Original Research Paper

Ethical Dilemmas Faced by Oncologists: A Qualitative Study from A Cancer Specialty Hospital in Mangalore, India

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ABSTRACT

Ethical problems routinely arise in the hospital and more so in the field of Oncology which is today the world's second leading cause of death. From the perspective of documenting the ethical issues in cancer, innumerable studies from the developed countries have shown that oncocare contains numerous issues. However there have been no studies in these lines from India. The present study was undertaken to ascertain the most common ethical dilemmas plaguing the cancer specialists at a super-speciality cancer care hospital at Mangalore. The investigators used an in-depth semi-structured face-to-face interview with the willing participants that included cancer specialties in the areas of surgical, radiation, medical oncology specialities. The focus was principally in the area of ethical dilemmas faced in diagnosis and care of cancer patients as per standard qualitative study protocol. The results indicated that breaking the bad news, discussing end of life issues, judicious treatment planning considering cost factors and conveying side effects of cancer treatment were the major issues that posed significant dilemmas.

Key words: Ethical dilemma, cancer specialists, oncologists, end of life issues, breaking the bad news.

Introduction

Globally cancer is today an important ailment plaguing humans and reports suggest it is the second leading cause of death [1]. Further disturbing reports suggest that in the coming decades the incidence of cancer will rise primarily because the altered life style and increase in the proportion of aging population [2]. The concerns are profound especially for low- and middle-income countries as there is a disproportionate increase and the rural-urban, economic and gender disparity is strikingly predominant and is exerting huge stress on the healthcare system that has limited resources to cater to the requirement [3].

With regard to India, data indicate that cancer will be a major health issue in the future decades and most of the afflicted people will be from the rural areas and in the productive age group [4-5]. Further, from a doctor patient ratio there is a huge disparity and recent reports indicate that there is only one oncologist to treat every 2,000 cancer patients [6]. The major concern is that cancer, being a life-threatening disease requires the constant supervision and care through out the

treatment period and later [7]. The concern for the physician primarily is to consider the patients' best interests [7-9]; and plan a treatment that is beneficial, does no harm than documented in the proposed treatment plans/regimen and to also consider the patients and their family caregivers concerns [7-9].

At times the healthcare system catering to the afflicted person also has to consider the well being of the family caregivers [7]. Cumulatively all these issues subject the treating doctor/s to dilemmas that are profound and at difficult to handle. Studies in the existing literature indicate that there have been no documents on the ethical dilemmas Indian oncologists face when caring for people afflicted with cancer. The present qualitative study conducted is an attempt towards understanding the dilemma.

Methodology

This was a qualitative study and was conducted under the aegis of UNESCO Bioethics Education and Research Unit of the UNESCO Chair in Bioethics, Haifa at Mangalore Institute of Oncology Mangalore, India. The study was conducted with oncologists after obtaining the permission from the institutional ethics committee in April 2018. Purposeful sampling was used and the inclusion criteria included cancer specialties in the areas of surgical, radiation, medical oncology specialties. The principal researcher approached the volunteers and after explaining the research objective were invited to participate in the study. Informed consent was obtained from all the participants before the start of the interview and assured that the information would remain confidential with the investigator.

The researchers used an in-depth semi-structured face-to-face interview with the participants and with direct questions. The focus was principally in the area of most commonly encountered ethical dilemmas faced in cancer diagnosis and care. The study started with the question which is the most dilemmatic situations you face in treatment of cancer. In addition to this in-depth question like can you explain more. Can you give an example for my better understanding was also followed to get more and clear data. The interviews were immediately transcribed verbatim and typed. Each interviews lasted between 20 to 30 minutes each. Subsequently the transcripts were revived line by line multiple times and after several reviews of texts. The related codes were pooled and merged according to similarities and differences.

Results

Two medical oncologists, three cancer surgeons and two radiation oncologists were included in the study. One of the interviewed specialists was a female. The age of interviewees was between 29–68 years and the mean number of years in profession was 19.5 years (6–30 years). The results are discussed in the five themes on which the principal questions were based and are here with.

1. **Breaking the bad news:** In India, many oncologists and doctors avoid informing the patients of their cancer and its prognosis. This is principally because most of them believe that informing the patient that he has cancer can decrease his hope and can have an adverse effect on the treatment adherence, cure and survival [10-11].

