

## TRISH GREENE QUALITY-OF-LIFE LECTURE

# Choose Wisely: Therapeutic Decisions and Quality of Life in Patients With Prostate Cancer

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A diagnosis of localized prostate cancer propels patients and their partners into the complex realm of decision making. The decision-making process and final choice of treatment affect quality of life (QOL). Physical, social, psychological, and spiritual aspects of QOL all can be impacted. Making a choice regarding cancer treatment is a high-risk decision. The decision-making process for localized prostate cancer is complicated further by a lack of scientific evidence that supports one treatment rather than another.

**M**aking decisions, even under the best circumstances, can be cause for anxiety and disruption of quality of life (QOL). During periods of decision making, people report sleep disruption, overeating, loss of appetite, headaches, and a variety of other somatic complaints. The decision-making process recently has become a topic of great debate in the lay press with the back-to-back publication of two books, each refuting the other regarding how decisions are made. In *Blink: The Power of Thinking Without Thinking*, Gladwell (2005) proposed that people think without thinking and that many decisions are made in the blink of an eye. Decisions are products of the adaptive unconscious, the ability of the human mind to make quick judgments based on surprisingly little information. Gladwell maintained that great decision makers spend little time deliberating and processing information, but instead have perfected the art of "thin slicing," taking large amounts of information and filtering it into few salient factors.

Conversely, LeGault (2006), the author of *Think! Why Crucial Decisions Can't Be Made in the Blink of an Eye*, emphatically stated that crucial decisions should not and cannot be made on impulse without adequate factual knowledge and critical analysis. He asserted that the erosion of critical thinking in a culture of instant gratification, emotion, and risk aversion is leading to the downward spiral of the American intellect.

Most readers identify to some extent with both theories. Nurses have long recognized the value of intuitive knowledge and critical thinking; but how do patients make decisions regarding cancer treatment, and why do they favor one option rather than another? Choosing a treatment option for cancer is a high-risk decision. Patients are presented with a specific set of treatment recommendations for most malignancies. In most cases, the scientific community has come to a consensus on which treatment offers the best possibility of curing a disease, based on accumulated evidence from randomized clinical trials; however, patients with newly diagnosed, early-stage prostate

### At a Glance

- ◆ Prostate cancer treatment decisions can affect all quality-of-life domains.
- ◆ Treatment options have unique meanings for men and their partners.
- ◆ Placing the treatment decision in the context of their lives helps men and their partners find meaning in the decision-making process.

cancer must choose a treatment option when solid scientific evidence that supports one treatment option rather than others is lacking. Patients have to consider the impact a treatment will have on QOL and the possibility of death. Willet Whitmore, MD, the purported father of urologic oncology, posed a series of perplexing questions: "For a patient with prostate cancer, if treatment for cure is necessary, is it possible? If possible, is it necessary?" (Bermejo, Kristal, Zeliadt, Ramsey, & Thompson, 2004, p. 1348).

Oncology nursing presents a unique opportunity and privilege to work with people throughout many stages of the cancer journey. One of the most emotionally demanding stages is the period immediately following diagnosis and before treatment

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