

An Investigation of Physicians' Attitudes to Disclosure of Bad News to Patients in the City of Qom

Received 10 Sep 2015; Accepted 20 Dec 2015

Seyyed Hassan Adeli¹, Mohammad Aghaali^{2*}, Mir Rasol Hashemi³

1 Religion and Medicine Research Center, Qom University of Medical Sciences, Qom, Iran.

2 Medical Practitioner, Qom University of Medical Sciences, Qom, Iran.

3 Medical Practitioner, Islamic Azad University, Qom Branch, Qom, Iran.

Abstract

Background and Objectives: Most physicians believe that telling lies and withholding the truth is not permissible. However, it appears that holding the phenomenon telling the truth to be absolute or unconditional is not acceptable either. This study was conducted to examine Qom City physicians' attitudes with regard to revealing the influential news to patients.

Methods: This was a descriptive-analytical investigation whose statistical population encompassed 150 physicians working in Qom City, including physicians engaged in hospitals, clinics, and medical offices. A tailor-made questionnaire was utilized to examine physicians' attitudes to telling the truth to patients. SPSS Ver.16 was used to analyze data obtained in the study, employing the statistical tests of Independent T-Test, ANOVA, and chi-square.

Results: 41 (27.3%) male and 109 (72.7%) female physicians took part in this study. The mean work experience of the participants was 16.21±9.19 years. Overall, the attitudes of 36 physicians (24%) were low, 85 (56.7%) average, and 29 (19.3%) were weak. Pearson correlation coefficient indicated a positively significant relationship between work experience and attitude.

Conclusion: The results demonstrated that most physicians believed that telling lies is not absolutely prohibited for health professionals, who, in some certain cases, are permitted to do it. Moreover, it is concluded that patients' level of knowledge, awareness, age, and other items should be taken into vigilant account upon disclosure of bad news to them, who are entitled to know about their health status.

Keywords: Bad News, Medical Ethics, Patients, Truth Disclosure, Trust Telling

* **Correspondence:** Should be addressed to Dr. Mohammad Aghaali. **Email:** maghaali@muq.ac.ir, Dr.ghaali@yahoo.com

Please Cite This Article As: Adeli SH, Aghaali M, Hashemi MR. An Investigation of Physicians' Attitudes to Disclosure of Bad News to Patients in the City of Qom. *Health Spiritual Med Ethics*. 2016;3(1):25-9.

Introduction

Most possibly, there is no encounter between a physician and his/her patient more stressful than breaking the bad news (1). During their professional lifetime, all physicians confront situations where they are forced to disclose news to their patients on their bad health conditions, the news which provoke deep unpleasant emotions in both patients and their families, ending up in negative emotional and physical reactions by them (2). Medical ethics mandate that patients are basically entitled to be cognizant of the conditions of their illness (3), and this is nothing but a deception to withhold them from knowing the truth. Such deceptions might destroy the pillars of physician-patient relationships, as well as the general reliance on

medical profession (4). Undeniably, maintaining and strengthening the confidence between physicians and patients constitute the most important issue in the medical profession (5).

Currently, truth telling is dominant among physicians, most of whom believe in disallowance of telling lies or withholding the truth. It appears, however, that holding the phenomenon of truth telling to be absolute or unconditional is not acceptable: it is not permissible to tell all the truth to all patients under all conditions (6). Truthfulness is invariably a fundamental ethical principle, to which all physicals are bound in both ethical and professional dimensions. The questions, although, remain that "Is a physician allowed

to either hide the truth from his/her patient or tell, if necessary, lies to him/her whose illness is logically subject to further aggravation in the case of telling the truth?" "Is a physician allowed to sedate a patient by understating his/her illnesses?" "Does telling lies totally cross the redline or are there cases where it is allowed?"

According to logics and Shariah, telling a lie is permissible in cases of reluctance, emergency (including repulsion of losses of lives, finance, and reputation), and a mixture of the two (6).

Cultural differences are, of course, important in breaking or withholding the bad news to patients. American or North European physicians, for instance, ordinarily tend to let their patients know about their illness directly. In most Asian states and countries of southern and eastern Europe, conversely, physicians would rather not disclose such information to their patients. Taking a middle course, Iranian physicians prefer to reveal the bad news to a patient's family instead of the patient himself/herself—which is contrary to principles of medical ethics, patients' autonomy, and Patients' Charter of Rights (7).

