Letter to the editor

Dear Editor-in-chief Sudan Journal of Medical Sciences, Dear authors,

Subject: Breaking Bad News for Patients with Gastro-Intestinal Malignancy: Experience at Ibn Sina Teaching Hospital


I read the recent article by Elsiddekk et al, regarding Breaking Bad News for Patients with Gastro-Intestinal Malignancy: Experience at Ibn Sina Teaching Hospital with great interest, evaluating prospectively the communication skills for breaking bad news and to find out the patients’ responses on that matter in 113 patients Sudanese patients suffering of gastrointestinal cancer. They concluded that Sympathy over-ride empathy in communicating bad news to Sudanese patients. Indeed, this study is one of the few descriptive data on breaking bad news and is the first study to document the trend of breaking bad news to Sudanese patients suffering from malignancies. It showed clearly that withholding the truth from patients with cancer appears common in Sudan. The author mentioned that only 25% of patients were told truth about their diagnosis and this comparable to finding of similar studies in countries where truth disclosure is not a common practice. In Saudi Arabia 75% of physicians preferred to discuss information with close relatives rather than patients themselves.

Family, sometimes, is become more agitated than the patients and cannot understand the information about patients’ state as accurately as possible. Therefore, family first reaction “not tell patients the diagnoses” shouldn’t be taken for grand. When necessary, family should be assessed by psychologist to encourage them to change their mind.

Breaking bad news is frequently tense and distressing experience and many physicians feel uncomfortable and unprepared for the interaction. Therefore, it is not uncommon for the oncologist to see cancer patient referred to their clinic not knowing about their diagnosis. This study examined patients’ reaction at only one point of time. Therefore, it does not provide information about whether patient’s response might vary over time. Holand and Roland developed the following phase model of general reaction of patients who were told of the diagnosis of cancer.

a. Within few days: patients temporally deny the fact.

b. After 1 to 2 weeks: period of distress such as anxiety, depression and insomnia.

c. Patients require 2 weeks to 1 month to begin to or to adapt to new situation.

An important extension of the current work would be the identification of additional patient characteristics that may influence their informational and supportive preferences.

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REFERENCES
Comment from Dr. Elsaggad E.A. Mohammed

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Thank you Dr. Mawia for your interest in the paper. As you know breaking bad news is a difficult task\textsuperscript{1}, so the medical schools are introducing communication skills as a special course to the medical students\textsuperscript{2}. Also the Sudanese Medical Specialization Board is encouraging residents to have a course in communication skills and this is going with international trend\textsuperscript{3}. I agree with you we need to tell the patient himself about his disease to have a better cooperation of the patient. The time factor is important to recover the period of shock and denial. So, we need to consider this in further studies.

REFERENCES: