**Finding the Most Preferred Way of Informing the Patients and Their Families about Acute Coronary Artery Disease**

**Correspondence**: Masoumeh Tahmasebi, MD

**First Author**: AliReza Majidi , MD

**Co-Authers** Afshin Amini, MD , Masoumeh Tahmasebi,MD

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**Abstract**

**Objective:** Bad news disclosure is one of the most complex tasks of physicians. Recent evidences indicate that patients' and physicians' attitude toward breaking bad news has been changed since few years ago. The evidence of breaking bad news is different across cultures. The aim of this study is Investigation of the preference to disclose bad news to patients and their family with acute coronary disease in emergency centers in Iran.

**Methods:** A descriptive study was conducted during 2012-2013 on a sample of 280 patients and 180 families of patients at two emergency departments of two university hospitals (Shohada-y- Tajrish and Imam Hossian) were involved in the study. None of the hospitals had a stated policy about the disclosure of acute coronary disease diagnosis. All participants were inpatients or their families of emergency departments and CCU. The subjects' demographic characteristics and their attitudes toward the manner of revealing the diagnosis were registered in a questionnaire.

**Results:** All of the patients and families completed the questionnaire. Acute coronary disease patients were more likely than families to believe that patient should be informed of the diagnosis and that doctor-in-charge was the appropriate person to disclose the diagnosis. Most participants thought that patient should be disclosed immediately after the diagnosis. Nearly half of participants reported that patient should be disclosed in a patient’s bedside.

**Conclusion:** Our findings indicated that Iranian acute coronary disease patients and their families differed in their attitude toward truth telling. Physicians should realize this phenomenon and pay more attention to the skills of how to disclose the acute coronary disease diagnosis. Therefore, training physicians to expose bad news to the patients seems to be necessary.

**Keywords:** Communication, Acute coronary disease; disclosure; family member; patient, Truth disclosures, department of emergency medicine

**Introduction**

Although patients and their families and relatives would have recently the obvious right to know their disease in details, what should be dene if the patient regrets his/her right in this matter? This perturbation has involved health providers in different cultures worldwide. In Iran, with a significantly different social thought and culture, the problem would be more challengeable mainly because of imperfect defined patients' and physicians' rights. Around 30% of patients through a study in China preferred to know nothing about their disease outcome and prognosis while totally 90% liked to know their medical condition only (1). Among the studied people 50% liked to know their prognosis too. Several investigations showed completely wide range of difference in patients, physicians and families in this regard (2, 3). For instance, 382 cancer patients and 482 of their family members were asked in a Chinese study identified much more tendency to know about the nature of disease among patients compared with families (4). More than 90% of patients liked to know their disease at early stage of cancer which decreased to 60% at end stage. They also preferred to be explained by their physician directly. Less than 8% of 195 referrals to general hospitals in Taiwan during 3 days liked to get no information about their diseases while 92% liked to know their medical condition even in details. It seems that age, career and education were not really effective on the patients' tendency to be informed in this matter (1). Another study on 380 cancer cases and their 281 family members in Korea showed the fact that patients tended more to know their disease details than families (96.1% vs. 76.9%). They also preferred their physicians as the person in charge to explain the condition. Immediate informing was the main demand by 71.7% of patients and 43.6% of family members (5, 6). In order to have great reinforcement in physician-patient trust as well as increasing patients' satisfaction, the current study headed to ask patients and their relatives in terms of their wills to know the exact medical conditions.

**Materials and Methods**

Through a cross-sectional study between 2012 and 2013 in two hospitals in Tehran, 288 patients with coronary artery disease (CAD) enrolled to be asked about their preferred way to know their disease. Every patient was separately asked for answering a questionnaire by emergency physicians. Age, sex, career, education, and some other demographics were gathered. All the patients were admitted in emergency room (ER) of two hospitals namely: Shohada and Imam Hossein in Tehran.

**Statistics**: the sample size was identified using the following formula considering study power of %75.

n= =288

Mean and standard deviation as well as median, frequency and percentages were used to report the data. This study regards 95% confidence interval and type one error of α = 0.05 while significance was defined by P value < 0.05.

**Results**

A total number of 280 cases of CAD and 180 family members of the cases were recruited by the current study. From the patients 128(45.7%) were men and the rest were women. Of the patients' family members 113(62.8%) were male and 67(37.2%) female. The mean age was 59.88 years in patients and 41.66 years in family group (table 1). 249(88.9%) of patients and 144(80%) of family members believed that the diagnosis had to be explained to them. We had three choices for a question about who the best person is to tell the diagnosis: physician, nurse or family physician. Among the patients, 207(73.9%) tended to be informed by their physicians in this matter while the rate was 42.2% in family group. As can be seen in table 2, the majority of family members believed that the diagnosis should be disclosed gradually while 87.9% of patients preferred to be informed immediately when confirmed. The major part of family group agreed with telling the diagnosis when family members are present. On the contrary, the majority of the patients tended to know the diagnosis at their bed (47.8% vs. 48.9%).

