

CANCER: TO TELL OR NOT TO TELL?

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ABSTRACT

After a patient is diagnosed with a malignant illness, the physician is often left with the dilemma of how to communicate the diagnosis to the patient and the family. In the West, it is often the consensus that the patient be told. This is not necessarily true elsewhere, eg in Japan, the patient is often not told. A questionnaire survey was done to study how Singapore doctors feel about revealing the diagnosis of cancer to the patient. 90.4% of respondents will reveal the diagnosis to the family, while only 43.6% will inform the patient. The possible reasons are discussed.

Keywords: attitudes, cancer, revealing the diagnosis

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INTRODUCTION

In the West, it is often the consensus that the physician has to tell the patient the diagnosis, although the doctor is often faced with the dilemma of how to break the news to the patient⁽¹⁾. However in Japan, to inform the patient is akin to "pronouncing the death sentence"⁽²⁾ and Japanese doctors feel that it should be considered legal to operate on patients with cancer without informed consent⁽³⁾.

It is not known what attitudes Singapore doctors hold about revealing the diagnosis of cancer to the patient and the family. Therefore it was felt that it was necessary to study this issue which affects most doctors at least once in their career.

METHODOLOGY

The study was carried out in the form of a questionnaire survey. The questionnaire (Fig 1) with a stamped, addressed return envelope was sent to 186 doctors chosen at random from the 1990 Register of the Singapore Medical Association (SMA) as the SMA represents a cross section of the medical profession in Singapore.

RESULTS

Of the total of 186 questionnaires sent out, 7 questionnaires were returned undelivered as there had been a change of addresses. There were altogether 94 replies (52.5%) from 179 questionnaires actually sent. Forty-six respondents were general practitioners, 44 specialists and 4 did not specify. Sixty-five respondents were in private practice, 20 were with public institutions and 9 did not specify the nature of their practice. The results are summarised in Table I.

The majority of respondents (88.3%) have treated patients with cancer in the past years. The majority (90.4%) will normally tell the patient's family the diagnosis but less than half

Fig 1 - Questionnaire sent to respondents

1. Have you treated any patient with cancer in the past one year?	Yes	No
2. Do you normally tell the patient's family the diagnosis.	Yes	No
3. Do you try to avoid the use of the word "cancer" in discussions with your patient?	Yes	No
4. Do you use substitute words (eg. swelling, growth, unclean tissue, blood disease, etc) instead of "cancer" when you discuss with your patient?	Yes	No
5. Do you usually accede to the family's request not to tell the patient the diagnosis?	Yes	No
6. If the patient insists on knowing the nature of the disease and the family strongly feels that the diagnosis should not be told to the patient, do you tell the patient the diagnosis?	Yes	No
7. If you need to, will you feel comfortable to tell your patient the diagnosis?	Yes	No
8. Specialist/General practice	Private/Public institution	
9. Do you have any other comments?		

Table I - Results of Questionnaire Survey

88.3%	have treated patients with cancer
90.4%	will tell the family the diagnosis
43.6%	will tell the patient themselves
84.0%	will accede to family's request not to tell patient
23.4%	will continue to accede to family's request against patient's wishes
64.9%	avoid the use of the word "cancer"
71.3%	use alternative words, eg lump, growth, blood disorders, etc.
82.9%	will feel comfortable telling the patient the diagnosis if necessary

(43.6%) will tell the patients themselves. A similar majority accede to the request of the family not to tell the patient the diagnosis (84%). Only a quarter of the respondents (26.4%) will continue to accede to the family's request not to tell the patient the diagnosis even if the patient insisted on knowing.

Two-thirds (64.9%) of the respondents avoid the use of the word "cancer" and almost similar number of respondents (71.3%) use alternative words such as growth, lump, blood disease, unclean tissue in conversations with their patients.

Most respondents (82.9%) said they would feel comfortable telling the patient the diagnosis if necessary; only nine

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respondents stated that they would be uncomfortable.

