Doktorlar Ve Hastalar Açısından Tanı Ve Tedaviye İlişkin Doğruyu Söyleme Ve Bilme

Telling And Knowing The Truth About Diagnosis And Treatment From The Perspective Of Physicians And Patients

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ÖZET

Amaç: Doğru tanının bilinmesi; tedavi sürecinin devamlılığının sağlanması, yaşam kalitesinin arttırılması, sınırlı kaynakların etkin kullanımı, aile üyelerinin destek ve korunmalarının sağlanması açısından önemlidir. Bu çalışma, tedaviden sorumlu doktorların doğruyu söylemek, hastalarında doğruyu bilmek konusundaki yaklaşımlarını ve tutumlarını belirlemek amacıyla planlanmıştır.

Materyal ve Metod: Bu çalışma için ESOGÜ Tıp Fakültesi Dekanlığı'ndan, ESOGÜ Hastanesi Yönetiminden gerekli izinler alındıktan sonra yatan hastalara ve tedaviden sorumlu doktorlara hastaya doğruyu söyleme, hastanın da doğruyu bilme konusundaki düşüncelerini sorgulayan soru kâğıtları verilerek yanıtları alınmıştır. Araştırmanın amacıyla ilgili olarak kullanılan anket sorularına ait olumlu ya da olumsuz ifadeler yazılarak madde havuzu oluşturulmuştur. Maddeler 5'li likert tipindedir. Bu maddeler araştırma örneklemine ait 30 doktor ve 30 hastaya verilerek yanıtları alınıp ölçeğe ait geçerlilik ve güvenilirlik hesaplamaları yapılmıştır (Güvenirlilik katsayısı Cronbah α: 0,82). Uygun yönerge ve cevaplama seçenekleri ile doktor ve hastalara verilmiştir.

Bulgular: Doktorların %88,6'sı hastanın tanısı hakkında doğru bilgilendirilmesinden yanadır. Cerrahi kliniklerde çalışan doktorlar tanıya ilişkin hastanın bilgilendirilme hakkının öncelikli olması konusunu dahili kliniklerde çalışan doktorlardan daha çok desteklemektedirler. Hastaların %66,4'ü tanıları hakkında doğru bilgilendirilmek istemektedirler.

Sonuç: Hasta durumu ile ilgili tıbbi gerçekleri, tanı, prognozu ve tedavi sürecinin tüm konularını doğru bilme hakkına sahiptir. Henüz hastayla tanın paylaşılması, bunun getirdiği zorunlulukların tam olarak netleşmediğini bir çok farklı ülkelerdeki çalışmalarda gördüğümüz gibi çalışma grubumuzda da doğruların paylaşılmasındaki açmazları ve farklılıkları görmekteyiz. Hangi düşüncenin benimsendiği ve kavram içindeki bütünlüğü ve birlikteliği çok net fark edilemiyor oluşu, en önemlisi hastaları bir bütün ve birbirilerinden ayrı birer kişi olarak değerlendirilmemesinden kaynaklanan nedenlerle doğru söyleme konusunda net bir yaklaşım ortaya koyulamamakta ve çelişkiler yaşanmaktadırlar.

Anahtar Kelimeler: Doğruyu söylemek, Etik, Hastaya doğruyu söylemek, Doktor ve doğruyu söylemek

ABSTRACT

Objectives: It is important to know the truth to ensure the permanence of treatment process, to improve life quality, to enable effective use of limited resources and to provide support and protection of family members. This study is designed to find out the approaches and attitudes of physicians to tell the truth and those of patients to know the truth.

Methodology: The research group received required permissions from the Faculty of Medicine Deanship and Hospital Directorate at Eskisehir Osmangazi University (ESOGU). Then, inpatients and physicians were asked to fill out a questionnaire about their opinions on telling the truth to patients and knowing the truth. The positive and negative responses to questions concerning the objective of the research in the questionnaire were used to form a pool of items. The items were in 5-likert type. The validity and reliability of the items were tested by distributing them to a sample group composed of 30 physicians and 30 patients (reliability coefficient Cronbach α: 0,82). They were distributed to physicians and patients with appropriate directives and answer choices.

