

# ปัจจัยของญาติต่อการปิดบังการวินิจฉัยโรคมะเร็งแก่ผู้ป่วย:

## การวิจัยเชิงคุณภาพ

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### **FACTORS RELATED TO THE "CONSPIRACY OF SILENCE" AMONG FAMILIES OF CANCER PATIENTS: A QUALITATIVE STUDY**

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# INTRODUCTION

Doctor!! Please don't tell my mom that she has cancer

... Why do some relatives say OK to tell?

... What factors involve in decision making?

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# OBJECTIVES

- To study **the factors associated** with the "Conspiracy of Silence" in families of patients diagnosed with cancer
  - To study **the attitude towards disclosing** the cancer diagnosis
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# METHOD

- A qualitative study approach
- **Population** : Convenience sampling
  - 25 close relatives of cancer patients admitted to Maharaj hospital (Sep 2013 to Dec 2013)
- **Inclusion criteria** :  $\geq 20$  years old, close relative of cancer patient, both patient and relative known diagnosis 2 months – 3 years
- **Exclusion criteria** : refuse or inability to communicate

- **Tool:**
  - Question guide, validated by 3 physicians, pilot 2 patients
- **Data collection:**
  - Semi-structured, face-to-face in-depth interviews
  - Private room at ward
  - Audiotaped then transcript verbatim
- **Analysis:** Content analysis  
Frequency, percentage

This study was approved from Chiang Mai University ethical committee

# **RESULTS & DISCUSSION**

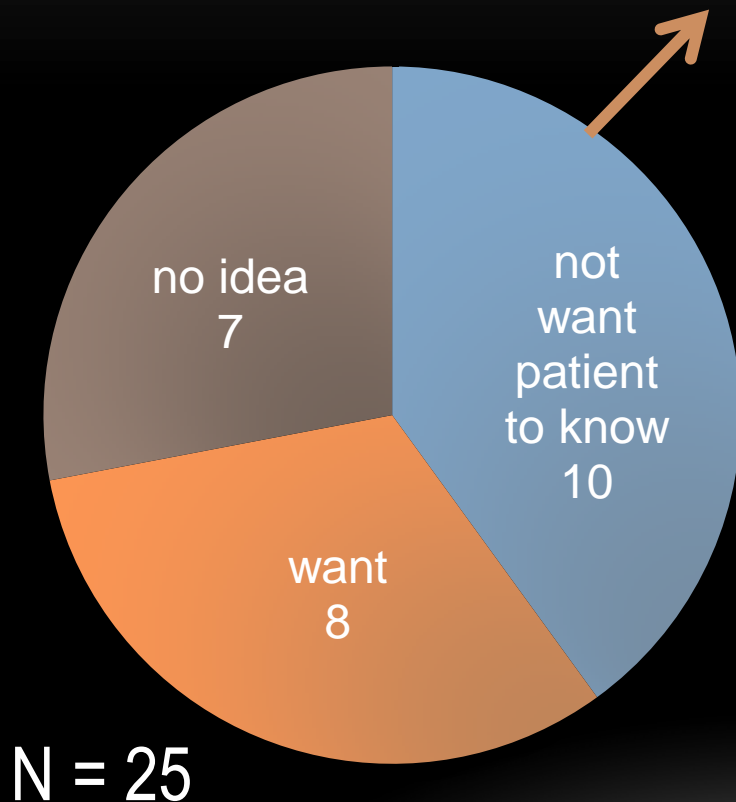
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Characteristic	Close relatives or participants n=25 (%)	Cancer patients n=25 (%)
Gender		
Male	10 (40)	15 (60)
Female	15 (60)	10 (40)
Age range		
20-35	2 (8)	3 (12)
36-60	20 (80)	13 (52)
>60	3 (12)	9 (36)
Education		N/A
Primary	16 (64)	
Secondary	4 (16)	
Matriculation or Diploma	5 (20)	
Occupation		
Farmer	10 (40)	10 (40)
Government employee	4 (16)	5 (20)
Labour	4 (16)	5 (20)
Constructor	-	2 (8)
Self employed	3 (12)	1 (4)
Cleaning personnel	2 (8)	1 (4)
University student	-	1 (4)
Hairdresser	1 (4)	-
Unemployed	1 (4)	-
Relation to patient		N/A
Spouse	12 (48)	
Child	7 (28)	
Parent	4 (16)	
Daughter-in-law	1 (4)	
Sibling	1 (4)	

