



Communication of the cancer diagnosis to an elderly patient

Comunicação do diagnóstico de câncer à pessoa idosa

Comunicación del diagnóstico de cáncer a la persona anciana

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Objective: to collect evidence on matters which involve cancer diagnosis disclosure to an elderly patient. **Methods:** integrative revision made in five important data bases in the area of health with seven selected articles. **Results:** it was noticeable that there are conflicts between family members and health professionals concerning cancer diagnosis disclosure to an elderly patient and that the preferences of those people on the disclosure of the diagnosis are similar to other patients. **Conclusion:** Health professionals, especially the nurses, need training in order to have a secure and clarifying communication, matching the information to the specific needs of each patient, considering their reality and type of confrontation..

Descriptors: Aged; Neoplasms; Communication; Truth Disclosure.

Objetivo: buscar evidências sobre as questões que envolvem a revelação do diagnóstico de câncer à pessoa idosa. **Métodos:** revisão integrativa realizada em cinco bases de dados importantes da área da saúde com sete artigos selecionados. **Resultados:** evidenciou-se que há conflitos entre familiares e profissionais de saúde em relação à revelação do diagnóstico de câncer à pessoa idosa e que as preferências destas pessoas sobre a divulgação do diagnóstico são semelhantes as dos demais pacientes. **Conclusão:** profissionais de saúde, em especial os enfermeiros, necessitam de capacitação para realizar a comunicação segura e esclarecedora, adequando a informação às necessidades específicas de cada paciente, considerando sua realidade e forma de enfrentamento.

Descritores: Idoso; Neoplasia; Comunicação; Revelação da Verdade.

Objetivo: buscar pruebas sobre las cuestiones relacionadas con la revelación del diagnóstico de cáncer a la persona anciana. **Métodos:** revisión integradora realizada en cinco principales bases de datos del área de salud con siete artículos seleccionados. **Resultados:** se señaló que hay conflictos entre familias y profesionales de la salud en relación a la divulgación del diagnóstico de cáncer a la persona anciana y que las preferencias de estas personas sobre la revelación del diagnóstico son similares a las de otros pacientes. **Conclusión:** profesionales de salud, especialmente los enfermeros, necesitan de capacitación para llevar a cabo la comunicación segura y perspicaz, adaptando la información a las necesidades específicas de cada paciente, teniendo en cuenta su realidad y forma de hacer frente.

Descriptor: Anciano; Neoplasias; Comunicación; Revelación de la Verdad.

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Introduction

The communication of news such as cancer diagnosis is considered one of the most frequent activities among the health professionals and can generate discomfort. The way how the health professional transmits the news interferes directly in the relation of the patient with the diagnosis itself⁽¹⁾.

The cancer diagnosis carries with itself stigmas which can cause a devastating effect to the patient, that is, refer to the idea of death, to the fear of mutilations and disfiguring, besides implications related to the loss of productivity and physical capacities. Furthermore, the uncertainty on what can happen facing cancer diagnosis can cause feelings of anxiety, anguish and sadness⁽²⁾.

Revealing cancer diagnosis to the patient is an extremely complex task, it requires preparation and sensibility⁽¹⁾. The quality of the information can be directly related to the level of stress and anxiety, to the adaptation to a new situation, to the confrontation of the disease and to the satisfaction with the care rendered⁽³⁾.

The way each person reacts facing cancer diagnosis and the need of treatment is subjective, considering the phase of life in which the subject is, is an important factor for the confrontation of the disease. Among young patients this condition means a threat to their plans of life, objectives and dreams; but for the elderly patients, the diagnosis and treatment generally refer to the fear of dependence in the course of the disease, as well as the fear of death⁽⁴⁾.