Results: 88,6% of the physicians think that patients must be informed accurately about the diagnosis of their illness. Physicians in surgical wards support the idea that it is of priority to inform patients about their diagnosis more than the physicians working in internal wards. 66,4% of patients want to receive accurate information about their diagnosis.

Conclusion: Patients have the right to accurate information about medical facts, diagnosis and prognosis and all stages of treatment process. The studies in various countries show that telling the truth about diagnosis to a

patients and the difficulties posed by truth-telling have not been clarified yet. Our study also demonstrates dilemmas and differences about truth-telling to patients. Physicians cannot develop a clear approach to truth-telling to patients because they fail to distinguish the integrity and unity of concepts, and they tend to regard patients as a whole rather than evaluating them as separate individuals.
Keywords: Telling the truth , Patients, Physicians , İnformation ,Disclosure

TELLING AND KNOWING THE TRUTH ABOUT DIAGNOSIS AND TREATMENT FROM THE PERSPECTIVE OF PHYSICIANS AND PATIENTS

Introduction

Questions concerning truth and non-truth concern many fields of human communication. The concept of truth is important in physician-patient relations as well.

Furthermore, despite a global trend towards providing clinical information, numerous reports show relevant cultural differences in truth-telling attitudes and practices in different countries. Cultural differences influence the different roles of family in the information and decision-making process and affect individual views of the patient–doctor relationship (1).

There is still consistent data showing the persistent practice of giving patients partial or no information about their illnesses, especially when the patient is elderly. The modalities of family involvement are different: in some countries, families are consulted before revealing the diagnosis to patients, and they make a decision in place of uninformed patients. This approach can be explained by the central role of a protectivebehaviour played by the family members. Italy and parts of Asia were among such countries. In these countries, there is still a widespread physicians' habit of disclosing cancer diagnosis to the patient's relatives first. For example, Ruhnke et al. assessed the perceptions of physicians and patients regarding clinical communication and medical decision making in Japan and the USA and showed that higher proportions of Japanese physicians (80%) and patients (65%), compared with US physicians (6%) and patients (22%), agreed that a doctor should inform the families first, allowing them to decide whether to inform the patient (2).

The increasing developments in medicine have resulted in the emergence of various perspectives about truth-telling to patients.

Telling the truth about medical practices ensure that patients are informed about their state of health, alternative ways of medical care, and precautions to be taken throughout their life (3,4).

As Sissela Bok mentions in her paper, most of the physicians are faced with the dilemma to tell or not to tell the truth to their patients. Many physicians renounce telling the truth to the patient, choosing one of the following three arguments to justify their decision:

First Argument: "It is impossible to tell the truth medically to patients". Nothing is completely true in medical terms. Patients will never be informed completely because the level of knowledge of the medical staff differs."

Second Argument: "Patients do not want to hear bad news. " This argument leads us to the claim that "physicians know what patients wish". This arguments may be true, though not as a rule, for illnesses such as cancer, as revealed by many studies.

Third Argument: "Telling the truth may do harm to patients". It may cause such results as suicide attack or regression in physiological function since the patient knows that she or he can die. Sissela Bok mentions the importance of establishing communication that would decrease pain and anxiety (5).

Physicians are required to enable the balance between telling the truth and avoiding harm to patients. At this point, it is important to decide on how much information should be provided to patients. "How much information should physicians provide, and how much information should they hide? Would it be harmful to give detailed information?" are the questions that are asked frequently (6).

The use of unclear and improper language may result in ambiguity among patients. The greatest mistakes in speaking are made when telling the truth, and the most harmful mistakes in speaking are distorting the truth. The first thing to do when telling the truth is filtering our

expressions through human reality, and not using the expressions that are too big to pass through the filter.

