

O3_A2_A_Scientific Evidence

CONSPIRACY OF SILENCE - HANDLING COLLUSION

Q1	Is the use of open question versus close questions better in facilitating communication between patients with cancer or other progressive illnesses and their doctor/nurse, etc.?
Patients	Patients elderly and/or frail and/or end of life indications in a palliative facility Frail, aged, end of life adults
Intervention	Open question
Comparator	Closed question
Outcome	Core outcome measures:
Methodology	Systematic reviews
	Randomized controlled trials
	Cohort studies
	Registry studies
Extra	Planned subgroup analysis
	E.g.
	1. Diabetes status

Studies: no clinical studies

Conclusions: There were now clinical studies to sustain the assumption.

References: more search is necessary.

Q2	Are patients with cancer who are not told about their diagnoses/illness better at maintain hope throughout the trajectory of the diseases compared with patients who are told the truth?
Patients	Patients elderly and/or frail and/or end of life indications in a palliative facility
	Frail, aged, end of life adults
	Children in a palliative facility
Intervention	patients with cancer who are not told about the illness
Comparator	patients with cancer who are told the truth
Outcome	Core outcome measures:
	Psychological outcomes (maintain hope)
Methodology	Systematic reviews
	Randomized controlled trials
	Cohort studies
	Registry studies

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Extra	Planned subgroup analysis
	E.g.
	1. Diabetes status

Comments:

Of 1,251 Americans indicated that 96% wished to be told if they had a diagnosis of cancer, but also that 85% wished, in cases of a grave prognosis, to be given a realistic estimate of how long they had to live (Washington: United States Superintendent of Documents, 1982:119.).

Indications:

How bad news is discussed can affect the patient's comprehension of information, satisfaction with medical care [3-4], level of hopefulness [5], and subsequent psychological adjustment (6).

<u>Conclusion</u>: Outcomes are related to the way of communication of the bad news not telling or withholding the truth

References

- 1. Hoffman JC, Wegner NS, Davis RB et al. Patient preferences for communication with physicians about end-of-life decisions. SUPPORT investigators. Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment. Ann Int Med 1997;127:1-12.
- 2. Lobb EA, Butow PN, Kenny DT et al. Communicating prognosis n early breast cancer: do women understand the language used? Med J Aust 1999;171:290-294.
- 3. Sardell AN, Trierweiler SJ. Disclosing the cancer diagnosis. Procedures that influence patient hopefulness. Cancer 1993;72:3355-3365.
- 4. Roberts CS, Cox CE, Reintgen DS et al. Influence of physician communication on newly diagnosed breast cancer patients' psychologic adjustment and decision-making. Cancer 1994;74:336-341.
- 5. Slavin LA, O'Malley JE, Koocher GP et al. Communication of the cancer diagnosis to pediatric patients: impact on long-term adjustment. Am J Psychiatry 1982;139:179-183.
- 6. Last BF, van Veldhuizen AM. Information about diagnosis and prognosis related to anxiety and depress in children with cancer aged 8-16 years. Eur J Cancer 1996;32:290-294.
- RAMI BOU KHALIL, Attitudes, beliefs and perceptions regarding truth disclosure of cancerrelated information in the Middle East: A review Cambridge University Press, 2012 1478-9515/12

