Hope, ‘Therapeutic Misestimation’ and Consent in Clinical Research

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Many sick, dying and desperate people sign up for Phase I cancer trials and other studies in the hopeful belief that their cancers will be cured, or at least put into remission. Researchers have learned to avoid fostering the therapeutic misconception, in which a subject mistakenly believes the research aim is to provide personalized medical care rather than study a treatment of unknown efficacy. Yet little attention has been paid to a more common problem, in which a subject understands the study’s scientific goals, but still hopes for a cure—believing, against all evidence, that this is likely to occur. Given that hoping can also be a useful part of coping, how should researchers manage this unrealistic hope, this “therapeutic misestimation?”

Dr. Halpern is an Associate Professor of Bioethics and Medical Humanities at the University of California, Berkeley. A psychiatrist and philosopher, she was a Robert Wood Johnson Clinical Scholar, a Rockefeller Fellow and is the recipient of a Greenwall Faculty Fellowship. Dr. Halpern uses philosophical methods to analyze concepts at the intersection of philosophy and psychology. The author of From Detached Concern to Empathy: Humanizing Medical Practice (Oxford, 2001), her recent work focuses on emotional and social factors related to empathy and autonomy.

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