It is noticed that there is a growing concern with matters which involve cancer diagnosis disclosure⁽⁵⁻⁶⁾, especially regarding the elderly, and keeping in mind that this person represents a contingent each time bigger in oncology. Due to the presence of comorbidities, cognitive and sensorial deficits, among others, the elderly require adequate attitudes from the health professionals as to the communication of the cancer diagnosis and prognosis, as well as respect

to their individuality and treatment decision, which is determined by their autonomy^(1,7).

In the context, disclosing or not cancer diagnosis to the elderly becomes a difficult task, arousing ethical questioning which requires competence, abilities from the health professionals, and also more assertive decision taking. However, it is an action which is little explored in the literature, and when there is the need to do it, health professionals can base themselves just on experiences lived and personal values⁽⁷⁾.

To have broader knowledge on the process of revealing cancer diagnosis to an elderly can offer subsidies to strengthen the link between the elderly and the health professional, to preserve his autonomy, besides mitigating the stress experienced by everyone under these circumstances.

So within this context, the objective was to collect evidence in the literature concerning the questions which involve cancer diagnosis disclosure to the elderly.

Methods

In order to reach the proposed objective, the method of integrative revision was chosen in which the following stages were covered: identification of the theme and selection of the questions of research; establishment of criteria for inclusion and exclusion of studies; categorization and evaluation of the articles included in the revision; interpretation of the results and the synthesis of the knowledge of the main results which were highlighted in the analysis of the articles included⁽⁸⁾ in order to answer the following guiding question: "Which are the available evidences in the literature concerning the questions which involve the revealing of cancer diagnoses to the elderly?"

For the selection of the studies, the data bases considered important in the context of health and available *on-line* were used: Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), National Library of Medicine National Institute of

Health (PUBMED), Cumulative Index to Nursing and Allied Health Literature (CINAHL), American Psychological Association (Psyc INFO) e SCOPUS.

The criteria of inclusion established for the selection of the articles were: primary articles published completely which approached cancer diagnosis disclosure to the elderly, in Portuguese, English and Spanish. The period from 2000 to 2014 was chosen for noticing that the study of the theme was intensified in the last decade. The criteria used for the exclusion of the articles were: Articles of revision of the literature, letters, editorials, reports of experience, cases of studies, papers, theses and publishing, which approached diagnosis disclosure of another disease and articles that did not involve elderly people.

The survey of the studies was made in July 2014, at the same time in four bases, using the following keywords: aged, elderly, communication, cancer, truth disclosure. Such words were crossed using the Boolean operators “and” and “or” until studies were obtained which corresponded to the criteria of inclusion of study. An evaluation of the articles was made by two reviewers, and the results were later on compared, in order to certify that they complied with the criteria of inclusion.

For the extraction of the information of the articles included in the integrative revision, a validated instrument was used, which contemplates the following items: identification of the original article, methodological characteristics of the study, evaluation of the methodological rigor and of the level of evidence, of the measured interventions and of the results found ⁽⁹⁾.

For the analysis of the levels of evidence of the studies ⁽¹⁰⁾, the following classification was adopted: level I – evidences originated in systematic revisions or meta-analysis of relevant controlled randomized clinical test, or of clinical guidelines, based on systematic revisions of controlled randomized clinical test; level II – evidence derived from at least one well-

designed controlled randomized clinical test.; Level III – evidence obtained from well-designed clinical test, without randomization; level IV – evidence originated in a controlled case study or well-designed cohort; level V – evidence originated from systematic revisions of qualitative and descriptive studies; level VI- evidence derived from qualitative or descriptive study; level VII – evidence originated in the opinion of authorities and/or reports of specialists. For the classification concerning the strength of evidence, levels I and II are considered strong evidence, III and IV moderate and from V to VII weak.

As to the ethical aspects, the specific information extracted from the articles was accessed by means of data banks, and there was no need of authorization to use them once they deal with material which belongs to the public domain. The ethical considerations were complied with when the same information found in the research articles was found.

