

Ethical dilemmas in communicating bad news following histopathology examination

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Abstract

Purpose: The study proposes an analysis of the ethical aspects that occur in communicating bad news following histopathology laboratory tests in medical practice, in particular in the case of the anatomical pathology diagnosis confirming a medical condition of poor prognosis. **Background:** Over the last decades, the progress of science and technology in the medical field, as well as the explosive increase of specialist information available on the Internet have led to unprecedented ethical issues related to the communication modality of histopathology test results to patients. **Content:** The paper analyses from an ethical and legislative perspective the main ethical dilemmas that occur when choosing a modality for communicating test results. **Discussion and Conclusions:** While communicating bad news is an essential ability for medical professionals, it should be used within the context of observing the patients' right to decide whether they wish to receive such information or not and their right to their own autonomy, by means of a personalized protocol for communicating bad news in current medical practice.

Keywords: bioethics, medical research, ethical norms, anatomopathology, communication skills.

Introduction

Critical values of investigation results and anatomical pathology tests are sensitive information.

Communicating bad news is one of the most difficult activities faced by physicians, regardless of their specialty.

Although in most cases only the physicians who request specific tests are considered as having to communicate bad news to patients, an increasing number of patients claim their right to approach a specialist physician in order to have a poor diagnosis confirmed or disproved. Similarly, patients who worry about the possibility of suffering from a poor prognosis pathology, seek an answer from the pathologist that confirms/disconfirms a serious condition, as well as the necessary data for an informed decision concerning treatment and/or prognosis of the disease.

In addition to the medical and legal implications of communicating results, the human aspect needs taking into consideration; thus, communicating the information provided by the histopathology test results represents a challenge for the medical professionals, the patients and their next of kin. An inadequate transmission of the results can trigger flawed patient attitudes toward the respective medical condition and delayed therapeutic interventions. While the indication for certain anatomical pathology tests may vary, the correct, complete and timely communication is essential each time.

Many physicians are faced with the necessity of

communicating bad news only after graduation from university or completion of their residency, and the recipients of the news are patients they have known for very little time. In addition, inexperienced physicians have to communicate the bad news without benefiting from any training in this sense [1]. It is only for the last years that Medical Communication has been included in the curricula, most often as an elective module. Considering the critical nature of bad news, namely that "any news that drastically and negatively alters the patient's view of her or his future", a general success recipe for conveying such is difficult to devise [2].

Over the last years, medical communication has undergone substantial change. In most countries, paternalism as an approach has been replaced by observing the patients' right to decide over the information they wish to receive or in over the persons who should have access to these.

Medical communication, as a specific subset of communication in general, creates the optimum framework that ensures positions of partnership and complementarity of the participants in the communication process (medical professionals and patients), as well as the medical professional's ability of addressing the patient in a holistic manner, with even a possible therapeutic effect.

"It has been proved that the main effect of good communication is the successive or concurrent building of relationships that grant value to the other person, reduce isolation, allow the accurate correlation of information,

the adequate informing of the patient and the expressing of emotions, reduce uncertainty and can offer satisfaction to those involved” [3].

✞ Historical facts

Historically, medical education has placed emphasis on technical skills rather than on communication abilities. Consequently, physicians are not prepared to handle the complexity and emotional intensity of the act of communicating bad news [4].

Medical professionals still carry the mentality according to that giving bad news is a consequence of their faulty or inefficient activity, and that could entail allegations of inefficiency, of not knowing all the answers, as well as fear of the unknown and personal fear of disease and death [2]. These aspects can transform physicians in their attempt of becoming emotionally detached from their patients [1]. In addition, bad news communicated inadequately or in an insensitive manner can affect patients and their next of kin in the long term [5].

Over time, the physician, the character embodied by the doctor were perceived as the ultimate decision-maker of the best treatment opportunities; consequently, in the times of paternalism, based on the patient’s dependency on the physician’s authority, communication of histopathology test results was optional, as most often involving the patient in medical decision-making was deemed unnecessary. The evolution of medicine brought the evolution of communication with the patients, and at present joint decision-making is promoted, based on respecting patient autonomy as the essential element [6].

✞ Breaking bad news

Breaking bad news is a quite frequent and one of the most difficult medical actions.

Physicians giving bad news have to choose their words with maximum responsibility; have to exercise professional honesty, while respecting patient autonomy, the patients’ right to decide the level of information they are given, avoiding to convey more information than desired by the latter.

In the case of anatomical pathology test results, breaking bad news is even more complex given the risk of an incorrect prognosis assessment, as most times the estimated periods prove to be inaccurate and may cause unnecessary emotional stress to the patient. Maintaining hope and psychological mobilization of the patient are essential to the subsequent cooperation of the medical professionals with the patients and their next of kin [7].

✞ Characteristics of communicating histopathology test results

A first characteristic of communicating a diagnosis derives from the complexity of the action of conveying information from the viewpoint of both the information giver and the information receiver. This complexity is manifest over the entire communication process.

