Parenting concerns, parental identity and functional status influence medical treatment decisions of patients with advanced cancer

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Commentary

Many participants reported struggling with guilt mainly due to a reduced ability to fulfill their previous parental functions. Their desire to be present for their children greatly influenced the nature of treatment-related decisions made and their psychosocial reactions to this life-limiting illness. As such, the study addresses an important gap in the literature as little is known about concerns of this population with regard to parenting issues and concerns. The use of in-depth interviews allows for a rich and detailed portrait of these experiences.1 The large sample for a qualitative enquiry and the variety of cancers and functional status are important strengths of this study. However, the study was limited to some degree by sampling only from one institution and by having fathers relatively under-represented within the participant group.

Interestingly, parents with advanced and metastatic cancer perceived themselves primarily as parents and secondarily as individuals with cancer.4 As functional status declined, more distress took place in terms of participants’ perceived reduced adequacy in coping with parental demands.5 This raises the question of how parental needs and concerns evolve as the illness experience becomes more difficult and nears death.

Whereas participants actively continued to develop strategies to optimise parental roles and responsibilities such as mobilising their social network to address gaps in parenting, studies such as this and others show that parents would like more parenting-specific cancer support.6 Healthcare professionals are in a strategic position to mobilise these sources of support, such as relying more on volunteer associations and community peer groups. It is all the more important for care providers to initiate discussions of needs when parental functional status deteriorates. Incorporating this dialogue as part of routine care could be an important step towards enhancing person-centred cancer care, well-being and reducing psychological distress in this population. In addition, it would be informative to study differences in parental concerns when one is diagnosed initially with metastatic cancer as opposed to their initial health status being at early stages of cancer and gradually deteriorating. As alluded to by the authors, key cultural differences in the overall experience of parenting in advanced disease stages would be important to document to ensure optimal tailored cancer support.

Competing interests None declared.

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