

## A Study on the Truth Telling of Yemeni Doctors to Terminally Ill Patients

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### Abstract

**Background:** Dealing with terminal illness involves more than symptoms management and patient comfort, it involves changing roles within family units; difficulties with coping; added responsibilities for family members; major decisions concerning care of the patients; increased concern about financial matters and legal issues.

**Aim of Study:** This work was conducted with the objective of exploring the attitude of Yemeni graduated doctors in regard to ethical issues in terminally ill patients.

**Subjects and Methods:** A cross-sectional descriptive study was applied. A total number of 130 doctors representing all graduated doctors from the Faculty of Medicine, Aden University, Yemen participated in the study. The opinions of doctors were obtained by means of self-administrated questionnaires that included different criteria regarding terminally ill patients that was filled by doctors.

**Results:** The results show that the majority of doctors give different opinions in relation to different aspects in dealing with terminal ill patients and gave justifications for that. The main reason identified by doctors for not telling the truth to terminally ill patients was that the patient would not like to know the truth, and the main reason for not telling the truth to the patient family was to protect the family from emotional stress.

**Conclusions:** The study concluded that truth telling to terminally ill patients was a common dilemma in that 'to tell' or 'not to tell' was the main question which was evaluated differently by doctors.

**Key Words:** Truth telling – Terminal ill patient.

### Introduction

**DEALING** with terminal illness involves more than symptoms management and patient comfort, it involves changing roles within family units; difficulties with coping; added responsibilities for family members; major decisions concerning care

of the patients; increased concern about financial matters and legal issues [1]. It is important for the patient to have the conception to know about their health so they will have the ability to make their own decisions about treatment and care. Most importantly, keeps the truth from a patient does not allow them to have closure in their life for they are unable to carry out their dreams, say their goodbyes to families and friends or even create a will [2]. Withholding the truth is only acceptable when the patient states that they do not want to know it [3]. Unfortunately, true telling to terminal ill patients is a common ethical dilemma: To tell or not to tell, is the main question [4]. The physician communication skills and the manner with which he or she gives bad news is an important issue; most health care professionals would not intentionally do anything to have a patient or family, however if health care professionals fail to become skilled in giving bad news honestly and sensitively, they may severely impede patients' and families' ability to deal with severe illness and/or prepare for death [5]. If we accept that the physician should tell the patient the truth, there are still some decisions to be made including determining to whom and to what extent the truth dealing with this this issue including the person who discloses the information, the manner of telling news, available supports (such as family, spiritual and social support and the methods of coping with difficulties and stress in different cultures [6]. The doctors do not have any right to lie to the patient but they are not obliged to tell the whole truth [7]. The truth is fundamental in most humans and can be both objective and subjective. Objective truth is static and in agreement with facts or reality, where as subjective truth is based on a person's experiences and are continuing and dynamic [8]. Truth telling in the communication of bad news entails much more than merely providing information related

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to the forth coming death. It also concerns how physician or other health staff can support the patient's existential survival by fine-tuning the communication of truth according to the individual's preferences [9].

## Subjects and Methods

### Study design:

A cross-sectional study was conducted among medical students at the Faculty of Medicine and Health Sciences, University of Aden, Yemen, in the period from Feb. – April, 2018.

### Study population:

All graduated doctors for the year 2007/2008 (n=160). Non Yemeni (foreign) students were not included in the study.

### Study instruments:

A self-reported questionnaire was constructed by the author to determine the opinions of graduated doctors in regard to truth telling in terminal ill patients. The responses were rated in four grade scale ranging from always to never.

### Procedures (Data collection):

Data collection took place in the lecture room. A few minutes was taken to explain to explain the study to the doctors and they were informed about its objective and emphasized that confidentiality is ensured. The questionnaire was collected with a response rate 100%.

### Statistical analysis:

Data were analyzed using Statistical Package for Social Science version 17. Descriptive statistics using number and percentage was applied.

### Ethical consideration:

- An informed consent was obtained from all doctors participated in the study.
- An ethical clearance was obtained from the dean of the faculty of medicine before the conduction of the study.
- Ethical clearance was obtained from the research ethical committee.
- Strict confidentiality of the obtained data.
- The doctors right to refuse the participation in the study.

## Results

Table (1): Doctors' responds to ethical situations in terminal patients.

