

## **Attitudes and beliefs of palliative care physicians regarding communication with terminally ill cancer patients**

Bruera E, Neumann CM, Mazzocato C, Stiefel F. Palliative Medicine 2000; 14:287-298.

**Prepared by: : Dr Ingrid de Kock**

**Received during: Journal Club, TPCU**

### **Abstract:**

The subject of communication between palliative care physicians and their patients regarding their diagnosis and prognosis has not been extensively researched. The purpose of this survey was to compare the attitudes and beliefs of palliative care specialists regarding communication with the terminally ill in Europe, South America, and Canada.

A sample of palliative care physicians from South America (Argentina and Brazil), French-speaking Europe, and Canada were identified, and posted a questionnaire. Physicians who stated that they practiced palliative care at least 30% of their time were considered evaluable as palliative care specialists.

Of a total of 272 questionnaires, 228 were returned (84%); and 182/228 (81%) respondents were considered to be palliative care specialists. Palliative care physicians in all three regions believed that cancer patients should be informed of their diagnosis and the terminal nature of their illness. Physicians reported that at least 60% of their patients knew their diagnosis and the terminal stage of their illness in 52% and 24% of cases in South America, and 69% and 38% of cases in Europe, respectively. All physicians agreed that 'do not resuscitate' orders should be present, and should be discussed with the patient in all cases. While 93% of Canadian physicians stated that at least 60% of their patients wanted to know about the terminal stage of their illness, only 18% of South American, and 26% of European physicians said this ( $P < 0.001$ ). Similar results were found when the physicians were asked the percentage of families who want patients to know the terminal stage of their illness. However, almost all of the physicians agreed that if they had terminal cancer they would like to know.

There was a significant association between patient based decision-making and female sex ( $P = 0.007$ ), older age ( $P = 0.04$ ), and physicians from Canada and South America ( $P < 0.001$ ). Finally, in their daily decision making, South American physicians were significantly more likely to support beneficence and justice as compared with autonomy. Canadian physicians were more likely to support autonomy as compared with beneficence.

In summary, our findings suggest that there are major regional differences in the attitudes and beliefs of physicians regarding communication at the end of life. More research is badly needed on the attitudes and beliefs of patients, families, and health care professionals in different regions of the world.

### **Comments:**

Strengths/uniqueness: This article highlights some of the aspects of communication between palliative care physicians and patients regarding diagnosis and prognosis in different parts of the world, an area lacking extensive research. There was a convincing number of participants in the study.

Weaknesses: The study design is a retrospective survey, relying on physicians' recall of their experiences rather than a prospective survey. The questions in the questionnaire were quite simplistic.

Relevance to Palliative Care: This article reminds us of the importance of cultural awareness in dealing with patients and when reading literature from other countries. It prompts us to reflect on the nature of our own communication with patients and to examine whether our beliefs can be an obstacle in our dealings with the patient.