A physician would never be forgiven if he/she breaks the bad news in a bad manner (8). On the contrary, the physician would become the patient's hero if he/she breaks the bad news in a proper manner. Therefore, the manner in which bad news is revealed constitutes a major concern for all physicians. A study on physicians showed that they are all unhappy with their responsibility to break the bad news to their patients. The main reason why they were unsatisfied was that they did not know the manner in which they had to give bad news so as to minimize the negative effects on patients (9, 10).

In view of such disagreements, the present study was carried out to examine Qom physicians' attitudes to breaking the bad news to patients.

Methods

This is a descriptive-analytical investigation, whose population includes physicians working in Qom City, namely physicians working in

hospitals, clinics, and medical offices. The sample size was estimated to be 150 persons based on population average estimation formula using convenient sampling method

A tailor-made questionnaire was employed to examine physicians' attitudes to truth telling to patients and gather patients' demographic characteristics. Attitude Assessment Questionnaire included 20 items, which were designed in four-option Likert-scale format: strongly agree, relatively agree, relatively disagree, and strongly disagree.

Each option was scored between 1 and 4, with total score being from 20 to 80. Opinions made by specialist panel were gathered in order to affirm content and face validity of the research instrument. Afterwards, content and face validities were examined by five academic faculty members familiar with instrument construction procedures. The questionnaire was then modified accordingly. Cronbach's alpha test was applied to investigate reliability of the questionnaire at significance level lower than 0.05. Correlation coefficient of questionnaire items was obtained to be 0.88. Data of this study were confidentially gathered, and physicians participated in the study absolutely voluntarily

SPSS Ver. 16 was utilized to analyze data obtained in the study. Central tendencies such as mean, SD, frequency distribution, independent T-Tests, ANOVA test, and chi-square test were employed. Significance level was considered to be lower than 0.05.

Result

A total of 150 physicians from 27 different medical participated in the study. The Most frequent specialists were cardiologists (n=14), internists (n=13), pediatricians (n=12), and general surgeons (n=12). A number of 11 general physicians took part in the study as well. Out of the physicians participating in the study, 41 (27.3%) were female and 109 (72.7%) were male. The mean work experience of the participants was 16.21 ± 9.19 . As far as the physicians' workplace was concerned, a number of 38 physicians (25.3%) were engaged in private sector, 73 ones (48.7%) in

Table 1: Physicians' Attitudes to Disclosure of Bad News to Patients in the City of Qom

Attitude Assessment Questionnaire items	strongly agree N (%)	relatively agree N (%)	relatively disagree N (%)	strongly disagree N (%)
Postponing reality to a more proper time when a patient is in a better condition	51 (34)	58(38.7)	21 (14)	20 (13.3)
Overstating about conditions of critically sick patients	36 (24)	57(38)	23 (15.3)	34 (22.7)
Denying patients with psychosis of knowing their disorder;	49 (32.7)	64 (42.7)	21 (14)	16 (10.7)
Misrepresenting health conditions of a family died in a collision to a survivor who is critically injured	41 (27.3)	68 (45.3)	21 (14)	20 (13.3)
Telling lies about a patient's conditions to his/her relatives if it is demanded by the patient himself/herself	23 (15.3)	38 (25.3)	34 (22.7)	55 (36.7)
Telling lies about a patient's conditions to him/her upon request of his/her relatives	11 (7.3)	48 (32)	39 (26)	52 (34.7)
Telling lies to a patient in order to reinforce his/her hopefulness and get his/her cooperation in healing refractory diseases	40 (26.7)	61 (40.7)	31 (20.7)	18 (12)
Using other titles for ill-reputed diseases	32 (21.3)	41 (27.3)	27 (18)	50 (33.3)
Employing common instead of real titles for illnesses in dealing with low-literacy patients	39 (26)	60 (40)	18 (12)	33 (22)
Abstaining from talking about wrong diagnoses made by a previous physician in order to save his/her reputation by mentioning another cause for a disease	19 (12.7)	59 (39.3)	43 (28.7)	29 (19.3)
Mentioning another title for a conjectured illness upon referral to a specialist	38 (25.3)	61 (40.7)	22 (14.7)	29 (19.3)
Telling lies to a patient in consultation sessions in order not to damage his/her mental conditions	11 (7.3)	39 (26)	44 (29.3)	56 (37.3)
Ethically ,telling lies is not entirely prohibited in field of medicine and there are cases where it is allowed	26 (17.3)	59 (39.3)	26 (17.3)	39 (26)
A physician might choose to tell lies about his/her patient's health conditions in order to lessen anxiety levels in him/her	10 (6.7)	49 (32.7)	37 (24.7)	54 (36)
Critically ill patients are better to be denied of knowing about their conditions and bitter realities thereon	17 (11.3)	50 (33.3)	38 (25.3)	45 (30)
Age of patients is influential in transmission of news to them in both real and fabricated manners	41 (37.3)	64 (42.7)	25 (16.7)	20 (13.3)
Patients' social status is influential in transmission of news to them in both real and fabricated manners	25 (16.7)	40 (26.7)	33 (22)	52 (34.7)
Patients' economic status is influential in transmission of news to them in both real and fabricated manners	14 (9.3)	34 (22.7)	28 (18.7)	74 (49.3)
Having ties of kinship with patients is influential in transmission of news to them in both real and fabricated manners	19 (12.7)	39 (26)	32 (21.3)	60 (40)
Patients' levels of literacy and awareness are influential in transmission of news to them in both real and fabricated manners	35 (23.3)	59 (39.3)	20 (13.3)	36 (24)