The majority of the patients believed that a patient has the obvious right to know his/her diagnosis (44.8%) but 85 (34%) explained that knowing the real diagnosis help patients trust their physician to get a suitable disease management. The majority of family members otherwise, actually indicated the latter reason as a result of informing the patients and families about the medical condition (62.5%).

People who did not like to know the diagnosis indicated that knowing the condition could direct the person to more stress, emotional problems, lower quality of life and hopelessness to get better (58.7 of patients and 91.7 of family members). The most frequent reason to the tendency to be informed by physician in person was his/her duty. Table 2 and 3 show the details.

**Discussion**

The preferred ways of getting information about medical conditions differ from culture to culture. The current study on CAD cases disclosed that the majority of patients and families liked to know their diagnosis. On the contrary, one-fifth of people regret to know their diagnosis because of higher emotional stress and lower hope to get rid of disease if know the condition. This is on the con side of some studies in China which showed more hope in people who knew their medical condition (7,8).

Ohara in 2010 focused on new rights of patients to know the purpose, methods, and results of clinical examinations, laboratory studies and more activities (9).

This means that people are usually worried about their medical conditions and feel anxious and nervous wondering what is their diagnosis and prognosis as well as the needs to do para-clinic and laboratory evaluation. Some authorities have faced people who needed information in addition to be informed even in cases of diagnosis and results of cancer screening (10).

In a performance by Tsuboi et al. they showed that providing an interaction between health providers including physicians on one hand and patients and family members, on the other hand could achieve the outcome peacefully (11).

Visiting a patient and his family every day to explain the situation and laboratory results for an advanced cancer case in his 40s seemed to be helpful for the family to cope with their challenge and finally their patient’s death.

Nagura et al. attempted to investigate the feeling of elderly patients and their families concerning disease and prognosis in case (12). However, "neither rigorous truth at any cost nor the principle of concealment of the hopelessness for the patient's condition is correct" as Schreiber pointed out in the best way in 1988 (13). This is globally acceptable that a balance needs to be through at any condition considering emotional status of patients and their families absolutely (13, 14).

In a study in Germany, Habeck et al. investigated 1043 persons about their tendency to know the causes of their complaints and reached a 77.7% interest rate to know the causes whilst 66.4% for knowing the prognosis (15). The majority of asked people preferred to be explained by their family doctor about their medical cases instead of reading the report for themselves. Around 50% liked to be fully informed through this study.

In conclusion, new declarations and protocols have brightly raised the patients' rights to know the diagnosis, process of management, test results and of course the prognosis of their diseases these days. It may be too difficult in some societies and cultures to explain the truth completely, so a balance between the hope and hopelessness would be helpful regarding emotional aspects as well as the personal capacity for patients and families.

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Table 1: Demographics for patients and families

|  |  |  |
| --- | --- | --- |
| Data | Patients no(%) | Families no(%) |
| Mean age | 59.88 | 41.66 |
| Sex  Male  Female | 128(45.7)  152(54.3) | 113(62.8)  67(37.2) |
| Education  Pre-diploma  Diploma | 179(63.9)  101(36.1) | 78(43.3)  102(56.7) |
| Career  Unemployed  Governmental  Self-employed | 155(55.4)  84(30)  41(14.6) | 56(31.1)  71(39.4)  53(29.4) |

Table 2: Findings regarding specific questions

|  |  |  |
| --- | --- | --- |
| Questions | Patients no(%) | Families no(%) |
| Is the diagnosis to be explained? |  |  |
| Yes | 249(88.9) | 144(80) |
| No | 31(11.1) | 36(20) |
| Who should be in charge to explain? |  |  |
| Physician | 207(73.9) | 76(42.2) |
| Nurse | 1(0.4) | 0(0) |
| Family members | 72(25.7) | 104(57.8) |
| The best time to explain? |  |  |
| Immediately | 246(87.9) | 82(45.6) |
| Gradually | 34(12.1) | 98(54.4) |
| Where shoud the explanation be done? |  |  |
| At bed | 137(48.9) | 65(36.1) |
| In the office | 96(34.3) | 24(13.3) |
| Separately | 12(4.3) | 3(1.7) |
| At holy person presentation | 13(4.6) | 2(1.1) |
| At family member presentation | 22(7.9) | 86(47.8) |

Table 3: Reasons for agreement or disagreement with diagnosis explanation

|  |  |  |
| --- | --- | --- |
| Reasons to diagnosis explanation | Patients no (%) | Families no (%) |
| Agreement |  |  |
| More collaboration | 85(34) | 90(62.5) |
| Patient’s right | 112(44.8) | 17(11.8) |
| Better planning to disease management | 12(4.8) | 25(17.4) |
| Reduction of unnecessary treatments | 20(8) | 10(6.9) |
| Other | 15(6) | 2(1.4) |
| Disagreement |  |  |
| More stress due to knowing the condition | 14(46.7) | 18(50) |
| Lower quality of life due to knowing the condition | 20(6) | 5(13.9) |
| hopelessness due to knowing the condition | 20(6) | 10(27.8) |
| Better collaboration | 2(6.7) | 1(2.8) |
| Other | 1(3.3) | 2(5.6) |