

## ***Journal Watch***

### **Truth-telling in discussing prognosis in advanced life-limiting illnesses: a systematic review**

Hancock K, Clayton JM, Parker SM, Wal der S, et al. *Palliative Medicine* 2007;21:507-517.

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#### **Abstract:**

Many health professionals (HPs) express discomfort at having to broach the topic of prognosis, including limited life expectancy, and may withhold information or not disclose prognosis. A systematic review was conducted of 46 studies relating to truth-telling in discussing prognosis with patients with progressive, advanced life-limiting illnesses and their caregivers. Relevant studies meeting the inclusion criteria were identified by searching computerized databases (MEDLINE, EMBASE, CINAHL, PsychINFO and Cochrane Register of Controlled Trials) up to November 2004, with hand searching of studies, as well as inclusion of studies satisfying selection criteria reported in 2005 by the authors. The reference lists of identified studies were hand-searched for further relevant studies. Inclusion criteria were studies of any design evaluating communication of prognostic information that included adult patients with an advanced, life-limiting illness; their caregivers; and qualified HPs. Results showed that although the majority of HPs believed that patients and caregivers should be told the truth about the prognosis, in practice, many either avoid discussing the topic or withhold information. Reasons include perceived lack of training, stress, no time to attend to the patient's emotional needs, fear of a negative impact on the patient, uncertainty about prognostication, requests from family members to withhold information and a feeling of inadequacy or hopelessness regarding the unavailability of further curative treatment. Studies suggest that patients can discuss the topic without it having a negative impact on them. Differences and similarities in findings from different cultures are explored. *Palliative Medicine* 2007; 21: 507—517

## **Comments:**

### Strengths/uniqueness:

This paper reports the results of a subset of studies in a systematic review of the literature pertaining to discussion of prognosis and end-of-life issues in adult patients with advanced life-limiting illness and their caregivers. The same group has also published a clinical practice guideline for communicating prognosis and end-of-life issues with adults (and their caregivers), in the advanced stages of a life-limiting illness (Medical Journal of Australia 2007; 186:S77-108). This review includes studies evaluating perceptions of health care professionals, patients, and caregivers about truth disclosure regarding prognosis and end-of-life issues.

The strength of this paper is that it has reached a conclusion that is intuitively correct. This conclusion is based on a large systematic review of literature with limited level of evidence (descriptive qualitative research or small number of non-randomized controlled trial reports). The conclusion also seems to reflect our daily clinical experience – one should not assume that disclosure of prognosis would increase anxiety, but avoiding this topic can be rather harmful; health care professionals require communication skills and sensitivity to the patients' and caregivers' needs, and should encourage them to share decision making on appropriate supportive treatment and set the goals of care.

### Weaknesses:

There is no clear consensus regarding how to synthesize data in a systematic review of descriptive qualitative research. The authors also identified that the data was not sufficient to provide a definitive conclusion regarding the influence of cultural factors on truth-telling. However, the conclusion is overall clinically relevant.

### Relevance to Palliative Care:

Strategies for truth-telling is not explored adequately in the medical literature. This paper provides insights to this problem, based on a very challenging systematic review. It explores the factors related to truth telling, that are important for clinicians and provides suggestions for future research.