

**COMMUNICATION BETWEEN DOCTOR AND PATIENT WHEN DECLARING A DIAGNOSIS OF
MALIGNANT DISEASE**

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ABSTRACT

The patient must be informed about his/her illness treatment following the Law on Protection of Patients' Rights. Communication between a doctor and a patient with malignancy is basically no different from communication with any patient with any other disease. The bad news is an unpleasant experience for both the announcer and the recipient of the bad news. A good attitude from the doctor helps the patient to accept the bad news more easily to withstand the emotional pressure of a malignant life-threatening disease.

This research aims to determine the attitude of the doctor and the patient in conditions when information about the malignant disease should be announced. The examination was conducted in 2020 in different departments of the Public Health Institution Clinical Hospital Tetovo.

According to the results of this research, the largest percentage of doctors inform patients about their malignant disease, and a large percentage of the patients want to hear the truth about their health from doctors, however, the level of education plays an important role in establishing good communication.

Keywords: bad news, malignant disease, doctor, patient, communication

INTRODUCTION

Communication in medicine is considered to be a fundamental and most commonly used the clinical skill of the doctor on the road to successful diagnosis and treatment, as well as establishing a good relationship with the patient. Communication is defined as the process of exchanging information through an agreed sign system. It can be verbal or non-verbal. Verbal communication uses speech, while non-verbal communication uses facial expressions, gestures, movements, emotions, etc. [1]

Communication must be a conversation between the doctor and the patient and not talking should be the privilege of the doctor and listening should be reserved for the patient. It must be joint information about the problem, i.e. the disease that we are working on together. The information of the patient must be given understandably and appropriately, by minimizing the technical, i.e. the professional terminology, to obtain the data of importance for the treatment of the patient.

According to the Law on Protection of Patients' Rights [2], the patient has the right to care, treatment, and rehabilitation that are in accordance with his needs. The patient has the right, at all stages of health care, to be fully informed about: his health condition, including the medical assessment of the results and outcome of a particular medical intervention and its expected complications; the right to decide on recommended medical interventions; the course of the procedure for indicating the health care; the recommended way of life and the rights from the health care and health insurance, as well as the procedure for exercising those rights. [3]

Patients diagnosed with malignancy are not a uniform group of people. It should be noted that under the name malignant disease a whole range of the disease is treated. The number of malignant diseases is increasing, although it is still not the leading cause of death in the world. Therefore, doctors deal and interact with patients with malignant diseases on a daily basis. Given that these are serious diagnoses that affect patients dramatically, they face existential issues and change their normal rhythm of life, the need for good communication between doctor and patient becomes crucial.

The bad news is an unpleasant experience for both the announcer and the recipient of the bad news. In addition to the content of the news, the way they are communicated is also important.

The need to bring bad news to doctors raises several questions and problems. Doctors do not want to give up hope and be the bearer of bad news for the patient. The doctors fear that the patient will personally blame them for the bad news they bring. Many doctors feel scared before the conversation starts and can therefore avoid it. [4]

Many patients want the doctor to give them hope, but not to be seduced. Patients would rather not hear the bad news, at least not during the first conversation.

Doctors believe that reporting bad news is associated with the risk of losing control and the patient's trust.

The good attitude of the doctor helps the patient to accept the bad news more easily, to withstand the emotional pressure of the life-threatening disease, and to make a decision for treatment and acceptance of the behavior that will improve his health condition.

The patient's concern for his health can have negative emotions (anger, sadness, fear, worry) that can jeopardize his emotional state and even his physical health.

