VIEWPOINT

The Ethics of Hope—A Moral Imperative for Oncologists

Benjamin W. Corn, MD
Hebrew University Faculty of Medicine, Jerusalem, Israel.

David B. Feldman, PhD
Department of Counseling Psychology, Santa Clara University, Santa Clara, California.

There has been no shortage of practice-changing studies published in *JAMA Oncology*. Medical breakthroughs engender hope. Notwithstanding, hope need not be focused only on cure, which is sometimes unrealistically sought by patients and clinicians. Indeed, it is often beneficial to redirect patients with cancer toward noncurative goals (eg, improved quality of life) and noncancer-related hopes that are important to them, especially when cure is unlikely. Given the preeminence of hope in the human experience and the advent of simple techniques to augment hopefulness,[1] we posit that an ethical imperative compels oncologists to practice in a manner that enhances hope.

Operationalizing Hope

Although hope is often viewed as amorphous, it has been rigorously defined in Hope Theory, showing robust connections with mental and physical health.[2] Accordingly, hope is predicated on 3 conditions enabling it to thrive: goals, pathways, and agency. A goal is something to hope for. Goals are best when both possible and meaningful. Because the health of patients is in constant flux, it is fortunate that goals are dynamic; a goal pursued today may not be feasible tomorrow, though alternative goals can be selected to fit new realities. Pathways reflect strategies for achieving goals. Hopeful people are resourceful and create multiple pathways to circumvent obstacles that arise. Finally, agency is the motivation necessary to pursue a pathway toward a particular goal, especially when facing difficulties. In this context, hope is not tantamount to unrelenting positive thinking but is about identifying purposeful as well as plausible goals and their attendant pathways and agency, given a scenario's realities.

Ethical Frameworks

Our claim that a moral imperative exists to enhance patients' hope is supported by ethical philosophies that are foundational in medical training and practice.[3] In the following sections, we address each of these ethical philosophies.

Beneficence and Nonmaleficence

Beneficence involves promoting good, whereas nonmaleficence is its counterweight, urging physicians to do no harm. Physicians are often fearful of engendering false hope—leading patients to believe that cure is possible when it is not. We agree that this might cause harm and should thus be avoided. But hope of the variety outlined here—goals, pathways, and agency—is, by definition, realistic. It is grounded in a rational understanding of medical circumstances and involves asking questions such as: "Given the situation, what goals can be set?" "What pathways can be developed?" and "How can we identify sources of personal agency considering the difficult road ahead?" This form of hope can be rigorously measured, and multiple quantitative studies show that it is associated with lower anxiety, better perceived physical health, improved functioning in chronic pain, greater psychosocial resilience, and perhaps longer life in individuals with advanced cancers.[2,4] From the standpoint of beneficence, these outcomes are desirable.

Utilitarianism

Utilitarianism holds that an ethical choice produces the greatest good for the most people. From this perspective, when clinicians and patients discuss hopes in more than a superficial way, this maximizes the probability that care will address patients' particular needs and concerns. Moreover, aligning hope with realistic goals minimizes the misallocation of resources associated with applying potentially nonbeneficial treatments. Particularly in settings with limited resources (ie, most of the world's health care systems), forgoing expensive and potentially inappropriate treatment with little or no chance for positive outcomes theoretically allows resources to be used for patients more likely to benefit, enhancing the greater good.

Virtue Ethics

A philosophy often attributed to Aristotle, virtue ethics involves the quest for a life of moral character.[3] This quest manifests as the acquisition of virtues, one of which is hope. We acquire virtues through practice—for example, the practice of being honest, generous, or hopeful. The assumption is that by honing such habits, people are more likely to choose wisely when confronting dilemmas. The virtuous habit of hope can be honed through a variety of techniques, including specialized workshops (addressed in a later section).

Deontology

Often associated with Immanuel Kant, deontology is duty-based morality. Kant believed that ethical actions involve upholding universal moral laws. Kantians use a litmus test known as the "categorical imperative" to evaluate whether a particular principle—also called a maxim—should be considered a moral imperative. More specifically, a maxim passes muster when it is apparent that its adoption provides a universal good.[5] We argue that a world wherein oncologists act according to the principle "attend to and nurture realistic hope" passes this test. In contrast, few would desire to live in a world where the opposite ("pay no attention to hope") were true.