Results

425 publishings were found, 248 were excluded due to the title; six reports of experience; three revisions of the literature; seven editorials; eight case studies; 106 which approached the revealing of other diseases; and three duplicated articles. After the complete reading of the 44 articles, 37 were excluded, once they approached the revealing of cancer diagnosis to children and adolescents. So, seven articles were included in the integrative revision.

Concerning the characterization of the studies, 02 were developed in Japan, 02 in Italy, 02 in the United States and 01 in London. As to the idiom, all the articles were published in English. Concerning the institution of origin of the authors, all of them are linked to the universities.

Regarding the year of publishing, 02 articles were published in 2001, 01 in 2007, 03 in 2009 and 01 in 2013. Picture 1 presents the summary of the

characteristics of the studies.

As to the level of evidence ⁽¹⁰⁾ of the studies, four were identified with level of evidence IV (cohort /observation study) and three of evidence VI (descriptive/cross-sectional study). Therefore, four studies presented moderate strength of evidence and three presented weak strength of evidence.

Study 01 analyzed the doctors' attitudes concerning the disclosure of the cancer diagnosis to elderly people in a geriatric hospital. In this study, 76% of the patients were informed on the diagnosis before the beginning of treatment and 24% were not. The lack of capacity to understand the information was the main reason for the family not to want the diagnosis disclosure to the elderly patient, but even with the capacity of the decision preserved, 15% of the patients were not informed on the diagnosis ⁽¹¹⁾.

Study 02 investigated the preferences of the elderly people on the diagnosis disclosure and showed that 88% of these people would like to be informed about their diagnosis and that elderly people who presented physical dependence were less interested to know the diagnosis ⁽¹²⁾.

Study 03 had the objective to evaluate the preferences of the patients in receiving information on the prognosis, in evaluating the involvement in decision taking concerning the treatment for colorectal cancer and compare the preferences reported by the patients with the perception of their oncologists. It was observed that the preference in receiving information concerning prognosis was more common among men (56%). Half of patients assumed a passive role in the process of decision taking of the treatment, and the perception of the doctors agreed with the preferences of the patients (44%) and for decision taking (41%) ⁽¹³⁾.

Study 04 described the characteristics associated to the preferences in the disclosure of

cancer in Korean-American citizens in the New York City. Most of the patients and relatives reported that the doctor is the one who should reveal the cancer diagnosis and if there is the possibility of death as consequence of the disease. These participants, who agreed concerning the revealing of the diagnosis, were younger people and lived in the United States longer than the ones who did not agree ⁽¹⁴⁾.

Study 05 identified the preferences of elderly people concerning the revealing of bad news about the cancer diagnosis. Of the participants, 64,1% wanted to be informed on the diagnosis of the disease, and patients of the male gender with higher level of schooling showed to be anxious to know more about the diagnosis ⁽¹⁵⁾.

In study 06, the current standards of communication in Italy and the relation between the disclosure of the diagnosis and prognosis with the characteristics of the patients and of the cancer were investigated. In this study, 86,5% considered their families as the main source of support in the disease, 79,1% wanted to have a family member participating in the doctors appointments, 80% considered the information received complete and comprehensible and 84,8% reported that receiving adequate information promotes a better relation between the health professional and the patient ⁽¹⁶⁾.

At last, study 07 examined the relation between patients with cancer and the information concerning the quality of assistance for patients in a terminal condition. In this study, the anxiety was reduced significantly in the patients who received the specific information concerning the knowledge of the disease. Regarding the communication among patients, family members and health professionals, there was an increase of communication in the patients who obtained more specific information on their health condition ⁽¹⁶⁾.