Primary cancer	N/A	
Lung		9 (36)
Cervix		5 (20)
Bone		2 (8)
Liver		2 (8)
Uterus		2 (8)
Ovary		2 (8)
Base of tongue		1 (4)
Leukemia		1 (4)
Kidney		1 (4)
Period since having symptom until diagnosis was disclosed	N/A	
Less than 1 month		5 (20)
1 month to 1 year		19 (76)
More than 1 year		1 (4)
Period since diagnosis was disclosed until time of interview		
2 month to 1 year	17 (68)	
More than 1 yr to 3 yrs	8 (32)	
Disclosing diagnosis		
Participants know first	6 (24)	
Together	11 (44)	
Patients know first	8 (32)	



# INITIAL ATTITUDE



- Disclosure **could worsen** patient's status<sup>(1)</sup>
- **Factors associated** with initial desire
  - experience with cancer patients
  - the patient's character
  - patient age
  - disease prognosis
  - supporting idea

1. Montazeri A, Tavoli A, Mohagheghi MA, Roshan R, Tavoli Z. Disclosure of cancer diagnosis and quality of life in cancer patients: should it be the same everywhere? BMC Cancer. 2009 Jan;9.

# CONSPIRACY OF SILENCE

- 6 out of 10 in “not want” group
- During the period, they felt bad and uncomfortable because

## (1) Afraid of losing trust with patient

*“I’m afraid that she would get angry if she know that I lied to her.”*

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## (2) Unnatural acting would let the patient feel curious

*“She always asked me about the diagnosis when I’m with her. I knew she concerned about this. I don’t know what to do and how to act when I’m with her. That was terrible.”*

*“I was trying to let her do something that is good for her health. She was a little surprised because I had never done this.”*

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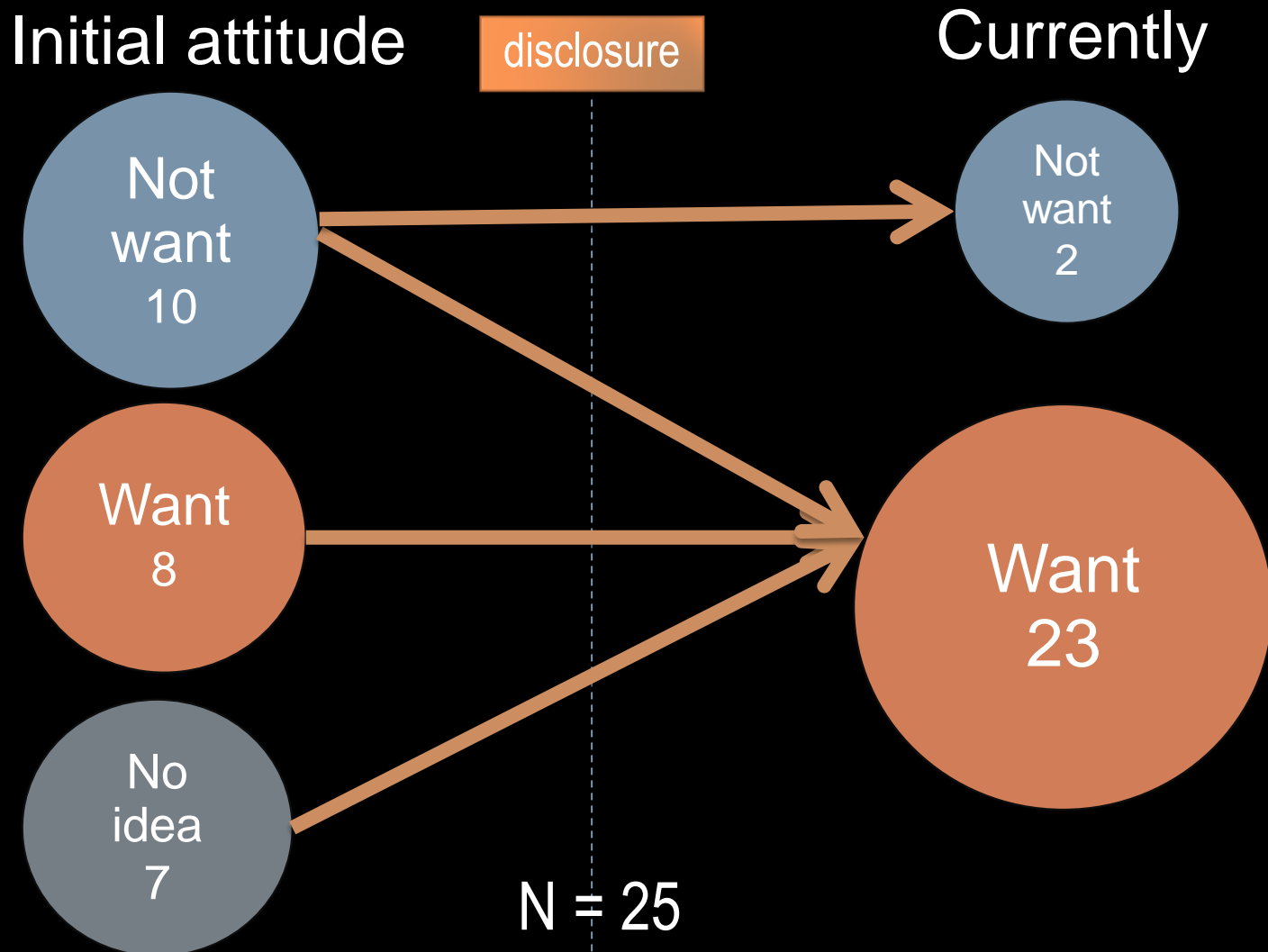
(3) Unable to discuss about disease directly with patient.