public sector, and 39 ones (26%) were working in both.

90 physicians (60%) declared that they had experienced situations where they were forced to tell lies, rather than the truth, to their patients.

Physicians' attitudes to truthfulness to patients are summarized in the Table 1 as separated by questionnaire items. Generally speaking, the attitudes of 36 physicians (24%) were low, 85 physicians (56.7%) average, and 29 physicians (19.3%) weak. The mean of attitudes was 49.4 ± 11.66 within 78-24 interval

The results also showed that male physicians had higher attitudes (49.76 ± 11.87) than their female counterparts (48.43 ± 11.18). This difference was not, however, significant ($p=0.538$). In addition, there was not any

significant relationship between physicians' attitudes in terms of their specialty ($p=0.086$) and workplace ($p=0.137$). Pearson correlation coefficient indicated a positive and significant relation between work experience and attitude ($r=.274$, $p<0.001$).

Discussion

The present study investigated Qom physicians' attitudes to disclosure of bad news. In this study, 60% of physicians declared that they experienced situations in which they were forced to tell lies, rather than realities, to their patients. The physicians who had not such experiences were mostly pediatricians, anesthesiologists, pathologists, and radiologists, who are less frequently subject to such circumstances. The high percentage of

such encounters is an indication of significance of this issue.

One of the most difficult responsibilities borne by physicians in dealing with patients with refractory diseases is expressing medical diagnoses to a patient and his/her family. A piece of news is bad when it is appraised by patients as unpleasant based on their customary values, social customs, etc. Under such conditions, patients show reactions which might be illustrative of their dissatisfaction with what they have heard—the piece of news that indicates that the patient's illness is extremely pernicious and that his/her health conditions, as unrealistic and hyperbolic estimations suggest, are worse than medical diagnoses made by the physician. In the present study, more than 50% of physicians strongly or relatively agreed with the following items: overstating about conditions of critically sick patients; telling lies to patients in order to reinforce their hopefulness and get their cooperation in healing their refractory diseases; mentioning another title for a conjectured illness upon referral to an specialist; impact of age, awareness, and literacy of patients on transmission of bad news; employing common instead of real titles for illnesses in dealing with low-literate patients; using other titles for ill-reputed diseases; postponing reality to a more proper time when a patient is in a better condition; and denying patients with psychosis of knowing their disorder. All these indicate that, upon transmission of bad news, physicians admit that other items such as literacy level, awareness, age, conditions of patients, etc., have to be taken into account in addition to the fact that patients have the right to know about their illness. Although, most physicians disagreed or relatively disagreed with consideration of patients' social status, economic conditions, and having ties of kinship upon transmission of bad news.

Kazemi et al. showed that only 20% of physicians believe that critically ill patients must be permitted to know of their conditions and bitter realities thereon. Moreover, 52% of physicians believe that it depends on different conditions (3). Another study by Kazemian et al. respecting physicians' opinions about

disclosure of patients' health conditions indicated that 35% of physicians believed that patients have the right to know about their illness. In addition, 59% of them believed that patients' rights to know about their health conditions are subject to fulfillment of certain conditions, among which cultural level of a patient was mentioned as one of the most important factors in this study (11).

