



Original article

Family physicians' opinions on and difficulties with breaking bad news

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ABSTRACT

Background: Family practice is the specialty with the highest number of doctors and covers all of Portugal. Therefore, the attitude of these doctors may have a high impact on patients.
Objective: To explore the opinion and difficulties of Portuguese family doctors on dealing with communication with patients with life threatening diseases.
Methods: A questionnaire was sent to about 10% of family doctors of Northern Portugal. The questionnaire included questions about the disclosure of information, if they feel they need training courses and what they would want if they had a life-threatening disease.
Results: A questionnaire was given to 196 doctors and 159 (81%) participated in this study. The median age was 43 years (26–64) and 108 (68%) were females. One hundred thirty-five (85%) consider that breaking bad news is a difficult task. One hundred twenty-four (78%) feel they need training in breaking bad news. For many doctors, the disclosure of diagnoses and prognoses has a detrimental psychological effect and affects patients' hope, but gives patients' control of the situation. Given a situation where the doctors themselves had a life-threatening disease, the vast majority would want to know the diagnosis and the prognosis and to participate in treatment decisions.
Conclusions: Breaking bad news is still a difficult task. Their attitude to this duty is different from what they would wish if they themselves had a life-threatening disease. One important conclusion is the need of specific training in communication for family physicians that should begin in the training phase of their specialty.

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Introduction

The disclosure of information about the diagnosis and prognosis of life-threatening diseases is still a controversial matter. It is well known that in some countries, such as Anglo-Saxon countries,¹ Canada,² the United States,^{3,4} and Northern European countries⁵ the most usual attitude is to convey the information that patients want to hear. In contrast, in other countries such as those in Southern Europe,⁶⁻⁸ Eastern Europe,⁹ the Middle East,¹⁰ South America² and Asia¹¹ patients are traditionally "protected" from the distress that would result if the information were disclosed. Those differences are usually attributed to cultural issues, but the most usual practice in a country is not static, it may evolve with time. For example, in 1961 in the United States 90% of physicians indicated a preference for not telling a cancer patient the diagnosis, but at the end of the 1970s, 97% of the physicians preferred to disclose the diagnosis.¹²

In the year 2000 we carried out a study on the views of doctors on the disclosure of cancer diagnoses in the Porto Center of the Portuguese Institute of Oncology.¹³ We have also conducted a survey, in 2002 and 2003, on the experiences and preferences of cancer patients about information disclosure.¹⁴ This survey was carried out in the first contact with patients under palliative care at that hospital. However, no studies have been carried out in Portugal on the attitudes and practices of doctors in other specialties, as far as we know.

The Portuguese health care system is based on a public National Health System, which includes the network of health centers with the family physicians and hospitals all over the country. There is also private medicine with private hospitals and other facilities whose services are paid directly by patients or through insurance companies. Civil servants have also a kind of public insurance that reimburses them partially if they choose to be treated in the private medicine facilities. There are others smaller subsystems for particular professions.

Family practitioners come into contact with patients with a wide range of different diseases, some of them life-threatening, such as cancer, neurological diseases and organ failure. Family practice is the specialty with the highest number of doctors and covers all of Portugal. Family physicians are often the first contact patients have with the National Health Services, playing a gatekeeper role and providing health care continuously throughout their lives. Therefore, the attitude of these doctors can have a high impact on patients. That is why we decided to explore this issue, carrying out a survey on those physicians. This may add useful information on family doctors' practice concerning this important aspect of care.

Methods

The population of the northern region of Portugal is about 3 000 000, and there are about 1800 family physicians. A questionnaire was specifically developed for this survey, based on the questionnaire used in the study carried out with the oncologists, mentioned before. It was assessed by ten physicians and modified according to the relevant suggestions. Then the questionnaire was circulated by all the researchers involved in this survey and once again some details were modified. The validation of the questionnaire was only facial, that is, all researchers agreed that the questionnaire seems to be adequate to assess what it is supposed to assess, without any further validity, such as construct or criterion validity.

Most family medicine trainees in Northern Portugal do a one-month internship in our palliative care department. Doctors that were in the internship during 2012 were invited to participate in the study, one per family practice center, and were the researchers

responsible for conducting the study in their center. Therefore, all centers were located in Northern Portugal. When the different parts of that region were reasonably covered the inclusion of researchers was terminated.

The questionnaire included a total of 66 questions and it took about 15 min to be completed. The part of the questionnaire used for this study, whose focus was mainly personal opinions and difficulties of doctors on breaking bad news, included questions about demographic data, on informing patients and their families of diagnoses and prognoses for life-threatening diseases, such as cancer, and involvement in treatment decisions. The personal questions were about how doctors see the disclosure of relevant information to patients and their families: how difficult it is, how ready they feel for it, how ready their colleagues are, if the time available is a problem, if they feel they need to attend training courses, if they have actually participated in these courses and, if so, how many and how many hours, if their communication practice changed as time went by and to what extent the training influenced their practice; the last 3 questions were about the hypothetical situation of the doctors themselves having a life-threatening disease and if he/she would like to be informed of the diagnosis and the prognosis and to participate in treatment decisions. This article focuses mainly on these personal questions. Most questions were answered using a verbal rating scale (always, often, sometimes, rarely, never; ex. "do you feel prepared to break bad news to your patients?"), except answers about the number of training courses and the number of hours spent on attending them and the 3 last questions. In those 3 question the verbal rating scale was different (yes, no, no opinion; ex. "if you had a life-threatening disease, such as cancer, would you wish to be informed on the prognosis?").

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, who were all family doctors allowed to deal with patients autonomously and willing to participate. All doctors who participated in the study signed a written informed consent.

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

Statistical analysis

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 IBM SPSS Statics version 24.0 statistical software was used to analyze the data. Missing data were omitted, an approach usually called listwise deletion or complete case analysis.

Results

From the 196 doctors contacted, 159 (81%) participated in this study, with a range of participation in each center between 56% and 100%. The median age was 43 years (26-64) and 108 (68%) of them were female. One hundred thirteen (71%) were married and 132 (83%) were Roman Catholic (Table 1). Their time of practice was: ≤ 10 year - 53 (33%) doctors; 10-25 - 34 (21%); > 25 - 71 (45%). One hundred (63%) doctors followed less than 10 patients with life threatening diseases, such as cancer, per year, and only 10 (6%) followed 30 or more.

Comparing the doctors included in this study with the total of family doctors in Portugal we verified that the proportion of females was higher in this study and marginally significant ($p=0.049$). Regarding that proportion inside the age groups we found a significant difference between women and men relatively to the total only

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