

strategies enable patients to circumvent negative information about their illness, which poses a constant threat to hope. As Ruth Pinder found in her study of Parkinson's disease, "knowledge of what the clinical facts mean is not always the priceless resource other writers [suggest]. Sometimes it is too threatening."<sup>10</sup>

Finally, we found that patients' behaviour was influenced by consideration of the needs of other patients. This attitude of charity reflected patients' perceptions of a rationed health service and helped to rationalise their having minimal information. This attitude has received little attention in the context of cancer patients (S Morris, medical sociology conference, York, 1998) and should become an increasingly important consideration as rationing becomes more widely acknowledged in the NHS.

Patients' preferences for information derives from the coping strategy or attitude they have to managing their cancer. While all patients have the right to information, they will wish to use this right to varying degrees at different times. Health service providers need to continuously assess whether each individual patient wants only limited information or whether external constraints such as a language barrier, clinic organisation, or the attitudes of health professionals deny them access to the information they want.

### Conclusions

The factors affecting patients' uptake of information services are complex. Patients' orientations toward faith, hope and charity may mean, at points on the illness path they may prefer to avoid disease related information and may choose not to use cancer information services. An understanding of the reasons why patients may want only limited information can help to ensure that the national strategy being developed is flexible and responsive to individual's coping strategies and information choices.

We thank all those who participated in the interviews and their physicians who facilitated recruitment, the Cancer Research Campaign for funding the study, Dr Judith Green for valuable discussions, and the Steering Committee for their dedication to the project.

Contributors: GML had the original idea for the study, and GML, KMCP, and M Boulton designed the protocol. GML conducted the literature review. GML and AJ recruited the patients. GML conducted the interviews. GML, CM, and M Boulton analysed the data and wrote the paper, and all authors contributed to the final draft of the paper. GML and KMCP are guarantors for the paper.

Funding: The Cancer Research Campaign (Psychosocial Committee).

Competing interests: None declared.

- Cassileth B. Information and participation preferences among cancer patients. *Ann Intern Med* 1980;92:832-6.
- Fallowfield L, Ford S, Lewis S. No news is not good news: information preferences of patients with cancer. *Psycho-oncology* 1995;4:197-202.
- Coulter A. Evidence based patient information. *BMJ* 1998;317:225-6.
- Ford S, Fallowfield L, Lewis S. Doctor-patient interactions in oncology. *Soc Sci Med* 1995;00:1-9.
- Meredith C, Symonds P, Webster L, Lamont D, Pyper E, Gillis CR, et al. Information needs of cancer patients in West Scotland: cross sectional survey of patients' views. *BMJ* 1996;313:724-6.
- National Cancer Alliance. *Patient-centred cancer services? what patients say*. Oxford: 6 National Cancer Alliance, 1996.
- Houts P, Ruseas L, Simmonds M, Hufford D. Information needs of families of cancer patients: a literature review and recommendations. *J Cancer Educ* 1991;6:225-61.
- Fallowfield LJ, Hall A, Maguire GP, Baum M. Psychological outcomes of different treatment policies in women with early breast cancer outside a clinical trial. *BMJ* 1990;301:575-80.
- Butow P, Dunn S, Tattersall M, Jones Q. Computer-based interaction analysis of the cancer consultation. *Br J Cancer* 1994;71:1115-21.
- Pinder R. *The management of chronic illness*. London: Macmillan, 1990.

### What is already known on this topic

Although cancer patients want to be informed about their illness, not all patients want extensive information about their condition and treatment at all stages of their illness

The reasons why patients vary in how much information they want have been little explored

### What this study adds

In-depth interviews with 17 cancer patients showed they had three overarching attitudes to their cancer and strategies for coping with it that limited their wish for further information: faith, hope, and charity

Faith in doctors' medical expertise precluded the need for further information; hope was considered essential for coping and could be maintained by avoiding potentially negative information; and charity to fellow patients included the recognition that scarce resources (including information and explanations) had to be shared and meant that limited information was accepted as inevitable

- Ingelfinger FJ. "Arrogance." *N Engl J Med* 1980;303:1507-11.
  - Expert Advisory Group on cancer to the chief medical officers of England and Wales. *A policy framework for commissioning cancer services*. London: Department of Health, 1995.
  - Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: Bryman A, Burgess R, eds. *Analysing qualitative data*. London: Routledge, 1994:172-94.
  - Silverman D. *Interpreting qualitative data*. London: Sage, 1993.
  - Lupton D. Your life in their hands: trust in the medical encounter. In: James V, Gave J, eds. *Health and the sociology of emotions*. Oxford: Blackwell, 1996:157-72.
  - Harrison J, Maguire P, Pitceathly L. Confiding in crisis: gender differences in patterns of confiding among cancer patients. *Soc Sci Med* 1995;41:1255-60.
  - Parsons T. *The social system*. New York: Free Press, 1951.
  - Byrne P, Long B. *Doctors talking to patients*. London: Department of Health and Social Security, 1976.
  - Boudioni M, McPherson K, Mossman J, Boulton M, Jones AL, King J, et al. An analysis of first-time enquirers to the CancerBACUP information service: variations with cancer site, demographic status and geographical location. *Br J Cancer* 1999;79:138-45.
  - Slevin ML, Nichols SE, Downer SM, Wilson P, Lister TA, Arnott S, et al. Emotional support for cancer patients: what do patients really want? *Br J Cancer* 1996;74:1275-9.
  - Wong-Wylie G, Jeune RE. Patient hope: exploring the interactions between physicians and HIV seropositive individuals. *Qualitative Health Res* 1997;7(1):32-56.
  - Orne M. On the nature of effective hope. *Int J Psychiatry* 1968;5:403-10.
  - Boudioni M, Mossman J, Jones AL, McPherson K, Leydon G. Celebrity's death from cancer resulted in increased calls to CancerBACUP. *BMJ* 1998;317:1016.
- (Accepted 19 January 2000)

### Corrections and clarifications

#### Obituaries

The original wording of Dr Maureen Seddon's obituary (4 March, p 652) mentioned her patience in dealing with the "most troubled families." We apologise that in the editing process this was foolishly translated into the "most troublesome families."

A wrong date crept into the obituary of Dr William Deane Steele (5 February, p 385). He settled in Worcester in 1931, not 1928.

#### Gout

Some terminology in this editorial by R D Sturrock (15 January, pp 132-3) may have confused readers. Firstly, we should have converted the target urate level cited in the final paragraph to SI units: the level should have appeared as 250-450  $\mu\text{mol/l}$  (not 40-70 mg/l). Secondly, some of our younger readers might have been puzzled by the word "podagra" in the first paragraph. The term "gouty pain in the great toe" might have been clearer.