

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.

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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.

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### 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

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### 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.