Cancer in Sri Lanka: The Question of, “To Tell or Not to Tell”

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ABSTRACT

Introduction Cancer is an important cause of death in Sri Lanka and revealing the truth about cancer diagnosis has become difficult due to many factors.

Objectives To find the attitudes of Doctors, cancer patients and their close family members about informing the diagnosis of head and neck cancer at TH Anuradhapura.

Method A descriptive, prospective study was carried on histologically diagnosed cancer patients, their first degree relatives and doctors treating them.

Results Ninety three percent 93.6%(29) of the patients wanted the diagnosis of cancer to be told to them, 45.5%(12) relatives had the same view and 58.3%(21) of the doctors said that they would inform about the cancer to the patient.

Conclusion Our study indicates that cancer patients in Anuradhapura have no inhibition of accepting their diagnosis of cancer and its complications.

Keywords attitudes, cancer, revealing the diagnosis

INTRODUCTION

Cancer incidence has increased steadily in the past few years. It has also become an important cause of death in Sri Lanka1. Despite the significant improvements in cancer treatment it is still often perceived as a death sentence2. This makes the cancer information disclosure a challenging situation3 and leaves the doctors, who diagnose, with the problem of whether to tell or not to tell about the diagnosis.

METHODOLOGY

This descriptive, prospective study was carried out at the Teaching Hospital Anuradhapura for a period of 6 months. The study sample consisted of histologically diagnosed cancer patients, their first degree relatives and doctors treating them. The patients and relatives were selected consecutively from the Otorhinolaryngology and head and neck clinic and ward after getting informed consent for the study. The doctors were selected randomly from the units managing cancer patients. The information was collected using a questionnaire. Ethical clearance for the study was obtained from the Faculty of Medicine and Allied Science Rajarata University of Sri Lanka.

RESULTS

A total of 89 people were included in the study. All the patients diagnosed during the study period consented to be included in the study. The population included 31 (34.8%) patients, 22 (24.7%) first degree relatives and 36 (40.4%) doctors. It included 26 (29.2%) females and 63 (70.8%) males. The mean age was 45 (std16) years. Ninety three point six percent (93.6%(29)) of the patients wanted the diagnosis of cancer to be told to them, 45.5%(12) relatives had the same view and 58.3%(21) of the doctors said that they would inform about the cancer to the patient.

Seventy one point seven percent (71.7%(38)) of patients and their relatives wanted the word “cancer” to be used directly when informing about the diagnosis, while only 52.8%(19) of the doctors adhere to this practice. Forty five point seven percent (45.7%(16)) of the doctors said they would accede to the family’s request not to tell the patient the diagnosis of cancer.

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A total of 88.7%(79) from the whole study population wanted the doctor to disclose the information to the patient while 8.9%(8) wanted a family member to do it. Out of the doctors 62.8%(22) were comfortable in discussing the diagnosis of cancer. Seventy five percent (75%(40)) of patients and their family members wanted the information of cancer to be given to them in the first visit while 60%(21) of the doctors preferred to tell them gradually using many visits.

Most (>94%) of the patients, relatives and doctors agree that prognosis and treatment methods should be discussed. Seventy seven point four percent (77.4%(24)) patients wanted the possibility of death to be discussed while only 27.2%(6) of the first degree relatives and 32.4%(11) doctors liked to discuss about death.

DISCUSSION
Telling the truth about cancer diagnosis has become difficult due to many factors like the growing sensitivity of ethical and legal issues about patient's rights, the fear of health professionals to destroy the patient's hope and the lack of appropriate skills and education among health professionals for breaking bad news.

Another factor which profoundly affect “telling the truth” about diagnosis is in the context of cultural values4,5. One of the most influential cultural variables is family members and relatives4. The family is the strongest support system for patients, usually eager to protect the patient from any harm. This exert extra pressure on the health professional on how the information should be divulged even if they are not opposed to complete information disclosure to patients. This is seen in our study with 54.6%(12) of relative not wanting the information to be given to patients and 56%(30) not wanting to discuss about death.

In the west, it is common for the doctors to tell the diagnosis of cancer to the patients. But still they are confronted with the problem of how to break the news to the patient6. Our study revealed that 37%(13) of the doctors were not comfortable in disclosing the diagnosis of cancer.

In the East, like in Japan informing is equated to “pronouncing the death sentence”7 and some doctors even feel that it should be legal to operate on cancer patients without informed consent8. Physicians attitude of non-disclosure are reported from studies in Greece9, China10 and Japan11. In a multinational survey conducted by Members of the International Psycho-oncology Society in Africa, France, Hungary, Italy, Japan, Panama, Portugal and Spain, it was 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 diagnosis12. In our study group 58.3%(21) of the doctors said they will inform about the cancer to the patient, 52.8%(19) will use the word “cancer” to describe the condition and the majority (91.7%(33)) would tell the family the diagnosis.

More recently a considerable amount of studies in western countries showed that most of the people prefer being informed about their diagnosis,13,14 although in other countries (e.g. Japan15, Southern Europe15, Greece16, Italy17, and Poland18) still the patients do not ask about their diagnosis or simply are not informed. This attitude seems to be grounded in some western countries based on respect to individual autonomy in contrast to other cultures principle of family beneficence for patient19. In the last decades there is more emphasis on patients’ right to have autonomy of knowing the information related to their disease and engaging in the process of decision making20. The preference of Sri Lankan cancer patients, as seen in our study is more of a open view, with 93.5%(29) of them wanting to know about the cancer, 75%(40) wanting the information about cancer to be discussed on the first visit and 77.4%(24) patients wanting to discuss about prognosis and death.

The study has many draw backs such as it having a small population and as it is done in one hospital, not being able to generalize its findings to the whole country. However it gives the view of the study population where the patients in Sri Lanka unlike in other eastern countries wanting a more open view of their cancer diagnosis.

CONCLUSION
Our study indicates that cancer patients in Anuradhapura have no inhibition of accepting their diagnosis of cancer and its complications contrary to the wishes of their close relatives and some doctors attending to them.
REFERENCES