Situational aspect	Doctors' opinion				Mean percentage
	Always (%)	Often (%)	Occasionally (%)	Never (%)	
Telling the patient by doctor that her/his disease is cancer	4.4	6.7	22.2	66.7	37.2
Telling the patient by doctor that her/his disease is cancer when asked by him	9.4	12.8	25	52.8	44.7
Informing the patient relatives by doctor that the disease is cancer	79.4	15	1.7	3.9	92.5
Informing the patient by doctor that her/his disease is fatal	–	21.1	5.6	73.3	37
Lie by doctor when asked by patient that she/he will die as a consequence of the disease	80.6	13.9	3.8	1.7	93.3
Informing the patient relatives by doctor that she/he will die.	83.3	11.1	4.4	1.2	94.2
Telling the truth by doctor when asked by relatives that she/he could die.	72.2	19.5	8.3	–	91
Lie to the terminal patient protects him of emotional stress	69.4	25	5.6	–	91
Patient generally is not confident regarding the communicated information about her/his problem.	52.8	36.1	8.3	2.8	85
In general, Yemeni doctors tell the truth to terminal patients.	1.1	1.7	19.4	77.8	31
According to experience, do terminal patients relatives ask about the truth.	88.9	8.3	2.8	–	96.5
According to experience, do the terminal patients relatives ask about the truth.	96.1	3.9	–	–	99

Table (2): Decision making for using artificial life support for deteriorating terminal patient.

Doctors' opinion	No.	%
A professional decision without any other opinion	155	3
Involving patient and family in making decision	5	97
<b>Total</b>	<b>160</b>	<b>100</b>

Table (3): Doctors' opinion regarding telling the truth to them if they were a patient.

Doctors' opinion	No.	%
Like	23	14.4
Do not like	128	80
No opinion	9	5.6
<b>Total</b>	<b>160</b>	<b>100</b>

Table (4): Reasons for not telling the truth to the terminal patients.

Stated reason	No.	%
To protect the patient of emotional stress	147	91.7
The family ask the doctor not to tell the truth to the patient	8	5.5
The patient would not understand the information	3	1.7
The patient would not like to know the truth	2	1.1
<b>Total</b>	<b>160</b>	<b>100</b>

Table (5): Reasons for not telling the truth to the family of terminal patient.

Stated reason	No.	%
To protect the family of the emotional stress	83	51.7
The patient asks the doctor not to tell the truth to the family	24	15
The family would not like to know the truth	47	29.4
The family would not understand the information	6	3.9
<b>Total</b>	<b>160</b>	<b>100</b>

### Discussion

Variations of truth telling attitude and practice is worldwide determined by cultures as well as the different roles of family members in the information and decisions making process of the cancer patients.

Cultures also affects patients' perception of disease and influence the patient-physician relationship [10,11]. In many countries, while most patients want to be informed about diagnosis of terminal illness, physicians are reluctant to disclose unfavorable medical information to patients with advanced cancer and instead give the bad news to the family [12,13]. The patients' desire for information care vary according to the treatment and to the stage of their diseases [14]. In our study, the opinions of graduated doctors were analyzed by answering different questions in respond to situational aspects where the doctor diagnose a cancer disease with metastasis in different parts of the patient's body and considered that this situation has not solution and the patient is going to die in several months. The opinions reflect different ideas ranged between always and often to never and occasionally. Answering with never and occasionally were to the aspects related to truth telling about disease to terminal ill patients by doctors or when asked by patients, also when asking by patient if their disease is fatal. The majority considered that Yemeni doctors do not tell the truth to the terminal ill patients in general. Comparing our study with some studies that have asked specific questions about what patients need to know and other studies asking about patients' preference about truth telling almost similar responses were concluded [15,16,17]. In opposite to that answering with always and often were to aspects related to informing patient relatives that the disease is cancer and is fatal in addition to lie by doctors when asked by patients about truth. The professionals attitude toward the balance between telling and not telling the truth has changed dramatically. A study in the United States of America (USA) among 219 physicians reported that they prefer not to disclose a diagnosis of cancer to their patients [18]; while in another study, 264 physicians agreed on telling cancer patients about their diagnosis [19]. However, revealing the diagnosis to a patient with terminal cancer is not currently fully accepted in some countries such as Japan, China, Greek, Turkey Spain and Italy; there is a tendency to disclose the truth more often than in the past in these countries, but full openness is still a common practice [20,21]. In some countries like England, Canada and Finland, health care professionals have little choice whether or not to tell patients, as current disclosure policies recommend that they should provide full information. Further more the patient right to participate in decision about their care is safe guarded by legislation [22,23,24]. In Japan, family members play a major role in the decision whether a physician should inform a patient with cancer about the truth nature of his/her