Today, truth-telling issues are not considered only from the perspective of implications of individual autonomy, although it should be mentioned that it was the impact of the concept of respect for patient autonomy that first made it possible to challenge the paternalist tradition.

Methods

The research group received required permissions from the Faculty of Medicine and Hospital at Eskisehir Osmangazi University (ESOGU) and from ethical committee. Then, inpatients and physicians were asked to fill out a questionnaire about their opinions on telling the truth to patients and knowing the truth. The data from patients were collected through face-to-face sessions. Physicians were asked to hand in the questionnaires in two days.

Among 300 physicians working in ESOGU Hospital, 166 physicians filled out the questionnaire. The rate of participation was 55,3% among physicians. In addition, 435 patients responded to the questions in the questionnaire. All inpatient clinics in ESOGU Hospital, excluding Children's Health and Diseases, Pediatrics, Algology, Anesthesiology and Reanimation, Psychiatry, and Cardiovascular Surgery, took part in this study.

The question as to the purpose of the research paper and create about 10 specialists working in our hospital for the physician to the patient about the diagnosis and treatment of 10 open-ended questions was prepared to tell the truth. The answers to these questions after reviewing the literature and the positive and negative statements made by writing to write items. Assessments of these substances as a result of the expert opinions of the 30 items were reduced. The items were in 5-likert type. The validity and reliability of the items were tested by distributing them to a sample group composed of 30 physicians and 30 patients (reliability coefficient Cronbach α: 0,82). Results in line with the positioning of the use of the substance after being approved by 30 doctors and to patients with appropriate instructions and answer options are given. Among 30 positive and negative expressions, 6 dimensions which serve the objective of our research were selected:

It is of priority to inform the patients about diagnosis.

Informing and informed consent are of priority throughout treatment process.

Individuals' right to decide on their own body is of priority.

Age factor and family support are important in providing information for patients.

The principle of preserving hopes should always be respected.

Paternalistic Attitude.

Arithmetic mean, standard deviation, frequency and percentages were used to analyze the data, and describe the situation of respondents with respect to the variables concerned, taking account of the measurement level of variables.

It was evaluated whether there was a statistical relationship between the demographic characteristics of the respondents and the variables concerned. Furthermore, x^2 test was used to define the differences between physicians and patients with respect to the variables concerned.

Statistical compatibility and evaluation were carried out under these headings.

Statistical evaluation was carried out in the light of the abovementioned dimensions. t test and variance analysis were used to identify the differences in general variables and dimensions between physicians and patients. The differences between the groups were evaluated to identify which group is different in view of dimensions found out in variance analysis, and the results were evaluated by means of Tukey technique in multiple comparisons. t test was used to compare binary groups with respect to abovementioned dimensions. It was tested whether group variances are homogenous (equal) before the implementation of the test. "Levene test for the homogeneity of variances" was applied, and the t test approach which was suitable according to the result of Levene test was adopted. t

test was used when it was determined, as a result of Levene test, that variances were equal; and corrected degree of freedom was used when it was determined that they were not equal. Insignificant results were not taken into consideration. SPSS 15.0 statistics program was used.

Findings

The demographic data concerning the physicians and patients that take part in our study are as table 1. (Table 1)

Table 1: Demographic Data of the Physicians and Patients

		Physicians (N:166)		*Patients (N:435)*	
Variables		***N***	***%***	***N***	***%***
Gender	Female	69	41,6	174	40
	Male	97	58,4	261	60
The average age		30,2 ± 5,9		43,59 ± 11,6	
Working Title	Specialists	32	19,3	-	
	Assistant	134	80,7	-	
Works /Treatment of Department	Internal wards	78	46,9	206	47,4
	Surgical wards	88	53,1	229	52,6
Their average length of employment		5,53 ± 5,99		-	
Marital Status	**Married**	-		326	74,9
	Single	-		54	12,4
	Widowed	-		55	12,7

147 physicians (88,5%) believe that patients should be informed accurately about the diagnosis of their illness whereas 19 of them (11,5%) defend the opposite idea.