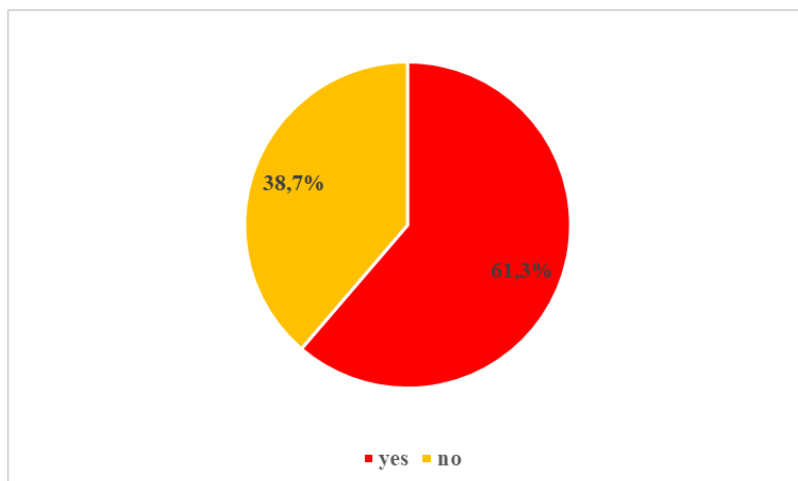
Achieving a common understanding of the disease is often difficult because doctors and patients see and experience health and disease from different angles. [5]

This research aims to determine the attitude of the doctor and the patient in conditions when information about severe malignant disease needs to be announced. The examined group consists of 62 doctors and 113 patients treated for malignant diseases in 2020 in different departments in the Public Health Institution Clinical Hospital Tetovo. The research was conducted through an anonymous survey questionnaire intended for doctors and patients separately. The survey data are statistically processed by sorting them with the help of the computer application for spreadsheets Microsoft Excel, during which rankings, percentage calculations, spreadsheets, and graphic formatting of the processed data were performed.

RESULTS

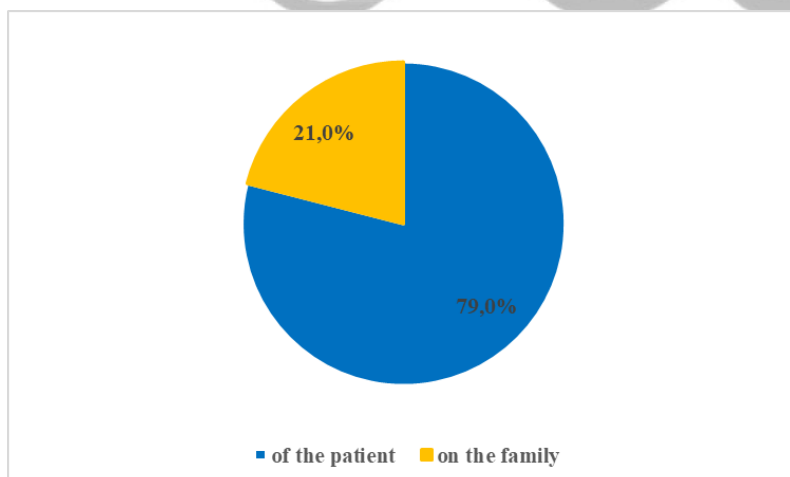
Within this research, it was found that a high percentage of doctors 71.1% (81) inform patients about the malignant disease they suffer from. This is an obligation arising from the Law on Protection of Patients' Rights. [2] However, there is a high percentage of physicians who do not inform the patient about their malignant disease 28.3% (32).

Graph 1: Do doctors tell the diagnosis of malignant patients



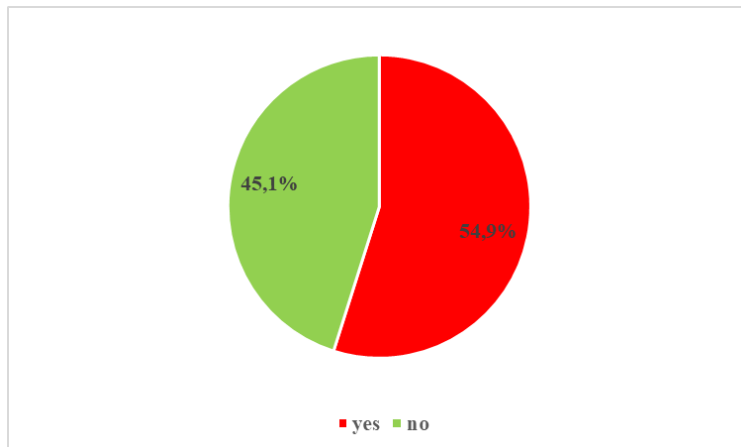
For various reasons, doctors often inform the family instead of the patient about the malignant disease. According to the results of this research, doctors primarily announce the diagnosis to patients, 61.3% (38) of them, while 38.7% (24) inform the family first. Although the Law on Patients' Rights clearly regulates that the patient should be informed personally, a high percentage of doctors avoid doing so.

