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The assessment of the attitudes regarding medical information and participation in making medical decisions in patients with breast cancer

Ocena postaw wobec informacji medycznej i uczestniczeniu w podejmowaniu decyzji u pacjentek chorych na raka piersi

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Summary Background. Breast cancer is the most diagnosed cancer in female population all over the world, it afflicts more than 200,000 women annually. Medical care provided to patients with breast cancer is based on cooperation of medical professionals, afflicted women and their families with special attention paid to partnership relation between physician and patient based on mutual confidence and esteem.

Material and methods. Research method used in the work is diagnostic survey and research technique – a questionnaire. 120 respondents with breast cancer took part in the survey.

Results. Significant majority of women suffering from breast cancer want to actively participate in making decisions regarding the process of treatment. More than 90% respondents expect valid and full medical information from a physician. Statistical analysis of the results showed correlation between marital status of respondents and expectations regarding information about health status, diagnosis and prognosis in the illness: married women more often expect full medical information in comparison with unmarried ones.

Conclusions. Requirement for broadly understood medical information, including knowledge about the illness, treatment methods and prognosis as well as participation in making medical decisions – is very high among respondents with breast cancer. Married women expect full medical information significantly more often than unmarried ones. Marital status has also a meaning in the aspect of the assessment of validity of medical information provided by physician: married women and widows assessed their quality positively, divorced women assessed it decidedly negatively.

Key words: breast cancer, medical information, medical decisions.

Streszczenie Wstęp. Rak piersi jest najczęściej diagnozowanym nowotworem w populacji kobiet na świecie, dotyka rocznie ponad 200 000 kobiet. Opieka zapewniana pacjentkom z rozpoznaniem nowotworu piersi oparta jest na współdziałaniu profesjonalistów medycznych, samych chorych oraz ich rodzin, ze szczególnym naciskiem na partnerską relację lekarz–pacjent opartą na wzajemnym zaufaniu i szacunku.

Materiał i metody. Metodą badawczą zastosowaną w badaniu jest sondaż diagnostyczny, techniką badawczą – kwestionariusz ankiety. W badaniach ankietowych wzięło udział 120 respondentek z rozpoznaniem nowotworu piersi.

Wyniki. Zdecydowana większość kobiet chorych na nowotwór piersi chce aktywnie uczestniczyć w podejmowaniu decyzji dotyczących przebiegu leczenia. Ponad 90% respondentek oczekuje od lekarza rzetelnej i pełnej informacji medycznej. Analiza statystyczna uzyskanych wyników wykazała zależność pomiędzy stanem cywilnym respondentek, a oczekiwaniami w zakresie informacji o stanie zdrowia, diagnozie oraz rokowaniach w chorobie: kobiety zamężne znacznie częściej niż samotne oczekują pełnej informacji medycznej.

Wnioski. Zapotrzebowanie na szeroko pojętą informację medyczną, obejmującą wiedzę o samej chorobie, metodach leczenia oraz rokowaniach, jak również współudział w podejmowaniu decyzji medycznych jest wśród respondentek cierpiących na nowotwór piersi znaczny. Zdecydowanie częściej informacji medycznych oczekują kobiety zamężne niż samotne. Stan cywilny ma również znaczenie z punktu widzenia oceny rzetelności przekazywanych przez lekarza informacji medycznych: pozytywnie ich zakres oraz jakość oceniły mężatki oraz wdowy, zdecydowanie negatywnie kobiety rozwiedzione.

Słowa kluczowe: rak piersi, informacja medyczna, decyzje medyczne.

Introduction

Breast cancer is the most often diagnosed tumour in the female population all over the world and the second (after lung carcinoma) reason of death in women. Over 200,000 new cases of breast cancer are diagnosed annually in the United States [1]. About 300 women in the average age of slightly more than 50 years fall ill with BRCA1-dependent breast cancers or genetically determined one. A huge progress in the cancer genetic – which can be witnessed in the last decades – allows today successfully to prevent increasing incidence. Moreover genetically determined breast cancers can be successfully detected and treated thanks to using of different system of prophylaxis and control examinations – in comparison with standard one [2].

In connection with the fact that majority of women in the early stage of the illness are treated with chemotherapy and/or hormonal therapy – understanding how applied treatment influences women comfort and quality of life is enormously important among physicians and all members of therapeutic team. Also important thing is understanding how requirement for broadly taken support (also informational) changes in the various stages of cancer disease [1].

Care provided to the patients with breast cancer is based on the cooperation of medical professionals, suffered women and their families [3]. A need of addition of the elements of psychology and behavioural medicine to medical knowledge in the future physician is noted more and more often now. Abilities of making use of therapeutic function of word and mobilizing of psychological reserves of patients can give physician new tools in the fight with malignant disease through empowering of inner patient motivation [4].

The relationship between a physician and a patient is a very important element of the treatment process. However there are multiple barriers regarding communication between physicians and patients, especially in the terms of breast diseases. Informing patients about the diagnosis, discussing about possible treatment methods can be – both for the physician and the patient – true challenge in view of common fear of serious prognosis [5] and of crippling treatment.

