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Research Article

Physicians' Attitudes' Toward Breaking Bad News to Cancer Patients in Iran

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Running title: Breaking Bad News to Cancer Patients

SUMMARY

Objectives: Disclosing bad news, in medical practice, is not only unpleasant for the patients, but breaking it by the physicians is also difficult. The aim of this study was to investigate the physicians' attitude towards breaking bad news to cancer patients in Iran.

Materials and Methods: A convenience sample of 234 general practitioners, specialists and residents in Golestan (Northern Iran) completed a valid and reliable ten-item self-assessment questionnaire between 2012 and 2014. Data were analyzed in SPSS 16 using Chi-square test with a significance level of $P<0.05$.

Results: More than half of the respondents (53.3%) directed that, metaphorically, the diagnosis should always be disclosed but 22.8% said that they always break the news in practice. Almost all doctors, 96.9 % believed that involvement of families in disclosure process would be helpful. About 58(57.8 %) percent endorsed the doctor who made the diagnosis to break the bad news. Nearly seventy (69.1%) assumed that the general practitioners should be included in disclosing the diagnosis. Fifty-four and a half percent chose the office for delivering the bad news. Having guidelines for breaking bad news to patients was pointed out necessary by 69.5% of the participants.

Conclusion: Despite promotion in medical education, improvement of communication skills in dealing with cancer patients and their families besides considering varied cultural content of Iranian society characterizes an essential need in healthcare settings. Further studies are also need to be carried out.

Keywords: Bad news, Cancer diagnosis, Communication, Disclosure, Physicians' attitudes

INTRODUCTION

Traditionally the diagnosis was not usually uncovered to patients suffering cancer[1]. The reason was that informing patients was emotionally harmful and induced excessive stress and anxiety. One of physician-patient relationship aspect is breaking bad news at the time of diagnosis, treatment or recurrence of a disease. "Bad news" has been defined by Buckman[2] as, "any news that drastically and negatively alters the patient's view of his or her future." for

instance: cancer diagnosis, cancer recurrence, and treatment failure are all kind of bad news[1].

The bad news could influence the attitude and vision for the future negatively [2]. Every doctor, in his/her lifetime, may convey bad news to patients and their families. At the annual meeting of the American Cancer Society in 1998, more than 66 percent of doctors declared that, between 20 to 50 times per month, had to deliver bad news to their patients [3]. In a British study, physicians had to break the bad news to their patients more than 1-2 times weekly [4]. Disclosure of bad news could be stressful [5]. A study showed that 42 percent of physicians for telling the bad news were getting stressed-out [6]. Another study in which doctors used specified protocol to deliver the news felt lesser tension at work [7]. Most doctors said the most difficult issue was unavailability of other treatment and care hospice. It was shown that 54 percent of Western doctors and 21% of physicians surveyed in other countries would say nothing about the disease if they were not asked. In addition, 54 percent of western doctors and 46% of other countries physicians discuss about the disease and the most likely course of treatment [8]. Receiving bad news cancer or an incurable disease would be hard and unpleasant for patients and could cause undesirable psychological effects [9] and affects the physician-patient communication, patient satisfaction of medical care, quality of life, psychological adjustment to the reality, obeying the doctor's orders and hopefulness [10-14]. When the doctors rightly use communication skills in delivering bad news, both their patients and they benefit. On the contrary, a common cause of complaints and lawsuits by patients against clinicians are improper relationship [15]. Accurate and systematic method to deliver bad news to support the patient emotionally, tighten doctor-patient relationship and encourages cooperation between doctors, patients and their family [16].

The literature address differences in approaches to breaking bad news in different cultural settings; generally health care providers often emphasize on biomedical information, but less focus on patients' psychosocial needs and perception [17].

Patient's own desire to know about the status of his/her health seems to be effective in transmission quality of bad news by doctors. In one study, one-third of physicians believed that patients did not want to know the truth [18].

The results of an Iranian study showed that more than 90% of patients tended to know about their disease's condition[19]; Cultural differences may have effect on the willingness of patients to receive and of medical staff to expose the bad news. For example, a study in Japan showed lesser esprit in life of those who did not tend to know the truth but exposed to it in comparison with those who were willing to know [20]. To deliver the bad news it is also important to select the right person, place and time. Aminiahidashti et al. reported that the most patients preferred to receive the news from a trained physician and believed that emergency department is not a suitable place for delivering bad news[19].

