



Attitude of Prognostic Disclosure to Terminal Cancer Patients: a Systematic Review of the Literature

- **Tsui-Hsia Hsu, RN, MS**
PhD Student, School of Nursing,
National Yang-Ming University, Taiwan, R.O.C.
- **I-Chuan Li, RN, PhD**
Professor, Institute of Clinical and Community
Health Nursing, National Yang-Ming University ,
Taiwan, R.O.C.



Learner objectives

- Through this empirical results, to understand the attitudes from medical professionals, patients and their families to disclosure terminal cancer disease prognosis, and to arouse their attention to this issues.



The other information of this article

- Conflict of interest: None.
- Have employer and whether any sponsorship or commercial support: None.



Outline

- **Background**
- **Purpose**
- **Method**
- **Results**
- **Conclusion**
- **References**

Background

- Terminal cancer patients are not been informed prognosis and it is common in Chinese cultural society.
- This is an important issue about the attitude of medical professionals, patients and their families to tell the truth to terminal cancer patients.
- Patients be informaed prognosis and outcomes under different choices of treatments, they can get more benefits from participation the treatment process.



Purpose

- To explore the attitude of prognostic disclosure of terminal cancer in medicine professionals, patients and their families.
- The systematic review study in this issue can be as a reference base for clinical practice and future research.

Method

■ **Systematic Literature Review**


- **Literature search was made of four databases**
 - Pub Med, MEDLIN, CINAHL and Cochrane Library.
- **Inclusion year and search strategy**
 - Relevant articles be published between 2003-2012 years
 - The article contain following key words :
attitude, cancer patient, truth disclosure, truth telling, terminal, end of life

Quality examination of the studies selected

- Data were extracted according to pre-defined criteria by two independent reviewers and methodological quality was assessed and assign to different quality levels.

The criteria of pre-defined review

- Literature exclusion criteria are non-research articles, the subjects less than 18 years old, Pilot study, un-free full text available, repeat and irrelevant references.
- Selecting conditions
 - English articles.
 - Preclude compliance with the conditions of the document screening, using standard literature Joanna Briggs Institute Review.



Results

Quality of Research

- The initial search yielded 92 references, many of which were not specifically relevant to our topic.
- We reviewed 17 studies that met our inclusion criteria of articles (1 qualitative, 16 quantitative).
- 16 quantitative research articles are all Level 3.
 - By the Registered Nurses Association of evidence of clinical guidelines Ontario (RNAO) published the rating, belong to good research design non-experimental studies.

Distribution of countries in Articles

- There are 9 articles from Asia countries(> 50%)
 - Taiwan (n=1)
 - Japan (n=4)
 - China (n=4)
 - England (n=1)
 - European Union (n=1)
 - Italy (n=1)
 - Sweden (n=2)
 - Israel (n=1)
 - Saudi Arabia (n=1)
 - Brazil (n=1)

Article Types

- The subjects of 17 reviewing articles include
 - Cancer patients (n =4)
 - Families (n=2)
 - Physicians (n= 5)
 - Nurses (n= 2)
 - Patients and their Families (n= 1)
 - Physician and Nurses (n=2)
 - Patients, Families and Physicians (n=1)

Attitude of Prognostic Disclosure to terminal Cancer Patients

- Most of studies supported that terminal cancer patients should be informed their prognosis and could be informed by the following people:.
 - 31% -88% patients expressed that they can be informed by their health ;
 - 39% -78% medical professionals supported that terminal cancer patients should be informed their prognosis.
 - However, 12% physicians and 46% nurses have never disclosed prognosis to their terminal cancer patients.



Patient participation in terminal care decisions

- 92% terminal patients hope physicians can involved them into their care plan.
- 66% patients expressed the hope to participate in their terminal care.
- 61% -73% patients have participated in the decision regarding to the care plan.
- 16% terminal patients did not want to be involved in the discuss of care plan and their prognosis.

Timing and the Environment

- There are 7 studies explore the timing of disclosure prognosis for terminal patients.
 - 2 studies showed that cancer disease prognosis must be inform progressively.
 - 3 studies suggest that to inform immediately when cancer patients have been diagnosis terminal stage.
 - 4 studies have indicated that the best inform place for terminal patients was a quiet space without interference, followed by patients' bedside.



Advantages and Disadvantages of prognostic disclosure

- 55%-93% health professionals agreed that the disclosure prognosis can promote competent decision making of patients and facilitate appropriate healthcare provision.
- However, 32% health professionals think it caused difficulties to take care of terminal patients if let they know their prognosis too much.



The Needs of Disclosure Skills training

- 70% health professionals think inappropriate information disclosure easily lead to medical disputes.
- 31% -54% health professionals need enough time to deal the emotion with patients.
- 48%-78% health professionals expressed that they had never received any disclosure skill training.
- 28% -70% health professionals hope can receive disclosure training.

Conclusions

- Disclosure prognosis can promote competent decision making of patients and facilitate appropriate health care.
- But some health professionals expressed that the skill of disclosure prognosis is difficult and they need the training.
- Professionals have not enough prepared for disclosure prognosis cause their increasing distress and unable inform.
- It is important to provide disclosure prognosis training program to health professionals.

Reference

- Ali, M. A. (2010). Saudi Cancer Patients' Attitudes towards Disclosure of Cancer Information. *Middle East Journal of Cancer*, 1(4), 175-180.
- Alifrangis, C., Koizia, L., Rozario, A., Rodney, S., Harrington, M., Somerville, C., Waxman, J. (2011). The experiences of cancer patients. *QJM*, 104(12), 1075-1081.
- Cherny, N. I., Raphael, C., Martin, R. C., Alexandru-Calin, G., Marianne, K., Ian, O., Wagnerova. (2011). Factors influencing the attitudes and behaviors of oncologists regarding the truthful disclosure of information to patients with advanced and incurable cancer. *Psychooncology*, 20(12), 1269-1284.
- Elmore, J. G., Ganschow, P. S., & Geller, B. M. (2010). Communication between patients and providers and informed decision making. *J Natl Cancer Inst Monogr*, 2010(41), 204-209.
- Fumis, R. R., De Camargo, B., & Del Giglio, A. (2012). Physician, patient and family attitudes regarding information on prognosis: a Brazilian survey. *Ann Oncol*, 23(1), 205-211.

Reference

- Hauksdottir, A., Valdimarsdottir, U., Furst, C. J., Onelov, E., & Steineck, G. (2010). Health care-related predictors of husbands' preparedness for the death of a wife to cancer--a population-based follow-up. *Ann Oncol*, 21(2), 354-361.
- Locatelli, C., Piselli, P., Cicerchia, M., & Repetto, L. (2012). Physicians' age and sex influence breaking bad news to elderly cancer patients. Beliefs and practices of 50 Italian oncologists: the G.I.O.Ger study. *Psycho-oncology*, 4(24).
- Nwankwo, K. C., & Ezeome, E. (2011). The perceptions of physicians in southeast Nigeria on truth-telling for cancer diagnosis and prognosis. *J Palliat Med*, 14(6), 700-703.
- Otani, H., Morita, T., Esaki, T., Ariyama, H., Tsukasa, K., Oshima, A., & Shiraisi, K. (2011). Burden on oncologists when communicating the discontinuation of anticancer treatment. *Jpn J Clin Oncol*, 41(8), 999-1006.
- Zeng, T., Huang, H., Zhao, M., Li, Y., & Fang, P. (2011). Health professionals' attitude towards information disclosure to cancer patients in China. *Nursing Ethics*, 18(3), 356-363.



Thanks for your attention