Graph 2: To whom do doctors first tell the diagnosis of the disease



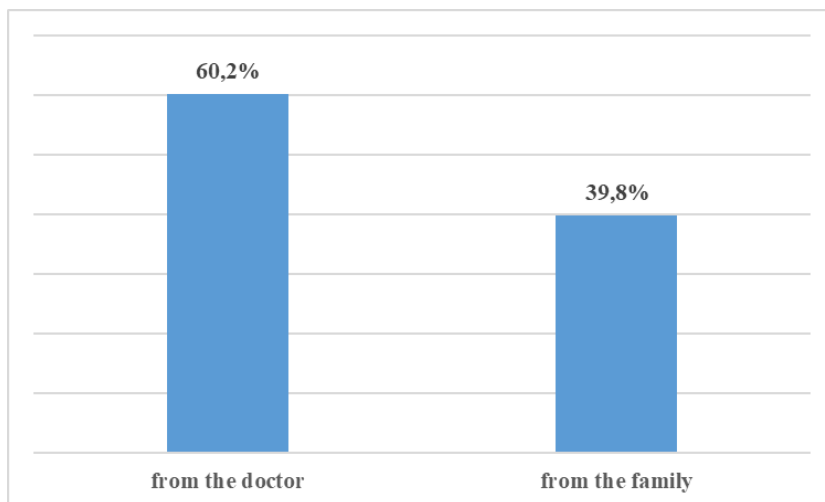
Of patients with malignant disease, 54.9% (62) of them want to hear the truth about their disease while a slightly lower percentage 45.1% (51) do not want. The reason for the high percentage of patients who do not want to hear the truth about their disease is due to concerns about their health and fear of the outcome.

Chart 3: Do malignant patients want to hear the truth about their disease?



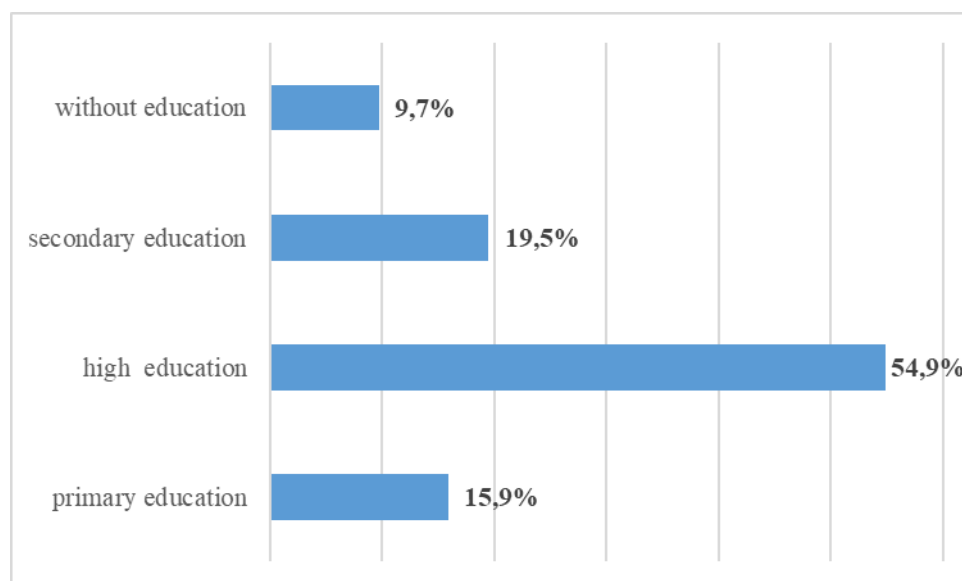
It would be right for the patient with the malignant disease to hear the truth about his disease from the doctor according to the Law on Protection of Patients' Rights. According to this research, 60.2% (68) of the patients want to hear the truth about their disease from the doctor. However, a high percentage of patients 39.8% (45) want to be informed by the family.

Graph 4: From whom the patient with malignant disease wants to hear the truth about his disease



The patient-level of education plays an important role in his attitude towards learning the truth about the disease. The largest percentage of patients with higher education 54.9% (62) want to know the truth about their disease, which is understandable in terms of knowledge gained in the process of education. People with lower levels of education have a lower percentage of those who want to know the truth about their illness.