Another study showed that hospital doctors, Unlike General Practitioners (GP), think of hospital, compared to the patient's home, as a better place to discuss with the patient. Almost all physicians wanted patient's family to attend while telling the diagnosis. Ninety-five percent of the doctors emphasized on involvement of general practitioners throughout all the process of disclosing the diagnosis of cancer. Forty-eight percent of physicians said that general practitioners should announce the diagnosis [18]. Two major problems when breaking bad news was anxiety and fear in physicians' view [2]. Fear of adverse and unpredictable consequences was the main cause of avoiding the disclosure [21]. According to a study, patients who were notified of the diagnosis of cancer by another person other than their doctor had worse mental and emotional conditions in continue [20]. It seems that not having adequate training in the communicating skills is of the main barriers to deliver bad news . Researches indicate that preparing medical

students for breaking bad news (BBN) by having them practice can improve their competences in addition to their self-confidence[22].

In a study, 86% of physicians had called for guidelines to disclose the bad news of cancer [18]. Most doctors did not know well how to talk with the patients about their poor prognosis, limited treatment and referral to Hospice Palliative care without discouraging patients [3]. About 60% (59%) of doctors (out of 129 family physicians), declared that they needed to be trained on how to deliver bad news [23]. Developing programs for teaching communication skills [24] and the way to deliver the bad news should be started from medical studentship[15]. The first step is to investigate the attitudes of doctors. The Golestan province (in Northern Iran) is an area with high incidence of cancer, especially gastric and esophageal cancers; physicians practicing here are frequently having contact with cancer patients and have to challenge with the patients and their families, which could be so demanding. Therefore, this study aimed to examine the attitudes of medical doctors regarding the disclosure of bad news to patients with cancer.

METHODS

A ten-item Self-assessment questionnaire to collect data on attitudes and issues of breaking bad news to patients with cancer, in a cross-sectional project, was distributed to health providers including: medical assistants (residents), general practitioners and specialists working in different cities of Golestan province who were enrolled in the study through convenience sampling (available) between 2012 and 2014. The questionnaire[18] explores some common aspects of disclosing the cancer diagnosis, including actual attitudes in disclosure among physicians, doctors' disclosing duty, and necessity of telling the truth, family involvement during the disclosure process, and physicians' opinions about the right place for disclosure and their attitudes to guidelines on breaking bad news.

Validity and reliability were previously confirmed. In this study, content validity was also approved after translation through a review by 10 faculty members of the Golestan University of Medical sciences.

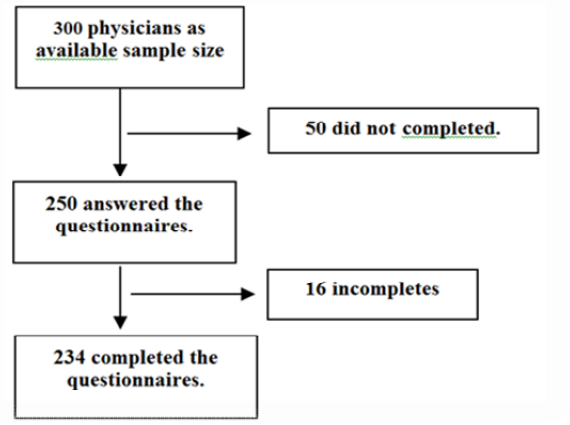
All the principles of research ethics, including informed consent and participants' confidentiality of personal information in accordance with the Declaration of Helsinki were taken into account and approved by the University Ethics Committee.

Data analysis was performed using SPSS version 16. Chi-square test and statistical procedure included descriptive statistics, frequency counts, and cross-tabulation with a significance level $P<0.05$ were used.

RESULTS

Out of 300 available active healthcare providers in practice in Golestan province (Northern Iran), 234 persons answered and returned the questionnaire completely (Response rate: 78%). Figure 1 shows the participants diagram.

Figure1. Flowchart showing physicians' participation in the study



66% (no. 154) were male. Their mean age was 42.15±9.17 years old ranged 24 to 76. More details are given in table 1.

Table1. Details of the health care providers' sex and workplace

	Sex % (no.)	
	Female 34.2%(80)	Male 65.8% (154)

Health care providers	General Practitioners Specialists Residents	26%(61) 4%(9) 4.2%(10)	48.8%(114) 11%(26) 6% (14)
Workplace	University hospital Private hospital Office State and private hospital	17%(40) 12%(29) 6.4%(14) 2.5%(6)	23.5%(55) 16.6%(39) 15%(35) 7%(16)

Participants in this study had a clinical experience of two to 48 years of with the mean and standard deviation of 15±9.8 years.