DISCUSSION

Members of the International Psycho-oncology Society in Africa, France, Hungary, Italy, Japan, Panama, Portugal and Spain estimated that only about 40% of their colleagues reveal "cancer" to their patients and instead use euphemisms such as tumour, growth, lump; whereas oncologists from Austria, Denmark, Finland, the Netherlands, New Zealand, Norway, Sweden and Switzerland estimated that more than 80% of their colleagues use the word "cancer". The majority of doctors (>90%) tell the family the diagnosis⁽⁴⁾.

The results of our survey appear to be similar to that of the international community. The majority of doctors tell the family the diagnosis. Similarly, 43% of our physicians tell the patient the diagnosis as in the countries that were mentioned in the first instance.

A total of 31 respondents made some comments in our questionnaire. Two said that they work with the paediatric age group and hence do not normally tell the patients the diagnosis. One is a prison medical officer and hence does not normally tell the family the diagnosis. Two doctors felt that if the patient was told the diagnosis there would be a deterioration of the mental state and patient's overall condition. This fear is not uncommon. Two doctors said the patients would know anyway because of the various investigations and treatment that they would have to go through.

Six doctors said that telling the diagnosis depends very much on what they know about the individual patient, his psychological make-up and the doctor-patient relationship. The fear in telling the patient is that it will worsen the patient's condition if the diagnosis is told rashly. It was also felt by some respondents that the patient should be told as it would help him to better prepare psychologically for the illness, to sort out his own affairs and to increase treatment compliance.

The physician's responsibility and duty is to the patient first, and then to the family. Telling the family is justified only if the family asks⁽⁵⁾. Although doctors usually accede to the request of the family not to tell the patient the diagnosis, they will tell the patient if he wanted to know. There could be many reasons why the family do not want the diagnosis to be told to the patient. The family may have heard from others that telling the patient the truth is unwise. They may fear that revealing the diagnosis will cause the patient to lose hope and stop fighting. Families often react with "denial", a defense mechanism protecting them from the fear and anxiety about the impending loss of a loved one. Other relatives want the patient to remain ignorant of his condition, as they can defend against revealing their grief to the patient by putting on a cheerful facade. Therefore if the physician explores with the family, it is possible for him to break down the reluctance of the family towards telling the patient the truth. It is important to emphasise to the family that the patient will eventually suspect the nature of his condition, and that the patients themselves intuitively know that they are dying.

Our doctors may also be deterred from informing patients because of the relative lack of social support groups. Emo-

tional and social support are important in helping families cope with cancer. Knowing that such social services are easily available for the patient, doctors may be encouraged to inform their patients of cancer. A good and supportive medical-social department of any hospital can provide the emotional and social support needed. More volunteer groups like the Leukaemia Support Group in the United Kingdom, should be set up so that families of newly diagnosed patients can get together for support.

Few medical schools include in their curriculum the skills on how to break unpleasant news to patients and families and to deal with the consequences. Some authors have wondered if this could be taught⁽⁶⁾. The family reacts in the same way as the patient when the diagnosis is revealed - by denial, anger, bargaining and depression. Unless the family is helped to pass through these stages with the patient, the grief may remain unresolved after the patient's demise and lead to further psychological problems.

It is a natural fear of doctors to worsen patients' conditions by their reactions. The diagnosis of a terminal illness often leave the physician with a sense of unease and helplessness. It is possible that doctors allay their anxieties of having to tell the patient when the family requests that the diagnosis be withheld from the patient. Even if they have to tell the patient, some doctors avoid the pain and anxiety by rationalising ("the patient doesn't really want to know"), intellectualising (by talking about theoretical aspects of treatment, survival times and cure rates), telling the truth bluntly or delegating someone else to do it. Often the patient is left more confused and uncertain about his own condition and prognosis⁽⁵⁾.

CONCLUSION

Doctors locally are still hesitant in informing patients of cancer. Informed patients and families benefit more than uninformed ones⁽⁷⁾. It is hoped that with increasing emphasis on the psychosocial aspects of cancer in the medical curriculum and increased social support in the form of hospice care, cancer support groups and medical social workers, more patients will be informed of their malignant diseases for better management. Patients are often aware of their condition, the revelation of the truth can only serve to free them from this anxiety about their condition. Misleading the patient about his illness and prognosis only leaves him completely alone to deal with the reality of cancer and death.

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