

Massive open online courses with videos for palliative clinical field and intercultural and multilingual medical communication Ref. no.: 2014-1-RO01-KA203-002940

Programme: Erasmus+ Strategic Partnerships

# 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





Massive open online courses with videos for palliative clinical field and intercultural and multilingual medical communication Ref. no.: 2014-1-RO01-KA203-002940

Programme: Erasmus+ Strategic Partnerships

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

- 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