Based on physician self-report, 7% of the physicians had very much experience in dealing with cancer and patients with cancer, 35% moderate and 44% of them had little experience; the rest reported no experience.

About 70 percent (69.8%) of male doctors and 30.2 percent of female ones believed that patients tend to know the truth. Among the physicians, 65.8% of male doctors and 34.2% of female doctors said that cancer patients' family have a tendency to make their patients aware of the diagnosis. Statistical significant relationship was noted between the attitudes of male and female doctors (P=0.014). Statistically significance between physicians' attitudes regarding the disclosure of bad news to patients was not observed P=0.09. More than half of doctors (53.3%) always told the truth. 87.5% of the physicians reported that patients are eager to know the truth. 96.9% of physicians believed that, after diagnosis, notifying patients' families would be helpful. On the other hand, about two thirds of respondents, 65.9% supposed that families were not in favor of disclosure of the diagnosis to the patients. Nearly all, 90%, respondents believed involvement of family in the process of disclosing is helpful (97% of GPs, 100% of specialists and 89.5% of residents). About 45 percent (44.1%) of the doctors recognized age as a key factor while disclosing but 40.10% did not. Nearly sixty percent (57.8%) of the participants assumed that the doctor who made the diagnosis must convey it to the patient (56% of GPs, 64.5% of specialists and 64% of residents), 21.1 percent believed the disclosure by oncologists would be preferable and more than half of them (20% of GPs, 21% of specialists and 29% of residents), 69.1% believed that it would be better if the patient's general practitioner were involved during the diagnosis and treatment(70% of GPs, 59% of specialists and 70% of residents). nearly fifty-five percent of physicians, 54.9%, preferred offices to hospital, as the right place, to talk with the patient about the diagnosis of cancer. (60% of GPs, 50% of specialists and 25% of residents). About 70 percent (69.5%) percent of the physicians participating in this study did believe that they needed to receive training on how to disclose bad news to patients (75.3% of GPs, 83% of specialists and 88% of residents).

Table2 shows the distribution of medical doctors' views and attitudes about communicating the diagnosis to patients with cancer.

Table2. Distribution of medical doctors' views and attitudes about disclosing the diagnosis to cancer patients

Item					
I believe that the diagnosis	Should be always told	Should be told only in some cases	Should be told in part	Should never be told	No answer
	22.8%	39.7%	32.1%	2.7%	2.7%
In my clinical practice I tell my patients the truth	Always	Just in some cases	Just in part	Never	No answer
	53.3%	30.4%	15.3%	0.4%	0.6%
In my clinical experience, the patients wish to know the truth	Yes	No	No answer		
	87.5%	8.9%	3.6%		
I believe it is useful to involve the family when disclosing the diagnosis	Yes	No	No answer		
	96.9%	1.8%	1.3%		

In general, family members ask me not to inform the patient about the diagnosis	Yes	No	No answer		
	66%	18.1%	15.9%		
The patient's age is a key factor in deciding whether or not to disclose the diagnosis	Yes	No	No answer		
	44%	40.1%	15.9%		
I believe that the truth should be told to the patient by	His/her GP	The doctor who makes the diagnosis	The oncologist	Others	No answer
	7.8%	57.8%	21.2%	4.4%	8.8%
The patient's GP should be involved	Always, in communicating the diagnosis and in treatment	After the patient has been told about the diagnosis	No answer		
	69.1%	14.5%	16.4%		
I prefer to communicate the diagnosis	Physician' office	In the hospital	At the patient's home	No answer	
	54.9%	15%	9.1%	21%	
I would like to have guidelines on how to break bad news	Yes	No	No answer		
	69.5%	12.8%	17.7		

DISCUSSION

This study investigated the attitude of north of Iran's physicians toward breaking bad news to the cancer patients. In general, most doctors are reluctant to tell the bad news, which in most cases is against the wishes of patients [25]. Our data revealed that 65.9% of the physicians, on the basis of their clinical experience, reported that most families tended their patients not to be aware of the diagnosis or be aware in presence of themselves and 97% were in favor of informing the families. The results in a qualitative study on patients, family members, physicians, and nurses in Iran showed that main breaking bad news of cancer-related challenges were: insufficiency of medical settings and healthcare training; family insistence on concealment and their fear of cancer disclosure and its negative influence on the patients; and deficiencies in legislative and supportive institutions for encouragement of truth telling[26].