From the very first moments, when the necessity of running tests becomes evident, communication has to be

based on explaining the importance of those tests. In this phase, the patient does not always receive full details related to the receiving of the results and one of two situations may occur: either unfavorable results are not communicated directly by the physician, these being received electronically, or the patient diminishes the importance of timely comprehending the results and often postpones the moment of realization. It is therefore necessary that the suggestion of running tests is accompanied by informing the patient on the implications and on the behavior subsequent to receiving the results [8].

Pathological investigations hold a key role in patient care, in setting up a treatment plan, and provide data to the physicians liable to influence the evolution of the disease to a significant extent. A good physician–patient communication will be reflected by the latter’s degree of satisfaction [9].

Over the entire duration of this phase, it is essential to build partnership and mutual respect between the medical professionals and the patients, taking into account the patients’ capacity and wish to get involved in their own treatment. The process is a long one, and often tedious for medical professionals, patients and their next of kin alike.

As pointed out by Marta Vučemilović *et al.*: “Personal responsibility of patients for their health should be reflected in their joint involvement in health decisions with their physicians” [10].

The approach to the development of communication skills has to be centered on the patient and the patient’s family, facilitating the connection between the patient and the medical care centre [11].

The complementary concept of not only patient, but also next of kin centered approach generates a more refined and pragmatic communication, and more importantly an increase in the quality of life of the entire family. Within this context, we deem useful a completion brought to the *World Health Organization* (WHO) definition of health by elements related to the well-being not only of the individual, but at micro-community level.

The transition to the participative style varies depending on the patient’s cultural particularities, cultural, spiritual and religious beliefs [12], as well as on the cultural particularities, the level and type of spirituality of the medical professionals.

In addition, optimum training should include a mandatory protocol to follow for the breaking of bad news [13], implementing clear, scientifically established standards.

Literature discusses a number of put forward and tested protocols.

Baile *et al.* proposed a protocol called SPIKES [14]: S (setting) – the framework of communication; P (perception); I (invitation); K (knowledge); E (empathy); S (strategy and summary). VitalTalk (www.vitaltalk.org) uses SPIKE protocol and features numerous articles and video footage that describe and illustrate each step.

Buckman addresses protocol models for communicating bad news [2, 14, 15], also included in his ground-breaking book “*How to break bad news: a guide for health care professionals*” [12, 16]. The criteria put forward by the author for the breaking of bad news include: communicating the news personally, assessing the patient’s knowledge, exchange of information, making sure that the message

was understood, making a plan/contract, and monitoring over time.

Rabow & McPhee devised a strategy for breaking bad news known as the ABCDE plan:

- A – Advance preparation;
- B – Build therapeutic environment/relationship;
- C – Communicate well;
- D – Deal with patient/family reactions;
- E – Encourage and validate emotions [17].

Bad news should be given to patients in a quiet, comfortable and private environment, in the presence of a member of their support network [18].

The transition from viewing communication with the patient as a native given to introducing a mandatory communication course module into the curricula of all medical faculties will be a tedious one. The outcome of such a process can be but beneficial, by achieving – particularly in the case of unfavorable results – an efficient physician–patient communication guided by clearly defined standards. Thus, barriers that may occur during the transfer of information can be avoided, like not understanding medical terms or the severity of the diagnosis.

The actual communication of the histopathology test results is most often a mediated process, over the last years by means of the Internet, as patients access their results online using an assigned password. Direct access to test results can improve patient self-confidence and their relation to the medical professionals, provided there exists a clear and swift modality for accessing the information included by the anatomical pathology results sheet, which information is accessed by means of the professionals who issued the result in question.

Published studies, however, assert that making available results on internet portals can cause the distribution of responsibility between physician and patient, particularly if the patients feel pressed in accessing the results by themselves or if they use various patient forums for understanding the results [19].

Histopathology test results include medical terms that may be difficult to understand even by physicians lacking experience in the field, who consequently need to seek clarification in literature or request an interdisciplinary consult.

The exclusively online transmission of test results is liable to raise clinical and ethical issues [20], as the patient needs specialist counseling in relation to histopathology test results, the stage of the disease and the subsequent approach to treatment.

✦ **Pros and cons in the non-paternalistic communication of the histopathological result**

A system based on the partnership of medical professionals and patients, on respect and on understanding the patients' capacity and wish to get involved in their own treatment can be developed only in time, and entails a tedious process including medical professionals and patients.

“Personal responsibility of patients for their health should be reflected in their joint involvement in health decisions with their physicians” [10].

The transition towards a participative system varies

in dependence on each individual's cultural singularities, as well as on the physicians' capacity of accepting such change.

The emergence of novel diagnosis methods, including histopathology tests, cause patients and physicians to “face” more accurate diagnoses that significantly impact the ensuing therapeutic decision.

