Original Research

PATIENTS'NEEDS IN BREAKING BAD NEWS FOR CANCERS DIAGNOSIS: PRELIMINARY RESULT

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ABSTRACT

Introduction*: How to perform a breaking bad news consultation properly with the present circumstances and especially it fits the local people. The way to deliver bad news to cancer patients was studied and practiced widely in the world. Some studies were conducted in Vietnam but not yet in central Vietnam. The people here are quite different in thinking and personality. Hence, they may need and expect consultation differently. The study was performed to note the needs of patients in the breaking bad news of cancer and to explore their own experience of giving bad news.*

Methods: *A cross-sectional study was conducted on 44 cancer patients undergoing treatment at the Hue University of Medicine and Pharmacy hospital in July 2020.*

Results: *Of 44 patients, The age average was 56.73. Male was more prevalent in the study with 61.4%. About 45.5% of patients expected to be explained in a private room and most of them desired to hear the truth at the same time with their family (68.2%), only 4.5% of patients wanted the bad news to be delivered only to their families. One hundred percent of patients preferred their oncologists to explain the bad news. More than 80% of patients wanted you received all at once. Patients were interested in getting information about the diagnosis of cancer, stage of cancer, cost of the treatment, treatment option to be selected and results of clinical studies were less important to them. They mostly wanted the truth to be delivered to them than to the family for most of the information contents given by the researchers.*

Conclusions: *Patients in the study wanted to know the truth but some information was more important than others according to them. They mostly satisfied with the breaking bad news that has been done.*

Keywords: *breaking bad news, cancer patients, needs, preferences, Hue*

I. INTRODUCTION

Bad news consists of any information likely to drastically alter the patient's viewpoint of their future [1] and includes information regarding diagnosis, recurrence, and treatment failure in clinical oncology settings [2]. In the current context, the burden of cancer has become one of the significant challenges in the health care works of the health sector. Not only the prevention, early diagnosis, treatment, and improvement of the quality of life for cancer patients need to be concerned remarkably, one problem that has become a major

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concern for physicians is the breaking bad news for cancer patients. Giving bad news to patients delicately is a requirement of medical staff and is an essential part of the professional practice of oncologists [3] the protocol meets the requirements defined by published research on this topic. The protocol (SPIKES. In oncology departments or cancer hospitals, many patients are newly diagnosed with cancer. It is tough and challenging to inform these patients and their relatives of bad news. The manner of delivering bad news in oncology could be influenced by cultural aspects [4] In many Western countries, oncologists usually inform cancer patients about their cancer diagnosis [5]in principle, patients should always be informed of the diagnosis, but only 25% reported that they always disclosed the diagnosis in practice. Physicians with a surgical specialization employed in general hospitals endorsed disclosure of the diagnosis more frequently than GPs and older physicians. One third of the responding physicians persist in the belief that the patients never want to know the truth. Hospital doctors considered the hospital, rather than the patient's home, was the most appropriate place to inform the patients. The opposite result was found among GPs. Almost all the physicians endorsed the involvement of family members when disclosing the diagnosis, but, at the same time they also indicated that families usually prefer their ill relative not to be informed. Ninety-five per cent of physicians believed that the GP should always be involved in the processes of diagnosis and communication, and 48% indicated that the GP should communicate the diagnosis to the patient (as opposed to the physician who made the diagnosis. Ninety-eight percent of patients have a desire to know about their diagnosis, and 87% of cancer patients want to receive all available information, both good and bad information [6]. Studies in Taiwan and Hong Kong observed that the majority of the Chinese participants wanted to be told the truth once diagnosed with cancer [7], [8]. In Vietnam, so far, few studies have been done to understand the attitudes, perceptions, and desires of cancer patients on the issue of breaking bad news. One study conducted at the army hospital 103 in the north of Vietnam found that up to 84.5% of patients wanted to be consulted directly by the treating physician and 80% of patients needed their own room when being consulted and also some information related to cancer interested by the subjects of the study[16]. However, it is not sure that people in other regions of Vietnam will have the same demands. People in central Vietnam in general, especially Hue habitants are really discrete and shy and the majority of people are under the influence of the belief in religions or supernature… These characteristics may influence the desires of cancer patients in receiving bad news. To our knowledge, no study was done to reveal the needs of cancer patients to be informed during the breaking bad news in Hue. Therefore, we conducted the study with aims:

- To characterize the needs of patients in the breaking bad news of cancer

- To describe the patient's own experiences after hearing the bad news.