The majority of the physicians in 31-35 age group (91,4%) believe that physicians should tell the truth to a patient who may probably die in five years. (x^2=21,904 sd= 4 p=0,000 p<0,05)

The majority of the physicians working in surgical wards (87,5%) believe that physicians should tell the truth to a patient who may probably die in five years. (Table 2)

Table 2: The Distribution of Physicians' Responses, by the Wards in Which They Work, to the Question Whether Physicians should Tell the Truth to a Patient Who Suffers from a Serious Illness and May Probably Die in Five Years and in Six Months

The Wards in which They Work	*Should the Truth be Told to a Patient Who May Probably Die in Five Years?*			*Should the Truth be Told to a Patient Who May Probably Die in Six Months?*		
	Yes	No	Total	Yes	No	Total
Internal Wards	60	19	78	42	36	78
Surgical Wards	77	10	88	62	26	88
Total	137	29	166	104	62	166

x^2= 4,046 sd=1 p=0,044* x^2=4,874 sd=1 p=0,027* *p<0.05

It is found out that high proportion of physicians who believe they should not inform patients about their diagnosis (t=2,569 df= 164 p=0,011*) defend that patients' right to receive information is of priority.

Male physicians believe that informing and informed consent are of priority throughout the treatment process. (t= -2,252 df= 164 p=0,026*)

High proportion of physicians in surgical wards believes that patients' right to information is of priority throughout the treatment process. (t= 2,873 df= 164 p=0,005*)

High proportion of physicians expressing that they should not tell the truth to a patient who suffers from a serious disease and may probably die in five years defend that patients' right to receive information about their diagnosis is of priority. (t= 3,321 df= 164 p=0,001*)

It is observed that physicians expressing that they should tell the truth to a patient who suffers from a serious disease and may probably die in five years are highly inclined to paternalistic attitude. (t= 3,685 df= 164 p=0,000*)

High proportion of physicians expressing that they should not tell the truth to a patient who suffers from a serious disease and may probably die in a short period of time, e.g. in six months, believe that informing and informed consent are of priority throughout the treatment process (t=2,524 df= 164 p=0,013*), and that patients' right to information is of priority throughout the treatment process (t= 7,200 df= 153,303** p=0,000*).

Among 435 patients that took part in our study, 229 (52,6%) were treated in surgical wards, and 206 (47,3%) were treated in internal wards.

364 patients (83,7%) stated that they knew their diagnosis whereas 71 patients (16,3%) stated that they did not. The diagnoses mentioned by the patients were compared to diagnoses in the files; and it was found out that 281 patients knew the diagnosis of their illness correctly and 83 patients (19,0%) did not know it correctly.

161 of the patients who knew their diagnosis (37%) were in surgical wards and 120 of them (27,5%) were in internal wards. 49 of the patients who did not know their diagnosis correctly (11,2%) were in surgical wards and 34 of them (7,8%) were in internal wards.

289 patients (66,4%) stated that they wished to be informed accurately about the diagnosis whereas 146 patients (33,5%) mentioned that they did not want to be informed if there were a situation which might bother them.

175 patients (40,2%) learned the diagnosis from the physician who first examined them, 213 patients (49,0%) from the physician who treated them, 23 patients (5,3%) from other physicians in the ward, and 24 patients (5,5%) from their family members.

124 patients (31,1%) found the explications about their diagnosis comprehensible whereas 103 of them (25,8%) found the explications incomprehensible. (36 patients did not respond to this question.)

384 patients (95%) wanted to be informed clearly and explicatively, 103 patients (25,5%) wanted to be informed in a calm place when they were alone, 58 patients (14,3%) wanted to be informed gently, 371 patients (91,8%) wanted to be informed smoothly by a medical professional with a smiling face, and 284 patients (70,3%) wanted everything about their diagnosis to be told clearly when receiving information about their diagnosis. (Selecting more than one choice was possible. 31 patients did not respond to this question.)

