

Bad News for the Patient and the Family? The worst part of being a health care professional

JACQUELINE SCHMIDT RIO-VALLE, Department of Nursing, University of Granada, Granada, Spain; MARI PAZ GARCÍA CARO, Department of Nursing, University of Granada, Granada, Spain; RAFAEL MONTOYA JUAREZ, Faculty of Psychology, University of Granada, Granada, Spain; DIEGO PRADOS PEÑA, Department of Nursing and San Cecilio Clinical Hospital, University of Granada, Granada, Spain; ANTONIO MUÑOZ VINUESA, Department of Nursing, University of Granada, Granada, Spain; ATHANASIOS PAPPOUS, University of Montpellier, Montpellier, France; FRANCISCO CRUZ QUINTANA, Department of Personality, Evaluation and Psychological Treatment (Clinical Psychology), University of Granada, Granada, Spain

Abstract / In Spain, there is a general tendency to conceal the prognosis from a terminally ill patient. We conducted grounded-theory-based, phenomenological, qualitative research on this using a final sample of 42 in-depth interviews with doctors and nurses from different fields. We found that most health professionals believe that although patients don't ask questions, they know what is happening to them. Many professionals feel bad when communicating bad news. In hospitals, doctors take responsibility for doing so. The attitudes of professionals are influenced by their sense of responsibility and commitment to the principle of patient autonomy, as well as to the level of their agreement with the cultural context. The tacit agreement of silence makes communication impossible: the patient does not ask questions, the health professional does not want to be interrogated, and family members don't talk about the disease and want health professionals to follow their example. This situation is detrimental to patients and their families and leads to suffering, low levels of satisfaction, and feelings of guilt and helplessness. Health care professionals must acquire the means and the skills for communicating bad news.

Résumé / En Espagne, la tendance générale est de cacher le pronostic au patient parvenu au stade terminal de la maladie. Afin d'en savoir plus nous avons entrepris une recherche qualitative phénoménologique basée sur la théorie ancrée auprès de 42 médecins et infirmières de différents domaines au moyen d'entrevues en profondeur. Plusieurs professionnels de la santé se sentent mal à l'aise lorsqu'ils doivent annoncer des mauvaises nouvelles. Dans les hôpitaux, ce sont les médecins qui s'en chargent. L'attitude des professionnels est influencée par leur sens de responsabilité; par leur engagement au principe de l'autonomie du patient, et par leur accord, plus ou moins élevé, avec la situation reliée au contexte

culturel. Cette entente tacite visant à garder le silence n'augure rien de favorable pour une bonne communication: le patient ne pose pas de questions; le professionnel ne veut pas qu'on lui pose des questions; la famille ne parle pas de la maladie et souhaite que les professionnels fassent de même. Cette situation cause du tort aux patients et à leurs familles. Elle engendre la souffrance, l'insatisfaction, et des sentiments de détresse et de culpabilité. Les professionnels de la santé se doivent d'acquiescer les moyens et les habilités nécessaires pour communiquer les mauvaises nouvelles le plus humainement possible.

INTRODUCTION

How to communicate bad news to patients with a terminal disease continues to be an unresolved matter for many health professionals. In Spain and other Mediterranean countries, there is a tendency to conceal the diagnosis and the prognosis from the patient. Some authors point out the relation between this tendency and the influence of Catholicism, according to which a person does not control his or her fate (1).

Other papers dispute the idea that patients would like to know their diagnoses (2). Some maintain that patients refuse to talk about their situation even when they have more-or-less accurate suspicions about what is happening to them (3).

In other contexts, a greater predisposition to communicate the diagnosis and the prognosis to the patient from the very first moment can be observed. As proof, statistically significant differences related to the importance patients place on truth disclosure have been reported in research comparing the populations of Edmonton (Canada) and Madrid (Spain). The great majority of patients in Edmonton would prefer to be fully informed