same time that she wasn’t being tortured anymore. I still wonder how she could have felt if she experienced a better ending; perhaps with aid of palliative care.

It wasn’t much later after her death when I found out that my cousin’s fate wasn’t unique to her. Dr. James Aw, a medical director who writes in the health section of National Post, has published an article about knowing when to give up the fight with a terminal illness, and live the final days more enjoyably. His article is based on the memory of one of his patients, whose wife—like my cousin—had been previously diagnosed with ovarian cancer, but regardless of the terminality of her disease, they together kept fighting with tooth and claw to find a treatment. Sadly, regardless of all their efforts, she ultimately passed away because of her illness.

What her husband told Dr. Aw years later after her death is quite emotional: “I miss her so much. Had I to do it all over again, I would have done it differently,” said the patient.
“Perhaps we should have just accepted things and enjoyed the time we had left.” (Aw, 2014) It is clear that he regrets their choice of aggressive treatment, because not only did the patient’s wife die of cancer, but also rather than relaxing together at home, they wasted their last seconds under therapy in clinics and hospitals.

This heartbreaking avowal was just made by one individual out of a myriad of people, who—by experiencing the painful consequences—have finally found the better path to choose at this obscure and sudden crossroads of their lives. In fact, patients are not the only ones who can make a correct decision in advance. As I was looking for more supporting voices, I came across “a deeply provocative confession” made by a Daily Mail columnist. As a veteran general practitioner, Dr. Martin Scurr divulged the mentality of most doctors about encountering terminal illnesses, who “would rather die than endure the pain of treatment [they] inflict on others for terminal diseases.” (Scurr, 2012) This testimony isn’t just from an ordinary patient; it is the opinion of the majority of professional physicians in the field who, although having the required knowledge to consult their patients, choose to accept that aggressive treatment is simply not a feasible option to opt for. When the doctors themselves don’t prefer life-sustaining treatment, why should we?

It is quite unfortunate for anyone to be diagnosed with a terminal illness. But we shouldn’t forget that the worst can happen at any time, and to anyone. We do have varying opinions regarding the issue of coping with a terminal illness in general. However, when such a
tragic incident actually occurs, it will be really challenging to make the right decision—unless you have thought about it beforehand, with utmost integrity, and a clear mind. Today’s modern medicine has significantly improved our health and lifestyle as compared to previous centuries; but it is because of these constant advancements that we can’t be one-hundred percent sure when to label an illness as *terminal*. Although opting for futile care—a.k.a aggressive treatment—may result in exceptional and rare cases of recovery, but the likelihood of such success is extremely negligible when compared to the painful and expensive price that it demands.
Works Cited