415 patients (95,4%) primarily wanted to know to which extent their lives would be affected by the diagnosis, 403 patients (92,6%) wanted to know whether their illness was curable, 287 patients (65,9%) wanted to know whether their professional life would be affected, 148 patients (34%) wanted to know whether their illness was hereditary, and 54 patients (12,4%) wanted to know whether they would suffer very much. (Selecting more than one choice was possible.)

390 patients (89,7%) stated that they wanted to be informed about the diagnosis and treatment of their illness in the presence of their family members whereas 45 patients (10,3%) stated that they did not want it.

The viewpoint that the truths about the diagnosis should not be told to patients who is faced with a slight risk of death or who may probably die in six months weighs heavily. (Table 3)

Table 3: The Distribution of Patients' Responses to the Question Whether Physicians should Tell the Truth to a Patient in Various States of Health

Whether the Truth about Diagnosis Should be Told	*To a Patient Who May Probably Die in Five Years*	*To a Patient Who May Probably Die in Six Months*	*To a Patient Who Is Faced with a Slight Risk of Death*
It should be told	225	162	112
It should not be told	210	273	323
Total	435	435	435

$x^2 = 62,422$ sd=2 p=0,000* *p<0,05

Higher proportion of male patients than female patients believe that a patient who may probably die in five years should be told the truth.

All patients in 21-30 age group want to know their diagnosis. ($x^2 = 8,631$ sd=1 p=0,003*)

All patients in 21-30 age group believe that physicians should tell the truth to patients who may probably die in five years while all patients in 31-40 age group believe that physicians should tell the truth to patients who may probably die in six months. Patients in 41-50 age group do not believe that physicians should tell the truth to a patient who is faced with a slight risk of death. (x^2=226,125 sd= 3 p=0,000*)

The majority of the patients who stated they wanted to know their diagnosis believe that physicians should tell the truth to a patient who may probably die in five years whereas patients who stated they did not want to know their diagnosis believe that physicians should not tell the truth to a patient who is faced with a slight risk of death. (Table 4)

Table 4: The Distribution of Patients' Responses, by Whether They Want to Know Their Diagnosis, to the Question Whether Physicians should Tell the Truth to a Patient in Various States of Health

Whether the Patients Want to Know the Diagnosis	*Should the Truth be Told to a Patient Who May Probably Die in Five Years?*			*Should the Truth be Told to a Patient Who May Probably Die in Six Months?*			*Should the Truth be Told to a Patient Who Is Faced with Slight Risk of Death?*		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
Yes	180	109	289	111	178	289	88	201	289
No	45	101	146	51	95	146	24	122	146
Total	225	210	435	162	273	435	112	323	435

x^2=38,451 sd= 1 p=0,000* x^2=0,502 sd= 1 p=0,479** x^2=9,961 sd=1 p=0,002*

*p<0,05 ** p>0,05

Higher proportion of male patients believes that individuals' right to decide on their own body is of priority. (t=-2,474 df=433 p=0,014*)

Patients expressing that physicians should tell the truth to a patient who suffers from a serious disease and may probably die in five years support more strongly the priority of patients' right to receive information about their diagnosis (t=4,643 df=407,675** p=0,000*), the priority of individuals' right to decide on their own body (t=4,069 df=433 p=0,000*), and paternalism (t=4,643 df=407,675** p=0,000*).

Patients expressing that physicians should tell the truth to a patient who suffers from a serious disease and may probably die in a short period of time, e.g. in six months (t=2,363 df=431,952** p=0,019*), or is faced with a slight risk of death (t=2,937 df=286,794 p=0,004*) support more strongly the priority of individuals' right to decide on their own body.