One of the participant said *"It is very difficult to tell a person that he has a cancer. The worse is when the patient is young and has dependents to care for"*. Another senior consultant said *"Informing a person that he has cancer is difficult but worse is to tell that recurrence or spread has occurred especially in the ones who under gone the treatment"*. Another consultant said *"I have a real problem when the family member says to hid the prognosis while the patient wants to know what the ailment is"*.

2. **Providing information on prognosis of the disease:** If breaking the bad news that an individual has cancer is an issue, the problem is compounded when the prognosis is bad [7-12]. When the prognosis is bad the dilemma is on whether, when, how and how much to inform the patient about the diagnosis and prognosis.

One of our participants expressed *"It is a very difficult job and have to be caution while telling a person that he has a cancer. I tell the results but also see that they do not lose hope when the disease can be cured or controlled."*

Another said that: *"Saying a bad prognosis is horrible and I try to avoiding telling that he or she may die in may be 6 months time"*

3. **Discussing end of life issues:** Numerous studies in the past have shown that discussing end-of-life issues and care is a major issue [12-14] and that the treating physicians face ethical dilemmas like on uncertainty about the disease progress, the most suitable treatment that does not affect quality of life [7-8].

One of the participants said *"It is hard to tell patients or their family members that cancer is progressing and that the patient will die"*.

Another participant said *"I had a difficult time in telling an elderly lady that her husband had advanced disease because she herself was a severe diabetic and needed care. I did not know how she would take care of him and self"*.

4. **Considering cost factors:** Treatment of cancer is expensive and financial discussions on the treatment costs are of importance [15]. The oncologists opined that financial difficulties are very important and have a forbearing on their treatment plan.

One of the participants said *"Oncology drugs are highly expensive and the financial condition of the patient affects my treatment decision. I had a woman who required herceptin but she could not afford it. I had to decide against it"*.

5. **Conveying side effects of cancer treatment:** The treatment of cancer is associated with side effects. At times the side effects are so severe that it debilitates the patients and affects the quality of life and previous reports have suggest how importance it is to address these issues [11, 16]. In our study, one of the participants said *"telling an unmarried individual that he or she may become infertile after chemotherapy is emotionally hard"*.

Discussion

Ethical issues exist in all fraternities of healthcare and also in cancer care where some issues are different than that in other disciplines. In developed countries, the ethical issues in various disciplines of healthcare and cancer in specific have been studied in detail and documented. Further a conscious attempt is made to train healthcare professionals in handling the ethical issues [17-18]. This pilot study was conducted to ascertain the dilemmas faced by cancer specialist in the diagnosis and care of afflicted people.

The most important ethical predicament expressed by most participants was that breaking the bad news especially recurrence and spread of cancer and discussing end-of-life issues presented highly dilemmatic situations. This is principally because most patients want to know about their prognosis from the cancer specialists and to break the bad news for a disease associated with severe morbidity and death is difficult [18-23]. In this regard the request of family members not to reveal the cancer diagnosis to the patient aggravates the physician's dilemma [19-22]. In some countries the onus is placed on the treating doctor to initiate a conversation with the cancer patient and their family with an aspiration that it can reduce the anxiety in the patient and their family members and also provide with a realistic appraisal of the ailment [20-23].

The other important dilemmatic issues facing the specialists are amount of details to be provided, discussing end of life issues, judicious treatment planning considering cost factors and conveying side effects of cancer treatment [7-9, 21, 23]. The observations from the study indicated that oncology has in it a set of dilemmatic issues and breaking the bad news was the most common. The study also indicated that almost all volunteers were unaware of the protocol for disclosing unfavourable information or breaking the bad news. Further studies are warranted in these lines

for planning on India specific structured teaching program for the healthcare professionals involved in catering to the medical needs of people with cancer and their family.

Conclusions

The present study for the first time address the most important ethical dilemmas cancer specialists face on a day to day basis. The results suggest that breaking bad news, end of life issues, judicious treatment planning, considering cost factors and conveying side effects of cancer treatment were the major issues that posed significant dilemmas. The biggest drawback of this study was that this was a single centre study, was conducted with a small sample size and focused only on the ethical dilemmas faced in clinical setup on a day to day basis. Attempts were not made to address issues like on ethical issues in clinical trial, cancer genomics and investigational drugs as was not a common issue in the study centre. Further studies are warranted with a bigger sample size sub specialities in oncology, years of experience and parts of India. The information obtained will be very useful as it will help us formulate a structured teaching program for the healthcare professionals involved in care of cancer patients.

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