Most physicians disagreed or relatively disagreed with the statement that telling lies about a patient's health conditions is permissible upon the demand by the patient himself/herself or his/her relatives. Chavoshi et al. showed that 47% of patients were inclined to know about their health conditions if they are challenged by refractory diseases (12). This study indicated that 22.5% of physicians preferred to disclose reality about their patients' refractory diseases, while only 12.5% of patients declared that this was a case for them (12).

In this study, most physicians believed that it is possible to prevent mentioning misdiagnosis made by a previous physician in order to save his/her reputation, mentioning another cause for a disease.

All in all, more than 50% of physicians believed that from ethical point of view telling lies is not absolutely prohibited in field of medicine, and there are cases where it is allowed.

Of course, the procedure whereby several conditions are taken into account upon telling the truth to patients is expressive of the significance of professional skills for emotional and mental management of both patients and their relatives and friends (3). A physician should be able to harness a patient's reactions by means of his/her attention to cultural, personality, and ethnical traits of patients through arrangement of the best words and assurance of making the most powerful mutual understanding in talking about diseases (13).

The broad diversity of physicians' opinions about above-mentioned items as well as those cited in previous studies (14, 15) demonstrate the insufficiency of instructions given to physicians on professional ethics. It seems that

this problem can be fairly solved by providing the physicians with courses on professional ethics throughout medical education and later during in-service training courses.

Conclusion

Based on the results of this study, most physicians believed that from an ethical point of view telling lies is not entirely prohibited in field of medicine, and there are cases in which it is even allowed. It is, moreover, admitted that upon breaking bad news some other items such as literacy level, awareness, age, conditions of patients, etc., have to be taken into account in addition to the fact that patients have the right to know about their illness.

Conflict of interest

The authors declare no conflict of interest.

Acknowledgements

Special thanks go to the all physicians who assisted us to conduct this study through completing the questionnaires.

References

1. Orlander JD, Fincke BG, Hermanns D, Johnson GA. Medical residents' first clearly remembered experiences of giving bad news. *J Gen Intern Med.* 2002;17(11):825-31.
2. Molleman E, Krabbendam PJ, Annyas AA, Koops HS, Sleijfer DT, Vermeij A. The significance of the doctor-patient relationship in coping with cancer. *Soc Sci Med.* 1984;18(6):475-80.
3. Kazemi A, Purssoleimani A, Fakhari A, Madaen K. Truth telling in medicine: views of Tabriz University of Medical Sciences. *Iran J Med Ethics Hist Med.* 2010;3(2):54-63. [Persian]
4. Hébert PC. Truth-telling in clinical practice. *Can Fam Physician.* 1994 Dec;40:2105-13.
5. Cassel CK. The patient-physician covenant: an affirmation of asklepios. *Ann Intern Med.* 1996 Mar 15;124(6):604-6.
6. Atrak H, Mollabakhshi M. Lying to patients from benevolent motives. *Iran J Med Ethics Hist Med.* 2012;5(4):1-13. [Persian]
7. Parsa M, Bagheri A, Larijani B. Telling bad news and its various aspects. *Iran J Med Ethics Hist Med.* 2011;4(6):1-14. [Persian]
8. Kirby RS. Breaking bad news. *Prostate Cancer Prostatic Dis.* 1998 Jun;1(4):177-178.
9. Ozdogan M, Samur M, Artac M, Yildiz M, Savas B, Bozcuk HS. Factors related to truth-telling practice of physicians treating patients with cancer in Turkey. *J Palliat Med.* 2006 Oct;9(5):1114-9.
10. Ptacek JT, Fries EA, Eberhardt TL, Ptacek JJ. Breaking bad news to patients: physicians' perceptions of the process. *Support Care Cancer.* 1999 May;7(3):113-20.
11. Kazemian A, Parsapour A. Evaluation of physicians ethics about truth telling to terminal iii patients. *Ethics sci technol.* 2007;1(1):61-7. [Persian]
12. Chavoshi K, Rezaee A. Professional ethics and truth to patients suffering from terminal illness from patients, doctors and medical students point of view. 12th National Conference on Medical Education. Mashhad: Mashhad University of medical sciences; 2012.
13. Banihashemi K. Medical ethics and bad news delivery to patients. *Ethics Sci Technol.* 2009;4(1,2):115-30. [Persian]
14. Monden KR, Gentry L, Cox TR. Delivering bad news to patients. *Proc (Bayl Univ Med Cent).* 2016 Jan;29(1):101-2.
15. Ibn Ahmadi A, Heydari N. Is there a proper method of truth telling? *Iran J Med Ethics Hist Med.* 2010;3(2):16-28. [Persian]