Discussion

Traditional viewpoints suggest avoiding telling the diagnosis of a serious illness to patients on the assumption that they will lose their hopes and will be affected adversely. The attitudes toward patients range from not informing patients accurately about the diagnosis and prognosis of illness to avoiding talking to patients (silence).

Fitt and Radvin carried out a study in 1953, in which they found out that more than half of the physicians who partook in the study did not adopt the idea that patients should be informed accurately about the diagnosis. Only 3% of the physicians supported that patients should be informed accurately about the diagnosis (4).

90% of the physicians in Oken's study in 1961, and 39% of the physicians in Novack et al.'s study in 1975 stated that patients should not be told the truth about their diagnosis (7).

Loge et al.'s study in 1996 demonstrated that 81% of the physicians preferred to tell the truth to their patients about the diagnosis (8).

Oken reiterated the study 20 years later, and found out that 98% of the physicians who took part in the study preferred to tell the truth to their patients about the diagnosis (4).

Grassi et al. carried out a study in 2000, in which they found out that American and Northern European physicians tended to tell the diagnosis to their patients whereas physicians in Mediterranean countries did not support the idea that physicians should tell the diagnosis to their patients (8).

A study in Italy revealed that nearly 45% of the physicians stood for, in principle, informing patient about their diagnosis; but only 25% supported telling the truth in practice. One-third of the physicians insisted that patients did not want to know the truth (9). Our findings demonstrate that 147 patients (86,6%) stood for informing patients accurately about their diagnosis.

This finding is not consistent with findings of the studies that Fitt and Radvin carried out in 1953 and Oken carried out in 1961. It can be concluded that the idea that patients should be informed accurately about their diagnosis, which emerged in 1980s, has been adopted by physicians in our country. In Dr. Good et al.'s study, 90% of the physicians stated that it was the first duty of physicians to inform patients according to patient-centered approach (10).

Today, in an age marked by the development of a patient-centered approach and the priority of individuals' autonomy, our physicians stand for informing patients in the general sense, but they are faced with dilemmas about how, when and where to provide information.

A study in which 131 oncologists in Turkey were surveyed in 2003 revealed that 45% of the physicians stood for telling the truth to patients (11). A study done in China in 2006 showed that 87,5% of the oncologists believed that patients should be informed at early stages of the illness (12).

A study done in Nigeria in 2010 showed tahat (46.8%) always, 54 (31.2%) generally, and 38 (22%) rarely disclose cancer diagnosis and favorable prognosis to patients. Only 7.5%

would disclose the truth of the prognosis to patients when the cancer is advanced. Physicians' age, specialty, training in palliative care, and doctors' views on truth disclosure if he/she had cancer significantly influenced the doctors' practice of truth-telling for cancer diagnosis (13).

In addition, findings from a relatively largescale study conducted among Turkish oncologists indicates that a notable percentage of the participants may never (9%) or rarely (39%) disclose a diagnosis of cancer to their patients (11).

In our study, the rate of physicians believing that they should tell the truth to a patient who suffer from a serious illness and may probably die in five years is 82,5%. Our finding is consistent with the approach of Northern European physicians.

Therapeutic medicine is composed of surgical and internal medicine. These two fields differ from each other in their practices and approaches. Informing patients and receiving their informed consent appear as an obligation more frequently in surgical medicine.

In a study carried out in Istanbul, it was found out that 37,3% of surgeons disclosed truth to their patients. The findings of the same study shows that 29,6% of surgeons believed that patients wanted to know the truth about their health (14).

Our findings reveal that 87,5% of the physicians working in surgical wards believe that patients suffering from a serious illness should be told the truth. Our findings are consistent with the findings of the abovementioned study.

The studies by Teutsch, Dimatteo et al. and Brink-Muinen et al. assert that female physicians are more sensitive in emotional terms compared to male physicians. The studies show that female physicians tend to speak more emotionally and that they attach importance to adopt empathetic communication skills in their relationships with their patients (15,16). Our findings demonstrate that the majority of male physicians stand for telling the truth to patients. Thus, our finding is not commensurate with the abovementioned study which defends the assumption that male physicians display less emotional attitudes compared to female physicians.