II. METHODOLOGY

A cross-sectional study was conducted on 44 cancer patients being hospitalized at the Hue University of Medicine and Pharmacy hospital in July 2020 who was willing to participate in the study. Patients with insufficient medical record documentation and being undisclosed the bad news of cancer were excluded.

Data was collected using a questionnaire designed by the researchers of the study which included information of patients, preferences of patients at the breaking bad news, and their own experiences. Information was collected from medical charts and from interviewing the subjects of the study.

• Statistical analysis was performed with the R program.

III. RESULTS

3.1. Participants description

So far, 44 patients have involved in the study and the preliminary results were generalized. Of 44 patients, The age average was 56.73 ±14.21. Male was more prevalent in the study with 61.4%. The manual occupation was predominant in our study with farmers and workers accounted for more than 50%. Fourteen percent of the patients were illiterate. High educated patients (university and postgraduate) were low at 7%. Ancestor worship was admitted in most of the patients with 65.9% followed by Buddhism at 22.7%. Breast, lung, and colorectal cancers were the most common in our study. 75% had been diagnosed with advanced disease (stage III-IV) (Table 1)

Table 1: Characteristics of the study subjects

		N	%
Age		56.73 ±14.21	
Gender	Male	27	61.4 %
	Female	17	38.6 %
Occupation	Farmer	15	34.1 %
	Worker	8	18.2 %
	Officer	2	4.6 %
	Other	19	43.1 %
Religions	Buddhism	10	22.7 %
	Ancestor worship	29	65.9 %
	Catholic	3	6.8 %
	Other	2	4.5 %
Academic level	Illiteracy	21	46.5 %
	Primary school	9	20.9 %
	Secondary School	6	14 %
	High School	5	11.6 %
	University, postgraduate	3	7 %
Types of cancer	Breast - gynecology	9	20.5 %
	Lung	7	15.9 %
	GI tract	14	31.8 %
	Head and neck	5	11.3 %
	Others	9	20.5 %
Stage	Stage IV	22	50 %
	Stage III	11	25 %
	Stage II	10	22.7 %
	Stage I	1	2.3 %
ECOG	0	6	13.6 %
	1	29	65.9 %
	2	9	20.5 %

3.2. The patients' preference at the breaking bad news consultation

3.2.1. Preferences of place, time, and counselor

Patients in the study mostly preferred to be consulted in the private room at about 45.5%, at hospital bed at 25% and no one wanted to be announced in the corridor. They all preferred their physicians to conduct the consultation (100%). Importantly, patients desired to be explained the content at once at about 84.1%. To whom the counselor should deliver the news, 68.2% wanted the bad news to be given to both patients and family, especially at the same time (43.2%). 27.3% of patients did want to keep the information for themselves only (Table 2).

Table 2: Venue and counselor

		N	%
Space for breaking bad news	Hospital bed	11	25 %
	Private room	20	45.5 %
	Hospital corridor	0	0 %
	Phone or online communication	2	4.5 %
	Other	11	25 %
Information to be shared with	Only patient	12	27.3 %
	Only their family	2	4.5 %
	Patient and their family concurrently	19	43.2 %
	Patient first and their family later	7	15.9 %
	Their family first and the patient later	4	9.1 %
	No body	0	0 %
Patient's preference for their referral oncologist to deliver the news		44	100 %
Whole content to be shared at once		37	84.1 %

3.2.2. Content to be shared to the patients and the family

The content of the news to be given to the patients themselves and their families was different. From figure number 1, some contents were crucial while some were not important by the patients. More than 70% of patients wanted to know the diagnosis of cancer, the stage, the treatment options, cost of the treatment, side effects, the survival time. Surprisingly, a majority of patients wanted to know the truth of cancer and stage (>90%) and they did want to know the cost of the treatment and the survival time at a high rate of 88.6%. Information was not important to the patients included results of the clinical studies (evidence) (only 36.4%); risk of sudden death and severe complications of the treatment (59.1%).

