

# Diagnosis Disclosure Process in Patients With Malignant Brain Tumors

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**Background:** The way to disclose a cancer diagnosis has evolved, and psycho-oncology has developed a more prominent place in cancer care. The diagnosis disclosure process was established to improve the overall quality of patient care and the communication about a cancer diagnosis.

**Objectives:** The aim of this study was to assess the implementation of the disclosure process in a neurosurgical unit.

**Methods:** This study was conducted prospectively during a one-year period. All patients were diagnosed with malignant brain tumors and received their diagnosis using the disclosure process. The communication between the provider and the patient during diagnosis disclosure was recorded for analysis, and patients completed a satisfaction survey.

**Findings:** Ninety-one patients with a brain tumor diagnosis participated in the study. Twenty-six were unable to complete the satisfaction survey because they were either deceased or close to the end of their lives. In total, 65 questionnaires were sent to patients and their families, and 43 responded. Patients were satisfied with the quality of the disclosure process regarding information given, psychological support, and communication with all healthcare providers. This assessment allowed the authors to better characterize the impact of the disclosure process on the overall care of patients and to measure the effect of the components of the disclosure process on patient satisfaction.

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Modalities for announcing bad news in medicine, particularly in cases of incurable disease, have been evolving (Dolbeault & Brédart, 2010; Institut National du Cancer, 2003; Parker et al., 2001), and the concept of psycho-oncology is now a specialty (Holland, 2003). Baile et al. (2000) proposed a protocol for disclosing unfavorable information to patients with cancer about their illness, and Hoerni (2004) provided recommendations on the modalities for breaking bad news in oncology. De Haes and Koedoot (2003) have analyzed feelings and viewpoints of patients with cancer in palliative care. In their article, the quality of the end of life appeared to be more important than survival time. A qualitative assessment by Schaepe (2011) stressed the importance of the words chosen

by the physician to disclose a diagnosis and the influence of these words on the patient's real-life experiences and ability to face the disease. The ability of patients to cope with a diagnosis is individual and depends on a patient's psychological profile, environment, and sociocultural background, and all of those elements should be taken into consideration when breaking bad news (Kai, Beavan, & Faull, 2011).

Malignant brain tumors are characterized by short-term survival (Ricard et al., 2012). Glioblastoma multiforme is the most frequent (Rigau et al., 2011; Zouaoui et al., 2012) of primitive brain tumors in adults, and its prognosis remains poor (mean survival of 14 months) despite therapeutic advances (Stupp et al., 2009). Therefore, the manner and process of divulging this diagnosis and average time for survival