Medically there are numerous important elements influencing quality of provided care to patients during their contact with a medical professional. It is especially ability of taking the history of the patient, which aim is not only gathering information about health complaints, but also about concerns, insights and fears present in patients. The second incredibly important element is delivering to patient adequate to her needs knowledge about the health status and proposed treatment methods. Building appropriate relationship with patient by

physician, which is based on mutual confidence and sense of security and giving support during the whole treatment process is also very significant [6].

Material and methods

Research method used in the work is diagnostic survey and research technique is the questionnaire of authors own authorship and standardized questionnaire by Peter Salmon and John Quine adopted by Z. Juczynski.

120 respondents took part in the survey; 16% of them were women in the age of 25–49 years, 46% in the age of 50–60 years and 38% in the age of 61–81 years. The majority of the group were married women (71%) and women living in the cities and towns (83%).

The study was conducted with randomly assigned group of patients of Department of Oncological Surgery and Oncological Clinic, Independent Public Clinic Hospital no. 1 in Lublin, Rehabilitation Centre with Clinic and Rehabilitation Office at Oncology Centre of Lublin. Women from the Lublin Club of Women after Mastectomy “Amazonas”, Amazona Club of the Group of Specialistic Clinics in Ostrowiec Świętokrzyski and Amazona Club in Radom took part in the study too. The study lasted from December 2008 to May 2009.

Verification of the statistical hypotheses based on independence test χ^2 was used in the statistical analysis of gained results. Difference significance between results was showed at the level $p \leq 0.05$. Data handling was done using the statistical software “STATISTICA”.

Results

Significant majority of the respondents suffering from the breast cancer (93%) think that patient should be informed about his health status and prognosis and up to 91% of group want to know the results of performed diagnostic tests. Nearly 90% of the studied women expect information about possible illness adverse events from the physician and 78% of them want to know if some other health problems can occur in the future due to present illness. Only 39% of polled women suffering from the breast cancer had a sense of cooperation in the decision process.

Statistical analysis of the results showed correlation between respondents' marital status and expectations regarding information about health status, diagnosis and prognosis in the illness ($p = 0.045722$). Married women more often expect full medical information, which they need to conscious participation in the decision process. There is also correlation between the assessment of validity of

information given by medical professionals and the marital status of studied women. Widows (59%) and married women (52%) assessed positively validity of information given by physician, in turn divorced women (80%) assessed the information as insufficient and incomprehensible. Maids in 75% refrained from unequivocal assessment of provided medical information choosing mostly the answer "I don't know" to the question in the questionnaire.

Statistical analysis showed correlation between the assessment of the method of provided adverse information and the time that passed from the moment of diagnosis ($p = 0.003197$). Persons that developed cancer more than 3 years ago assessed this method as professional one – similar to women diagnosed in last half-year (81%). Respondents suffering from breast cancer for seven months to one year assessed positively this method only in 50%.

Discussion

Based on research performed in Poland and all over the world during last few years can be stated that needs regarding information and participation in the decision process are high in women with the diagnosis of breast cancer. Both results presented in this work and results of other authors (Lobb et al.) [6, 7] showed that requirement for medical information among women with breast cancer is reported by most of respondents (about 90%). Patients are interested in information concerning their future functioning in context of malignant disease. Both present results and results of other authors (Degner et al.) [6, 8] showed that significant majority of the studied women (about 88%) expect information regarding possible future consequences of their malignant syndrome from the physicians. Studies conducted by the team of E. Bruer showed that most of women suffering from breast cancer want to actively participate in making decision about the treatment process, only 11% mindfully

duck out of participation in the decision process, relying on professional knowledge and experience of the physician [5, 9]. The results presented in this work unequivocally point to necessity to pay special attention to role and participation of patients in the treatment process, because only 39% studied women suffering from the breast cancer had a sense of their participation in the decision process regarding the medical treatment.

It is worth to note that being in marriage has a significant influence on the range of patient expectations about their participation in making medical decisions. Both present results and findings of other authors [6] do not remain any doubts that married women significantly more often expect full medical information in comparison with unmarried women.

It is also important that patients suffering from the breast cancer expect kind-hearted and sincere discussion with the physicians, even though prognosis is not too good [6]. Open physician attitude, full of friendly frankness and truth gives a sense of safety and to some extent – comfort during crossing by difficult moments of fight for life.

Conclusions

Requirement for broadly minded medical information, including knowledge about the illness, treatment methods and prognosis, as well as participation in making medical decisions is crucial in the group of respondents suffering from the breast cancer. Married women expect medical information significantly more often than unmarried women. Marital status has also a significance from the point of the assessment of validity of medical information provided by physician: married women and widows assessed them positively and divorced women assessed them as insufficient and incomprehensible. Maids in most cases refrained from the unequivocal assessment.

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