Over the last years, fewer and fewer patients are willing to remain passive in the decision-making process, due also to the steadily increasing level of patient information, a consequence of free access to electronic sources, to specialist sites set up by physicians or IT (information technology) firms [21].

Telemedicine and social media [22] can favor the interaction of medical professionals involved in establishing a diagnosis with the other members of the medical personnel, with students, patients and the general public. Despite the wide accessibility, often the patient may misconstrue test results, may obtain inaccurate information, and for the lack of mediation by a physician may arrive at inadequate self-treatment [23, 24].

✦ **Ethical dilemmas in the pathologist's practice**

Although, in general, pathologists have less contact with patients than other physicians, according to a US study, 94% of them faced ethical issues occasionally or even frequently [25].

The most frequent ethical scenarios concerned the tissues involved in research, as well as professionalism and confidentiality issues. It is assumed that informed patient consent has been obtained prior to any investigation that in clinical trials the pathologist has ascertained that the patient has fully understood the procedures and that these trials have been endorsed by the ethics boards [26].

Even if the physician is entitled to have tissue removed during surgery analyzed in pathology in view of obtaining information to be used for diagnosis and treatment, the tissue remains the patient's property [27] [28].

Departments of clinical institutions who wish to retain material for future study need to obtain the patient's explicit consent [29].

The traditional and moral obligation in medicine is to offer medical benefits at minimum prejudice and without doing any harm. In anatomopathology practice, this desideratum can be translated into providing the patient with a definite diagnosis [30, 31].

While an anatomical pathology diagnosis is frequently certain, even experienced physicians encounter situations where doubt cannot be excluded. For an accurate result, particularly in borderline or rare situations, the cases need to be analyzed and reviewed with other colleagues, given the vastness of the field of anatomical pathology and the lack of most physicians' experience in all areas of histology.

In certain cases of samples to be analyzed, the pathologist can express an opinion on how such samples are to be harvested, as the subsequent analysis may be affected by the modality of harvesting, transport and preserving. Both the final test report and the sample are confidential

materials. This may generate controversy, like cases when patients not satisfied with the results claims access to the sample in order to seek a second opinion from another pathologist, which access cannot be denied [32].

Close collaboration of the pathologist and the clinician is required, such as to ensure an accurate diagnosis and to avoid errors that would lead to surgical interventions, oncological treatment or unnecessary therapeutic complications.

The simplest ethics analysis concerning the breaking of bad news following histopathology exam should be based on exploring the concepts of patient autonomy and benefit.

Certain studies suggest that the majority of patients prefer the physicians to make the treatment related decisions for them, the more so in cases of serious conditions [33–35].

In their endeavor to respect the patient's family and to involve it into the patient's care, physicians should not waive the principle underlying the medical profession, namely to act in the patient's benefit.

In traditional Western philosophy, it was probably Plato who first emphasized the precedence of the patient's good: "No physician, in so far as he is a physician, considers his own good in what he prescribes, but the good of the patient" [36]. Also, the Hippocratic Oath reminds physicians to act "for the benefit of the sick" [37].

In modern times, the patient-centered work of physicians is emphasized eloquently in Francis Peabody's memento: "the secret of the care of the patient is in caring for the patient" [37].

Plato's, Hippocrates' and Peabody's failure to take into consideration also the patient family's interests should not lead us towards ignoring these.

Family cares are, many a time, consistent with reality and cannot be ignored, but this aspect should not put anyone in a position to ignore the patients' interests, which must come first [11].

✉ Conclusions

The main dilemma concerning the breaking of bad news following histopathology tests can be correlated most frequently with the decision whether such news should be given to the patient or paternalism-based collaboration with the patient should be maintained, where the latter is entitled only in part to "face" the news and to decide over the subsequent therapeutic approach.

Physicians should practice a patient-centered approach first, and depending on the patient's interest, consider also the family's needs.

In case of conflicting patient and family interests, patient interest should prevail in the physician's actions. Acting for the family's interests should be considered only if agreed by the patient and if no threats to the patient are entailed.

The histopathology test result, regardless if confirming or disconfirming a disease with a poor prognosis should be communicated exclusively by the specialist physician who has requested the test, according to the legislation in force (Law No. 104/2003) and to the principles of professional deontology and ethics, while ensuring the patients' right to autonomy and confidentiality.

The communication of the result should be correlated with detailing the therapeutic action to be taken by the patient. The wish to continue the system of paternalism-based collaboration with the patient that grants the latter merely the partial right to "confront" the news should be eliminated from medical practice.

Further, we consider that a course module on breaking bad news to patients should be included in the *curricula* of medical schools, and protocols for braking bad news customized by the type of health care centre should be devised. These measures will ensure an adequate training of the physicians, who will acquire the necessary skills to give patients bad news, possibly confirming a poor prognosis, in a quiet, comfortable and private environment.

Conflict of interests

The authors declare that they have no conflict of interests.

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