*“I didn’t want her to know, but it was hard to discuss the treatment plan with her if she didn’t know she got cancer.”*

Once the diagnosis was disclosed,  
they all felt much better

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# CHANGES IN ATTITUDE AFTER DISCLOSURE



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- 23 were in agreement with the disclosure because of the **advantages to the patient**
  - Patient's self-awareness regarding their health
  - Ease of caring for the patient + need assessment
  - Decreased stress felt by family members
- Patients **needed time for adaptation** - a week to 3 months, not as bad as what they thought

- 2 participants (both from “not want” group) still didn’t want the patients to know the diagnosis

- One found that the patient's **emotional expression** was too aggressive once he disclosed

*“Taking medicine is not a big deal, but sometimes I gave him small pill, he got angry and scold at me. I think if he didn’t know the diagnosis, he wouldn’t have been like this.”*

Anger – Elisabeth Kubler Ross



- The other one said she was sympathetic toward her husband

*“I don’t want to tell my husband that he had cancer. I wanted him to know by himself. I would feel bad to say that word myself. I will never be the one who say that word.”*

Relative’s personal character

# CONCLUSION & CLINICAL APPLICATION


- Our study shows that
    - Many **factors** affect relatives' thought
    - **Disclosure has benefit over harm**
      - No deteriorious effect
      - Engagement to tx, caring, communication, need assessment
      - No more secret → Less stress
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# **LIMITATION**

- This study participants included only Northern Thai Buddhist people which may have different attitude from other area
- The result in other setting, such as ICU setting, might be different from this study
- Correlation with patients' attitudes – further study

# ACKNOWLEDGEMENTS

- Chaisiri Angkurawaranon, MD
- Assis.Prof.Wichuda Jiraporncharoen, MD
- All participants contributed to this work

A close-up photograph of two hands, palms up, holding a small, torn piece of white paper. The paper has the words "Thank You" written on it in a black, cursive script. The hands are positioned symmetrically, with the fingers slightly curled around the edges of the paper. The background is a solid black, which makes the hands and the white paper stand out. The lighting is soft, highlighting the texture of the skin and the edges of the torn paper.

*Thank You*