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DISCLOSURE

Why the truth is sometimes better

In the second of a series of interviews about disclosure, nurse Amy Lim explains the benefits of disclosing a patient's diagnosis to him.

What do you think is the role of the nurse when it comes to such situations?

We must understand, as far as possible, the cultural and spiritual dynamics of the patient and their family in order to manage the patient's medical symptoms, while helping families cope meaningfully during this difficult period.

Focusing on holistic care (both medical and psychosocial support) with the aim of improving the patient's quality of life, nurses can educate families on their medical options to work out an advance care plan. This will help to prepare the family for the eventuality of death, even if they do not allow direct discussion with the patient.

What are the pros and cons of disclosing or not disclosing a patient's diagnosis, based on first-hand experience?

I personally witnessed how disclosure forms the basis of open honest discussion, better emotional support and greater participation in decision making. Disclosure allows patients to share their concerns freely and often leads to a discussion of any unfinished task that needs to be completed, preferences on the place of death and desired funeral details. In my experience, families of informed patients were in a better position to take care of the patient as they are more aware of the patient's needs, and are, hence, more able to provide good closure for the patient.

What are some of the most common scenarios you have encountered?

There are cases in which the fam-

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ily members of a patient do not want him to know that his disease is advanced. This is more common in cancer cases.

From my experience, many patients who are aware of their diagnosis describe feelings of fear, hopelessness and uncertainty. When they have no one to share this with, the distress is multiplied.

Interestingly, such profound emotions are uncommon among patients suffering from end-stage organ diseases, such as kidney, heart or liver conditions.

Some families may ask medical teams caring for the patient to collude with them on their non-disclosure. Families who request non-disclosure of the patient's cancer diagnosis or prognosis usually justify their protective instincts out of care and love for the patient.

How do you handle these situations?

First, I go in with the assumption that the disclosure of diagnosis is not the end in itself. Second, I need to listen to, understand and address the concerns and anxiety of both the patient and their family first. Third, it is vital to determine how much the patient wants to know and how much the family is comfortable to disclose. Fourth, the home hospice team must provide crucial support after disclosure.

Refocusing the patient and family to a patient-centred system of care to improve the patient's quality of life is the main goal. Once trust is established between the medical team and the family, the issue of disclosure of a diagnosis or poor prognosis can be revisited, but not forced upon.

What would your last meal be?

Teochew porridge.