Call to Action

To liberate hope from its theoretically abstract confines, clinicians must not only be educated regarding core

Corresponding Author: Benjamin W. Corn, MD, Department of Oncology, Hebrew University Faculty of Medicine, Campus Ein Kerem, Jerusalem, Select 9112102, Israel (ben.w.corn@gmail.com).

components of hope but also be offered tools (ie, interventions) to enhance hopefulness. A single-session workshop (requiring <2 hours) was developed for this purpose.[1] Recently, this workshop was tailored to the needs of oncology professionals and adapted to online delivery.[6] Learning and applying these techniques in the clinic consumes little time and may even save time as patients clarify their values and become more engaged in decision-making. Several organizations within the oncologic establishment (eg, Southwest Oncology Group Cancer Consortium, American Society of Clinical Oncology) have committed to implementing training to provide oncologists with competencies in hope enhancement.

Caveats

As noted, clinicians should avoid giving false hope. Though this seems self-evident, its execution involves complexity and nuance. Scenarios exist wherein the hopes of oncologists and patients are destined to clash. A high-hope physician with a low-hope patient could be fertile grounds for coercion if the former is determined to enroll patients on aggressive protocols while the latter does not wish to pursue novel therapies. Conversely, a low-hope physician and high-hope patient may produce disappointment if the latter feels the health care system has "given up." In this scenario, clinicians often are bewildered by patient goals that are at odds with reality. When false hope originates from patients, physicians must balance 2 "goods": any possible psychological benefit that clinging to such hope may afford balanced against the good of conveying realistic information for optimal care planning. Caught in this bind, physicians may be tempted to conclude that addressing hope is not their job. But ignoring patients' needs for hope will not make the dilemma disappear.

It is, of course, important that physicians not offer false promises when they are not supported by the data nor explicitly collude with patients in unrealistic hopes. However, rather than trying to disabuse patients of improbable hopes (eg, the expectation that a phase 1 therapy will bring about complete response on the next scan), a solution is for oncologists to cultivate the skill of holding patients' hopes.[7] Instead of bludgeoning patients until an improbable hope is surrendered, it is possible to honestly communicate medical information while allowing patients to retain differing goals and hopes even if they seem incongruous. We realize this may be uncomfortable for many physicians, particularly those feeling they lack training in this regard. However, we propose that ignoring such issues is not a tenable solution. Thus, additional training may be required.

Conclusions

The term *ethics* is derived from *ethos*, the guiding beliefs of a person, group, or institution. Yalom[8] has argued that the most rudimentary obligation of the physician is "to create and sustain hope." If so, understanding hope and imparting the skills to enhance hope should be part of the ethical literacy conveyed to physicians entrusted with the responsibility of caring for patients with cancer.

ARTICLE INFORMATION

Published Online: March 21, 2024. doi:10.1001/jamaoncol.2024.0011

Conflict of Interest Disclosures: Dr Corn reported receiving personal fees as chief medical officer of Lutris Pharma outside the submitted work; all work related to hope research, but not this specific project, is supported by the Pamm Gross Kahane Healthcare Research Institute of the nongovernmental organization Life's Door. No other disclosures were reported.

Meeting Presentation: This work was presented, in part, at Fox Chase Cancer Center Ethics Grand Rounds; July 2023; Philadelphia, Pennsylvania.

REFERENCES

1. Feldman DB, Dreher DE. Can hope be changed in 90 minutes? testing the efficacy of a single-session goal-pursuit intervention for college students. *J Happiness Stud*. 2012;13(4):745-759. doi:10.1007/s10902-011-9292-4

2. Snyder CR. Hope theory: rainbows in the mind. *Psychol Inq*. 2002;13:249-275. doi:10.1207/S15327965PLI1304_01

3. Ethics unwrapped: virtue ethics. McCombs School of Business, University of Texas at Austin. 2024. Accessed December 10, 2023. https://ethicsunwrapped.utexas.edu/glossary/virtue-ethics

4. Corn BW, Feldman DB, Hull JG, O'Rourke MA, Bakitas MA. Dispositional hope as a potential outcome parameter among patients with advanced malignancy: an analysis of the ENABLE database. *Cancer*. 2022;128(2):401-409. doi:10.1002/cncr.33907

5. Alexander L, Moore M. Deontological ethics. In: Zalta DL, Nodelman U, eds. Stanford Encyclopedia of Philosophy. 2021. Accessed February 18, 2024. https://plato.stanford.edu/archives/win2021/entries/ethics-deontological/

6. Corn BW, Feldman DB, Subbiah IM, et al. Feasibility and acceptability of an online intervention to enhance hopefulness among oncology professionals. *JNCI Cancer Spectr*. 2023;7(3):pkad030. doi:10.1093/jncics/pkad030

7. Rosenberg A, Arnold RM, Schenker Y. Holding hope for patients with serious illness. *JAMA*. 2021;326(13):1259-1260. doi:10.1001/jama.2021.14802

8. Yalom ID. *Existential Psychotherapy*. Basic Books; 1980.