Title	Year/Country	Study design	Synthesis of knowledge
01. Physician's attitudes towards disclosure of cancer diagnosis to elderly patients: a report from Tokyo, Japan ⁽¹¹⁾	2001/Japan	Observational perspective study	The complete disclosure of cancer diagnosis can cause psychological damage to the patient. However, there is no reason for the doctors to hesitate in disclosing cancer diagnosis just because of the patient's old age.
02. Should elderly patients be told they have cancer? Questionnaire survey of older people ⁽¹²⁾	2001/London	Cross-sectional study	The disclosure of the cancer diagnosis has caused a conflict between doctors and family members. The present study brings information which can help in decision taking on diagnosis disclosure to elderly people, once many of the interviewees would like to be informed.
03. Desire for information and involvement in treatment decisions: elderly cancer patients' preferences and their physicians' perceptions ⁽¹³⁾	2007/United States	Cross-sectional study	Offering adequate information makes the interaction doctor-patient easy and, consequently, helps the patients in the process of decision taking concerning the treatment.
04. Preferences for disclosure of information about serious illness among Older Korean American Immigrants in New York City ⁽¹⁴⁾	2009/United States	Cross-sectional study	The health professionals should be advised to identify the preferences of the disclosure on the disease in elderly people and avoid stereotyped suppositions.
05. Elderly cancer patients' preferences regarding the disclosure of cancer diagnosis. Experience of a single institution in Italy ⁽¹⁵⁾	2009/Italy	Observational perspective study	The elderly patients preferences regarding the disclosure of cancer diagnosis are similar to the younger patients, that is, elderly people prefer to know they diagnosis. Besides that, elderly with more years of formal education receive more information on their diagnosis.
06. Communicating cancer diagnosis and prognosis: When the target is the elderly patient-a GIOGer study ⁽¹⁶⁾	2009/Italy	Observational multi-centered study	The study highlights the importance of involving the family members in the process of disclosure of a diagnosis and prognosis. Health professionals should consider the specific questions: concerning age, social and emotional aspects.
07. The evaluation of the relationship between the level of disclosure of cancer in terminally III patients with cancer ⁽¹⁷⁾	2013/Japan	Observation retrospective study	Offering the patients more specific information regarding their disease increases the quality of the care to patients in terminal condition.

Picture 1 - Synthesis of the articles included in the integrative revision

Discussion

Studies which approach cancer diagnosis disclosure to elderly people are scarce in the literature, especially their preferences regarding the communication of the truth on the diagnosis and also their desires of treatment.

In the selected studies, it was evident that some doctors provide complete information and others report reasons not to do it, like protecting the patients from psychological suffering caused by the disclosure of the diagnosis and also the desires of the families not to disclose to the patients. Such evidence agrees with findings of another study, which reports that 60% of the patients would like to know about the prognosis; however, less than 50% of the doctors offer adequate information to their patients⁽¹⁸⁾.

Although many patients with cancer show preference to obtain detailed information on the disease, it is observed that patients with cancer, many times do not understand the real meaning of what it is said and wrongly interpret the diagnosis of their disease and the objective of the treatment⁽¹⁹⁻²⁰⁾. Under this perspective, the diagnosis disclosure deserves special attention when it is directed to elderly people, keeping in mind that many of them present their cognitive capacities jeopardized.

Furthermore, the information offered to the patient varies according to characteristics such as age, ethnic group, schooling, income, location and cultural levels. Subjects of the female gender are less worried with obtaining detailed information on the cancer than the patients of the male gender. The patients with higher educational level tend to want more information from their doctors when compared to those with less formal education⁽¹⁵⁾. This fact agrees with another study, which revealed that the patients with more years of schooling wanted to obtain more detailed information from their doctors on the different aspects of their cancer⁽²⁰⁾.

The preferences of the elderly people on the

disclosure of a cancer diagnosis are similar to those of younger patients, as found in other researches⁽¹⁹⁻²¹⁾. It is understood that the communication for patients with cancer has a crucial role in the treatment offered, in the adaptation to the disease and in the capacity to deal with the disease. Revealing the information is one of the aspects of care and has been associated with the decrease of the levels of anxiety, mood disorder, anguish and a better acceptance of the treatment plan⁽²²⁾.

