



Original article

Information of patients with life-threatening diseases: A survey of the attitude of Portuguese family practitioners

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ABSTRACT

Background: Family practice is the specialty with the highest number of doctors and covers all of Portugal, but, as far as we know, no studies have been carried out on the attitudes and practices of Portuguese family practice doctors about breaking bad news. However, the attitude of these doctors may have a high impact on patients.

Objective: To study the practice of family physicians on breaking bad news.

Methods: A questionnaire, specifically developed for this survey, was given to 196 doctors about 10% of the family physicians of Northern Portugal.

Results: One hundred fifty-nine (81%) of them participated in this study. The median age was 43 (26–64) and 108 (68%) of them were female. One hundred and seven (67%) doctors disclosed on principle the diagnosis and that rate rose to 81% when patients requested the disclosure. One hundred and two (64%) proactively questioned patients about their wish to know the diagnosis and then decided whether to convey it or not. Forty-seven (30%) doctors disclosed the prognosis on principle and that rate rose to 48% when patients requested the disclosure. Seventy-three (46%) often questioned patients proactively about their wish to know the prognosis and then decided whether to convey it or not. One hundred and two (64%) doctors frequently include patients in treatment decisions. Physicians think that the disclosure may affect hope but may also give patients more control of the situation.

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Conclusion: Family practitioners disclose the diagnosis of a chronic life-threatening disease often, especially at patients' request. General practitioners do not disclose the prognosis of a life-threatening disease often, even at patients' request.

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Introduction

The disclosure of information about diagnosis and mainly about prognosis of life-threatening diseases is one of the most difficult parts of being a doctor.¹⁻³ However, most patients want to know what is happening to them and what their future is likely to be,⁴ although not all studies bear out this statement.⁵ There are many differences between countries all over the world with regard to diagnosis and prognosis disclosure practices. Even in Europe there are differences between countries, with doctors from Northern European countries being more prone to disclosure than Southern and Eastern European doctors.⁶⁻¹¹

Family physicians play a very important role in public health systems. In fact, they are the base of national health services, which most people resort to in all phases of life to maintain their health and when they need help. Even when other specialties are needed, contact with the general practitioner or the family doctor is maintained. Usually they cover most of the national territories. Therefore, they come into contact with patients with a wide range of different diseases including life-threatening ones, such as cancer or organ failure. Some years ago, we carried out surveys on the practice of doctors at an oncological center about information disclosure,¹² and on patients' preferences and experiences with the disclosure of cancer diagnosis.¹³ Both studies were carried out in the Porto Center of the Portuguese Institute of Oncology. However, relative to what doctors in other specialties concerning this topic do, no studies have been carried out in Portugal, as far as we know, and general practitioners with such wide ranging activities have a great influence on the entire health system. Therefore, their practice and opinions are certainly very important, which is why we have carried out this study.

Methods

Most family medicine trainees in Northern Portugal do a one-month internship in our palliative care department. Some of these doctors, one per family practice center, were the researchers responsible for conducting the study in their center.

A questionnaire was specifically developed for this survey, based on one of the previous studies indicated above. It was evaluated by ten clinicians and modified according to their suggestions. Then the questionnaire was circulated by all the researchers involved in this survey and some of them also suggested further adjustments to the questionnaire.

The questionnaire included questions about demographic data, on informing patients and their families of diagnoses and prognoses for life-threatening diseases and involvement in treatment decisions. The questions were answered using a verbal rating scale (always, often, sometimes, rarely, never).

All family doctors dealing with patients autonomously willing to participate were included.

The variables were analyzed by proportions and means. To evaluate the existence or not of associations between categorical variables, the chi-square test was used. The level of significance was deemed to be 0.05. SPSS (Statistical Package for Social Sciences) version 24.0 statistical software was used to analyze the data. Missing

Table 1

Demographic data.

	No.	%
<i>Age (years)</i>		
<35	40	25
35-44	40	25
45-54	20	13
55-64	59	37
<i>Gender</i>		
Male	51	32
Female	108	68
<i>Marital status</i>		
Married	115	72
Single	27	17
Divorced	14	9
Other	3	2
<i>Religion</i>		
Catholic	132	83
None	10	6
Other	3	2
Unknown	14	9
<i>Number of patients with life-threatening diseases in the last year</i>		
<10	100	63
10-14	27	17
15-29	14	9
≥30	10	6
Unknown	8	5

data were omitted, an approach usually called listwise deletion or complete case analysis.

The protocol was approved by the Ethics Committee of the Northern Portuguese Health Authority and authorized by the medical directors at each center.

Results

The study was carried out in January 2013. The questionnaire was sent to 20 family health centers all over Northern Portugal. The questionnaire was delivered to 196 doctors from the about 1800 working in that region. Of these doctors, 159 (81%) participated in this study, with a range of participation between 56% and 100% of the doctors working in each center. The median age was 43 (26-64) and 108 (68%) of them were female. One hundred thirteen (71%) were married and 132 (83%) were Roman Catholic (Table 1).

Diagnosis

One hundred seven (67%) doctors disclosed the diagnosis on principle often or always, with a significant difference between genders: 78% of men vs. 62% of women ($p=0.04$). That rate rose to 81% when patients requested the disclosure. One hundred two (64%) proactively questioned patients about their wish to know the diagnosis and then decided whether to convey it or not (Table 2). Sixty-one (38%) would use the term cancer often but only 11 (7%) used that word always. In this case, dividing doctors by the median age, we found that the younger ones used the term cancer more frequently than the older ones: 39 (49%) vs. 22 (28%) ($p=0.02$). One hundred nineteen (75%) used euphemisms at least sometimes. The

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