Graph 5: Influence of the patient level of education on his desire to be told the truth about his malignant disease



DISCUSSION

There is no consent on the essential question, whether the patient should be told the diagnosis, although there are legal obligations according to which it should be done.

Thus, a study conducted in Turkey on a group of cancer patients concluded that 54% of them do not know their diagnosis. Similarly in Italy, where a retrospective study showed that a small number of doctors tell patients their diagnosis. Only 37% of people who die of cancer are informed of the diagnosis. [1]

The views on who should first be told the truth about the malignant disease are not the same. American doctors build attitudes towards the patient. A survey conducted in Japan in 2006 shows that the attitudes of doctors in Japan are unchanged, so out of 1577 doctors, only 3% answered that the diagnosis of malignant disease and the prognosis that the disease is in an incurable stage should be told to the patient, and the majority 59% of them answered that the information should be communicated to the patient's family first. In Australia, doctors usually tell the prognosis first to the family and then to the patient. This is shown by a study in which 87% of patients with metastatic cancer said that the prognosis was first told to their families. [1]

A number of studies have looked at patients' attitudes about the process of reporting bad news. Studies in the United States, the United Kingdom, and Japan show that many patients want to know as much information as possible about the malignant disease. A survey conducted in Japan of 2422 people from the general population showed that 73% of respondents want to know about their diagnosis and want to be told when the disease is in an incurable stage while, 90% of them expressed a desire for the doctor to tell them clearly, and 8% want to hear that information from the family. In the UK, a survey of 2331 patients found that 87% of them wanted to get all the information they needed, good or bad.

Even though a larger number of patients expressed that they prefer to know the truth and talk openly about the disease, the doctor should keep in mind that there are cultural differences and that some of them do not want it. He needs to adjust his way of revealing the news to the patient's wishes and needs so that he or she is less traumatized and anxious. Regarding how you want to be told the truth about the disease, a number of patients have stated that they want their doctor to be clear and honest and with their attitude to show the patient a full understanding of his position. This

includes carefully writing the words, showing expert expressions, showing current X-ray and laboratory images, and giving a written explanation as needed.

In the process of experiencing difficult times in which patients have to deal with their illness, they expect the doctor to provide them with emotional support. [6] Japanese patients want the doctor to take their feelings and the feelings of their family into account and try to put himself in their position. After announcing bad news, patients want the doctor to use words of support and allow them to express their emotions.

Research has shown that there are differences between the desires of patients depending on different demographic, medical, and psychological factors. For example, these factors include age, gender, and education. The group of those who show that they want as much information as possible and want emotional support are young people, women, and higher education. Also, young and highly educated people want to participate in their treatment decision.

Psychological factors also have an impact. High stress, anxiety, and fighting spirit are associated with wanting to receive as much information as possible, with as much detail as possible, and to gain emotional support.

Cultural differences between patients from different countries are evident in the attitude towards family involvement in talking about the bad news. The biggest connection is shown within the Japanese family of the sick patient. 78% of them stated that they want the presence of family members during the conversation. That percentage is 57% in Australia and 61% in Portugal. In stark contrast to the Japanese are the American patients, who 81% said they did not want anyone present while receiving bad news. [1]

Communication between a doctor and a patient is not equal across the world. Doctors' attitudes toward reporting bad news are also influenced by the cultural environment in which the doctor lives. In a study of the views of French doctors on the prognosis of the terminal illness, the patients said that the prognosis information is communicated only after the patient insists so. Very few of them do so systematically, and highly deliberately conceal that information. In contrast, in the US survey, 98% of oncologists surveyed said it was a common practice to inform the patient with a terminal illness that he is going to die, and 43% of them always talk normally about the remaining period of the patient's life.

CONCLUSION

The announcement of the truth about malignancy is one of the legal obligations of doctors arising from the Law on Protection of Patients' Rights. Patients are the ones who have the most trust in doctors and they prefer to hear the truth about their disease personally from them.

Communication between doctors and patients must exist at all times. Doctors must be prepared to provide the information and try to receive it in the interest of successful cooperation in further treatment.

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