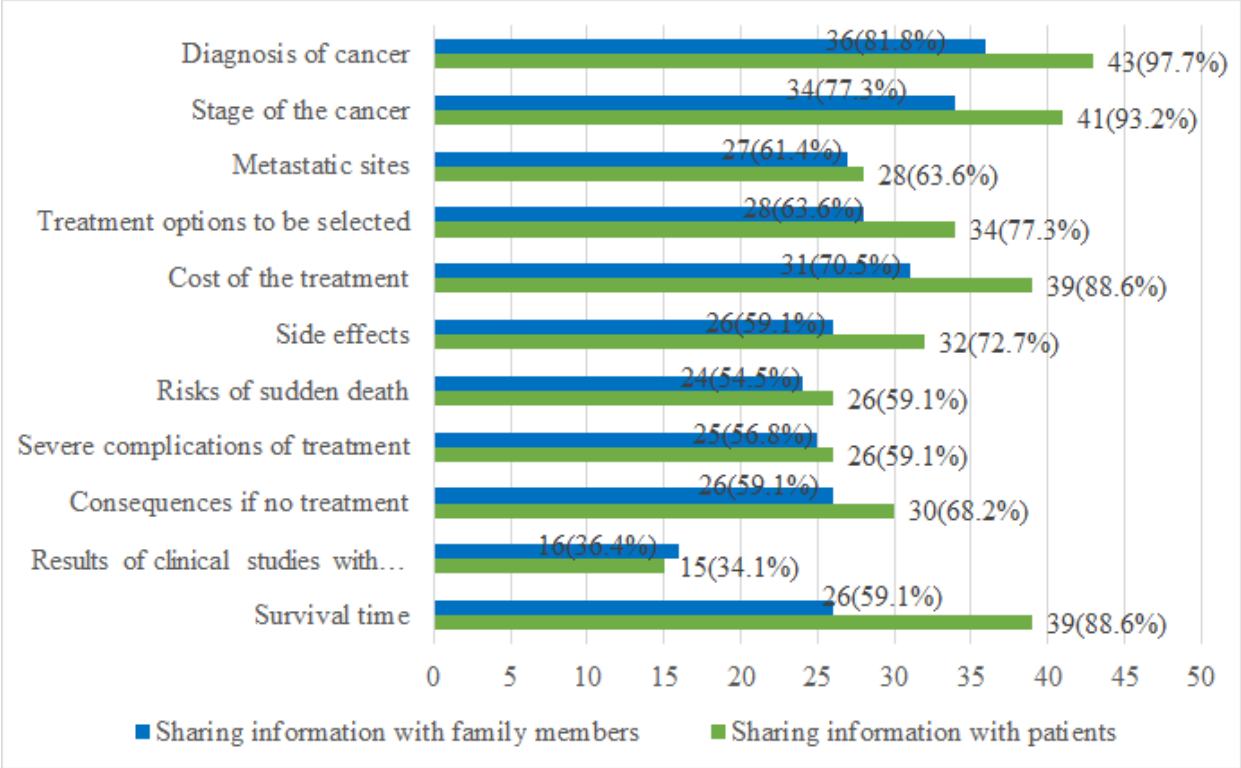

Figure 1: Content of information to be shared to the patients and their family

3.3. Patients' experiences of hearing bad news

Information about the patients'evaluation of their receiving bad news was also collected. They relatively satisfied with the breaking bad news consultation that they experienced. Most of them (more than 70%) evaluated positively about the respect from the physicians, the place of the breaking bad news, contents meet their needs, interactive conversation, the time of the consultation, and the comprehensive communication (table 3). About 30% of patients were not satisfied with the time duration of the consultation and comprehensive communication level.