Another important aspect to be discussed is referring to the way a health professional communicates the news, which can directly interfere in the confrontation of the disease, considering that an adequate management of the information is an indispensable factor in the communication of cancer diagnosis. However some difficulties are experienced by the health professionals in this process of communication, among them, some lack of training of the health professionals regarding the moment and the way to disclose such bad news^(1,23).

The disclosure must be made honestly, clearly and in a comprehensive way, but in a respectful manner. So, it is necessary that the health professional develops effective strategies of communication to deal with ordinary people, taking care in making himself understood⁽¹⁾.

Still regarding the question referring to diagnosis disclosure to elderly people, another important factor that must be considered is related to the health professional who is responsible to communicate the news. The doctor is the professional who more often discloses the diagnosis, however, other health professionals, especially the nurses, are considered important in this process of revealing⁽²⁴⁾. In the assistance to the oncological patient, the nursing team performs a relevant role with the multi-professional team of health; keeping in mind that such team has the purpose to offer assistance turned to the individual affected in psychological needs of the people⁽¹⁾.

It was observed that in the studies analyzed in

the present revision the nurse was not incorporated in the process of cancer diagnosis disclosure. However, such health professional has been chosen in the preferences of the patients, being considered of the most adequate health professionals to share their thoughts and feelings⁽²⁴⁾.

The nurse, for being the health professional with longer time in contact with the elderly people their families, and, consequently, establishing a better link, is an essential part of the multi-professional health team⁽⁷⁾. Nurses perform a fundamental role in the process of communication and also in the way to transmit the information^(1,24). At the moment of the diagnosis and prognosis disclosure, the nurse is an important person of support offering the possibility for the patient to share their sufferings, fears, anguishes and doubts⁽²⁵⁾. At last, it is believed that the nurse can establish a therapeutic relationship and individualize assistance, as well as develop a fundamental encouraging role in the process of adaption to the patients' new reality.

Final considerations

The disclosure of cancer diagnosis to the elderly people is directly related to the communication of bad news. It characterizes an important moment in the life of the patient and family members once it establishes the beginning of a series of changes in the everyday lives of the same. Considering the importance of this moment and the impact on the life of these people, the objective of this study was to collect evidence in the literature on the issues which involve the cancer diagnosis disclosure to the elderly people.

The evidences showed that the cancer diagnosis disclosure to the elderly people is a conflicting situation between the health team and patients' family members. Besides that, the professionals should consider the social cultural and emotional aspects to understand the role the family members have in the evolution of the disease. The non disclosure is

sometimes understood as a way to protect the elderly person. Furthermore, there is the lack of training of the health professionals in dealing with bad news and with the reactions which can be generated.

So, the health professionals should be trained to provide secure and clarifying communication in order to make the flow of the information to be offered easy, matching the information to the specific needs of patients within their realities and their manner of confrontation. Besides that, it is necessary to involve the family members in this process of disclosure and decision taking.

The presence of the nurse is fundamental in the process of cancer diagnosis disclosure and characterizes an attitude of zeal and care, besides allowing a more directed look at the needs of the elderly people, thus configuring a complete and more humanized assistance. It is observed that it is necessary to have a greater involvement of the nurses in the process of cancer diagnosis disclosure in order to help the elderly patients to face the new reality and to avoid that they are not considered in their preferences, taking into consideration their bio-psycho-social-spiritual condition.

At last, this integrative revision presents, as limitation, low number of productions which involve the cancer diagnosis disclosure to the elderly patients as well as publishing considered evident and classified as moderate and weak. In this context, there is still room for a lot of investigation, especially studies with strong evidence which considered the different aspects concerning nurses, once it is an area to which the health professional has a lot to contribute.

Collaborations

Jonas LT, Silva NM, Paula JM, Marques S e Kusomota L contributed for the conception, analysis, data interpretation, writing and final approval of the article to be published.

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