illness. Physicians discuss the cancer diagnosis with the family before discussing it with the patient and commonly comply with the family members request [25]. Comparing our results with other Arab and Islamic cultures, it was found that in Turkey a significant proportion of cancer patients (44%) did not know their diagnosis [26]. In Lebanon, where legislation allows non disclosure, nearly half of physicians were usually tell the patient about cancer [27]. The great majority of physicians (79%) in Kuwait with withhold the truth if the patient's family requested them to do so [28]. And in Saudi Arabia 75% of physicians preferred to discuss information with close relatives rather than patients themselves, even when the later were mentally competent [28]. In respond to the decision making for using artificial life support for deteriorating terminal patients, our study shows that the majority of doctors (97%) gave the opinion of involving patient and family in making decision. In making decision about life prolonging procedures, physicians first establish the goal of the treatment then consider what the patient wants, what is the best interest of the patient, and what the prognosis is. It is very important that patients and their families discuss the use of life prolonging medical procedures [29]. What really makes the decisions (hard choices) has little to do with the medical, legal, ethical or moral aspects of the decision process. The real struggles are emotional and spirituals [30]. Putting themselves in the position of terminal ill patients, 80% of the doctors do not like to be told about truth which reflects the same opinion they gave toward patients in terminal stage disease in the study. Among the reasons for not telling the truth to the terminal ill patients 91.7% of doctors gave the reason of protecting the patient from emotional stress. While autonomy has gradually become a key concept in the doctor patient relationship, truth telling is far from being the norm in many countries in the world. Despite the general agreement on the benefits of open communication between physicians and cancer patients, there is still strong resistance against disclosure of cancer diagnosis and prognosis in many cultures. Although fear of causing psychological morbidity to patients and their reluctance to find out the truth are two main justifications for non-disclosure attitude, there are other important contributing factors that need to be further explained and better understood including those related to relatives, doctors and health care system [31]. In regard to not telling the truth to the family of terminal patients, different opinions were mentioned. About half of the doctors answer with to protect the family from emotional stress while 30%

of them answered that the family do not like to know the truth and 15% answered that the patient asks the doctor not to tell the truth to the family. While the majority of physicians in both developed and developing countries tell the truth more often than in the past, the assumption that truth telling is always beneficial to patient can be questioned. The issue of truth telling is still approached differently in different countries and cultures and there is a need for an increased awareness of cultural differences to truth telling among patients from ethnic minorities [32].

#### Conclusions:

- 1- Different opinions were reflected ranging between always & often to never & occasionally.
- 2- The majority of doctors gave the opinion of involving patient and family in decision making for using artificial life support.
- 3- Eighty percent of doctors do not like to be told about truth if they were a patient.
- 4- Ninety two percent of doctors gave the reason of protecting the patient from emotional stress resulting from telling him the truth.
- 5- Half of the doctors gave the reason of protecting the family from emotional stress resulting from telling them the truth.

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## دراسة حول قول الحقيقة من قبل الأطباء اليمنيين للمريض في المراحل المتأخرة للمرض

المقدمة: التعاطى مع الحالات المرضية المتأخرة غير معنية بالأعراض والعلاج وراحة المريض ولكنها معنية أيضاً بالتأثيرات الحاصلة في الأسر وكيفية التعامل معها والمسؤوليات المضافة على أعباء الأسر فيما يتعلق باتخاذ القرارات والمترتبات المالية والقانونية أجريت هذه الدراسة بهدف التعرف على آراء الأطباء حول الجوانب الأخلاقية في التعامل مع الحالات المرضية في مراحل متأخرة.

المنهجية: استخدمت في الدراسة الطريقة الوصفية وكان عدد الأطباء الذين شملتهم الدراسة ١٣٠ طبيباً تخرجوا من كلية الطب والعلوم الصحية - جامعة عدن - وتم تصميم استبيان شمل العديد من المسائل الأخلاقية المتعلقة بالبحث وتم تعبئة الاستمارة من قبل الأطباء وكانت نسبة الاستجابة ١٠٠٪.

النتائج: أظهرت النتائج تفاوت الآراء من قبل الأطباء فيما يتعلق بالجوانب المختلفة المتعلقة بالمرض في مراحله المتأخرة وكانت أبرز الأسباب لعدم قول الحقيقة للمرضى من قبل الأطباء اعتقادهم بأن المريض لا يرغب في ذلك بينما كان من أبرز الأسباب لعدم قول الحقيقة لأقارب المرضى هو لتجنبيهم الضغط النفسى بسبب ذلك.

الاستنتاج: لخصت الدراسة إلى أن قول الحقيقة للمرضى في حالاتهم المتأخرة لا يزال موضع نقاش حول أن تقول أو لا تقول والذي شكل سؤالاً هاماً يجرى تقييمه على نحو مختلف من قبل الأطباء.