September 2016

Every death is a tragedy

Response to the SACT 30-day mortality report

Treatment decisions in cancer care, especially regarding chemotherapy, are some of the hardest decisions to be made between a doctor and his patients and their families.

Chemotherapy drugs, by their nature have serious potential side effects and great care should be taken in deciding to use these powerful, but life-saving and prolonging drugs.

In each individual the potential benefits and the risks will be different to every other individual and good oncological practice involves very full and complex discussions of those individual risks and potential benefits, with adequate time to assimilate the information, discuss with family and come to the best decision for the individual. A great deal of support is put in place to help patients and family with their decision making including, specialist nurses both for chemotherapy and for the patients' own cancer type.

The publication on SACT 30-day mortality is welcomed because for the first time each cancer unit and centre will have a benchmark to assess their chemotherapy practice. Some of the headline figures in the publication are very concerning and need careful analysis in each department. The data accuracy is under constant review, but that will not explain all of the variation; specialists must take responsibility for fully exploring both the variations and the governance issues that are raised by the report.

The figures do, however, need some explanation for them to be fully understood.

For example, breast cancer patients who receive chemotherapy with curative intent are not expected die from their cancer, and deaths within 30 days of chemotherapy are very likely to be due to the effects of the chemotherapy. It is reassuring to see that on average just 3 in 1000 such patients died in this way. When patients are consented the risk of death is expected to be explained to them as part of the consent process.

However, 3 out of a thousand patients is still much too high and the centres who's results are worse than that will now have an opportunity and obligation to compare themselves with and learn from the centres who have much lower death rates, so that next time that figures are published, the National figure is closer to that of the best performing hospitals, hopefully no more than 1 in a thousand.

In advanced disease where the treatments are given to reduce symptoms and prolong lives, some deaths will be expected from the patient's cancers and 30 day mortality is expected to be higher than it is in patients treated with curative intent. However there is very wide variation in the figures for breast and lung cancer in this palliative setting in the report and those variations must be understood, since it is likely that there are genuine differences between centres in the identification of which patients will benefit from palliative treatment, in the tailoring of treatments to individuals

circumstances and, possibly in the information and support given before, during and after treatment.

Many current patients and their families will be alarmed by the publication of this information. Our advice is always to ask your doctors and nurses for a full explanation of the risks and benefits of treatment including the risk of death and also to ask about alternative treatment options. Be aware of the out of hours contact details and support that is available in your cancer department and never hesitate to call if you are unwell after chemotherapy.

If you have individual concerns contact your oncologist or chemotherapy nurse.

The ACP has recently taken part in the development of new national consent guidelines by the National Chemotherapy Board and new cancer consent forms that are tailored to each of over 200 types of cancer chemotherapy. These are not yet available in most hospitals but will be slowly introduced across the UK in the next year or two and will make the process of consent even more thorough and supportive than it is already.

Professor Johnathan Joffe
Chair, Association of Cancer Physicians
Dept of Medical Oncology, Huddersfield Royal Infirmary