Table 3: Patients' experiences of hearing bad news

Evaluation contents		N	%
Good place of delivering news		38	86.4 %
Feeling being respected		44	100 %
Enough time of the consultation		33	75 %
Comprehensive explanation (easy to understand)		31	70.5 %
Information provided met the needs		36	81.8 %
Patients could ask and get answers from the physicians		40	90.9 %
Could make a decision immediately after the consultation	Yes	18	40.9 %
	No, Need more time to consider	26	59.1 %

IV. DISCUSSIONS

First of all, the patients in the study were relatively comparable to other studies mentioned with a high prevalence of males than females and the average age [8]. The level of education was similar to the study from the north of Vietnam [9].

All the patients in the study wanted to be explained by their oncologists at 100%. The preference of cancer patients to be announced by their treating physicians was common in different studies. In the study byShing-Yaw Wang et al, 74.9% preferred to be informed by doctors, 18.5% by a spouse, 10.3% by parents or daughters/sons, 1% by nurses, 0.5% by brothers or sisters, and 1.8% had no preference. [8]. Our colleagues from the north of Vietnam also found that patients preferred to be explained by their treating doctors by 84.5% [9]. We think that people in the region are closed and they respect seriously physicians. This can explain that doctors are the most reliable source for them.

About the place to take place the communication, subjects of our study preferred the private room in the majority of 45.5% then at the hospital bed at 25% and no one wanted to be announced in the corridor. Some other options were mentioned but ata low rate such as by phone or online at 4.5%. It fits the fact that people liked to get secret information in a quiet and private place. The study from China also found that nearly half of participants asked to be disclosed in a quiet and undisturbed room [10].

One important thing that should be considered in breaking bad news in Vietnam to whom to deliver the news. The preference may be variable among patients and their families. In the study, 68.2% of the responders wanted the physicians to deliver the news to both patients and family concurrently or sequentially. They preferred to get the news togetherat 43.2%. Interestingly, 27.3% of patients did want to keep the information for themselves only.Generally, patients in the study wanted to know the truth. The majority of subjects wanted the news to be disclosed to them and their beloved ones. About 27.3%of patients preferred to know the truth and not to be disclosed to others. A systemic review of different studies (mostly western countries) found a big variation of this preference that 40–78% wanted to get the bad news while their relatives were present, but 10–81% wanted to be alone [11]. In the study on Japanese patients with cancers, 78% of the patients preferred to be with their family whilethe bad news is disclosed [12]. We would like to know who wanted to be alone to get the news and who wanted to be with the family. Hopefully, our whole report in the future could clarify this question.We also found that most of them prefer to get all the information at once (84.1%) whilethe rest of the patients wanted to be broken the news at different times.

About the content of the news, patients desired to know the diagnosis of cancer, the stage, the treatment options, cost of the treatment, side effects, the survival time (more than 70% of patients interviewed). They were not interested in understanding the evidence of clinical researches (36.4%) and the risk of sudden death and severe complications of the treatment (59.1%). Due to the small sample, no statistical test was performed to reveal the group of people preferred the news specifically.In figure 1, it seemed that the patients wanted to know more than letting their family know about all the contents. In different populations in western and Asian countries, even in Vietnam, patients wanted to know the truth with the variable rate of needed information. [6], [9], [11], [12], [13]. More subjects need to be recruited to have a more detailed and reliable conclusion about which news to be given to the

patients and the family and especially to which group of people.

In this study, we were ambitious to reveal the patients' desires to breaking bad news so that we can suggest improving the consultation. Besides, we noted what did the patients think about their hearing bad news. We hope that from the disappointed complaints of the patients, we could generate a list of items to be improved. And from the study, we found a relative satisfaction with the disclosure of the cancer news. More than 70% evaluated positively about the respect from the physicians, the place of the breaking bad news, contents meet their needs, interactive conversation.

The less unsatisfied items were time duration of the consultation and the comprehensive communication (about 30% of patients complained of these). So it should be noted to the physicians who conducted the breaking bad news to have more time with the patients and to use the normal words, not to use medical terms that make them hard to understand the news.

V. CONCLUSIONS

According to the results of the study, it seemed that patients with cancer preferred to know the truth of the disease. The level of importance of information to be given was different that the doctors need to know in the practice. They even wanted to get more information than letting the family members know.

This is the preliminary result of the study. More subjects are being included to have a more reliable conclusion that can guide the clinical work.

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