We obtained that in physicians' opinion the involvement of the family while disclosing the diagnosis would be helpful. In Konstantis and colleagues study, 77.97% of physicians reported that the patients' family determined whether the patient should be completely informed of the diagnosis or not despite his/her own desire [27].In Jouybari and colleagues study also nurses believed that appealing to families and relatives for giving bad news to patients would be helpful, as they experienced [28]. As we obtained in our study and reviewing the literature, it can be emphasized that although patients tend to know about their disease, a little more patience and getting help from the families and trustworthy relatives is advantageous. Another study in Iran has shown that delivering bad news to patients in the presence of families will be supportive [29]. In eastern cultures like Japan, the family's decision is more preferred and respected than the individual's. Therefore, some, but not all, Western studies results may be applicable in other cultures[30]. How to break the bad news and having necessary skills in this context was another issue which we asked about the doctors in the study. Near seventy percent of physicians surveyed in our study said that they have not received adequate training on delivering the bad news and would like to receive such training. It was shown that all doctors, according to our study, were unhappy because they did not know how to deliver the bad news in order to minimize the negative effects on patients.

As the current study in which we observed that gender could influence disclosing the diagnosis of cancer to patients, Locatelli et al. reported that variability of disclosure is related not only to the patient's age but to the physicians' age and gender and to the geographic location where health providers work as well[31].

Lack of adequate training of physicians and nurses in the transmission of information to patients who suffered cancer can lead to psychological complications in patients [32]. in addition, a previous study indicated both caregivers and physicians are troubled by the emotional aspects relevant to clinical information[31].It is shown that physicians are not well familiar with guidelines on breaking bad news such as a six-step organized protocol to help the clinician to fulfill the four most important objectives of the bad news disclosure: collecting information from the patient, transmitting the medical information, providing support to the patient, and eliciting the patient's collaboration in rising a strategy or treatment plan for the future [4]. Few doctors knew about SPIKES (a six-step protocol for delivering bad news: setting up the interview, assessing the patient's perception, obtaining the patient's invitation, giving knowledge and information to the patient, addressing the patient's emotions with empathic responses, and strategy and summary) [33], so physicians mainly rely on their own experience, morals and emotional status at the time of making decisions [5, 32]. Ptacek wrote in his report even though few doctors use such guidelines, they try to choose the comfortable place and right and enough time [34]. In another study, 64 percent of physicians said they had not received special training for giving bad news to patients with cancer [27].Taleghani et al. also, based on their results, stated moving from concealment to effective disclosure attitude in cancer patients necessitates a national determination for solving challenges in medical education besides considering other different cultural, social and policy making dimensions[26].It seems that this issue has not been fully considered in medical education although challenging with cancer and cancer patients in practice is inexorable and doctors lack enough knowledge and skills.

The place in which disclosing the bad news happens is another significant item of the process. About 55% (54.9%) of the doctors in the current study mentioned their office as the suitable place; which is a good choice so that the privacy of the patient would be much preserved. Although enough time could be provided to him or her, it may be a bit demanding in terms of cost of treatment. Kazemi reported that providing good environmental, emotional social and even scientific atmosphere beside a sound doctor–patient and doctor-family relationship would facilitate the process of disclosing and reduce the burden of the bad news such as cancer bad news [35]. In PEWTER guideline (Preparing the one giving the news through education and training, and preparing the setting and the approach for giving the news, ,Evaluating what the listener already knows, Warning by making a brief statement followed by a moment of silence to prepare the listener for the bad news that comes next, Telling the news, Emotional response: paying attention to and responding appropriately to the listener's emotional responses, Regrouping by helping the listener move forward with the next steps [36], the importance of a right place for giving bad news is stated in the preparation stage as first stage. In SPIKES the setting up stage or providing a suitable environment has been emphasized as well [33, 36]. Such guidelines should be applied in practice to provide the best possible condition for delivering the bad news; but the problem lies here is the lack of awareness about these guideline sources and insufficient training of doctors on this area.

Although the current study provided us with a good picture of Iranian physicians towards disclosing bad news to cancer patients, there were some limitations which we suggest to be improved in future studies. Assessing the physicians' performance by patients and their family members besides self-reported studies may be helpful to

yield a better and clearer understanding of the physicians' skills and attitudes.

CONCLUSION

Nowadays, in spite of the importance of giving a bad news of diagnosis of serious diseases to patients by doctors, it is still not widespread, and doctors consider telling the truth to patients hard. In Iran with major cultural diversities, compared with other countries, patients' families are also involved in this process; telling the truth to patient is more dependent upon cultural diversity and variety. However, by increase in the knowledge and necessary skills it is achievable to improve route to the goal correctly and advance in a patient-centered manner.

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Conflict of interest

The authors declare no conflict of interest.

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