The right to inform ensures that patients receive the information required and that they make their own decision on the basis of this information (17). We found out in this study that physicians stating that patients should be informed accurately about their diagnosis favored the priority of patients' right to receive information. Our findings are consistent with the literature (8,9,18). Our finding that male physicians highly favor the priority of informing and informed consent during the treatment process is commensurate with the literature (14,19).

Paternalistic attitudes that medical professionals display for the well-being of their patients may eliminate patients' right to decide on their own body. Paternalistic attitude, under the veil of being helpful to patients, restricts and does harm to personal autonomy. Physicians who favor that they should tell the truth to patients who suffer from a serious disease and may probably die in five years highly adopt paternalistic attitude. Physicians force patients to act on the basis of their own truth, and conceal the truth from patients or does not provide any information to them.

Even though physicians mention the requirement to inform patients, they still continue to adopt paternalistic attitude.

Modern legal system introduces informed consent in medical interventions as the main principle in physicians' acts. Receiving the informed consent of patients before any medical intervention is a consequence of respect for an individual's personality and freedom. Physicians are liable to explain the illness and treatment to their patients in accordance with our legislation. Article 17 in the Turkish Constitution and Article 70 in Law no 1219 on the Exercise of Medical Professions provide for the liability of physicians to receive informed consent (20,21).

In our study, physicians believing that they should tell the truth to a patient who suffer from a serious illness and may probably die in six months highly favor the priority of informing and informed consent throughout the treatment process. Besides telling the truth to patients, physicians should receive their informed consent to medical practices.

In the past, contrary to assumptions of physicians, patients wanted to receive accurate information about diagnosis and treatment (3,6,22,23). A study carried out in Tokyo in 1994 revealed that 76% of the patients wanted to be informed accurately about the diagnosis whereas 24% of them did not want (6). In another survey carried out among 120 patients, it was found out that 83% of the patients wanted to receive accurate information about the diagnosis (22). A study conducted in 2002 in 19 clinics among 725 patients demonstrated that 81,3% of the patients wanted to know the diagnosis of their illness (23).

In another study, 99% of the patients answered "yes" to the question whether patients should be informed accurately about the diagnosis. Besides, 99% of the patients agreed with the proposition that "physicians are obliged to inform their patients about their state of health". 62% of the respondents favored the proposition that "all details of illness and treatment process should be told" (24).

In our study, 66,4% of the patients stated that they wanted to be informed accurately about the diagnosis whereas 33,5% of them mentioned that they did not want to be informed if there had been a situation which might bother them. Our findings are consistent with the findings in the literature.

In our study, it was found out that 66.4% of the patients knew their diagnosis accurately. This finding leads us to think that the information conveyed to patients is not effective and accurate, and raises doubts about informed consent received from patients. Willingness to know the truth is associated with cultural differences, as revealed by abovementioned studies. The differences in opinions about telling the truth between physicians in eastern and western countries occur among patients, too.

One of the main concerns in communication with patients is the language used during the informing process and its comprehensibility. Medical professionals use a language dominated by intense medical terminology in their professional life. They sometimes continue to use the same language when they are communicating with patients, which may result in problems. When patients do not understand the terminology used, their anxiety increases and they tend to think that something bad may happen. Unclear and improper use of language and information concealed from patients may embed them into ambiguity.

25,8% of the patients stated that physicians used intensively incomprehensible medical terminology when they were making explanations to patients. The intense use of medical terminology in physician-patient relations may hinder the comprehensibility of information.

Respect for patient autonomy, informed consent, trust and truth-telling are important for effective communication. In modern science, the importance of respect for patient autonomy has been increasing and leading to changes in the nature of physician-patient communication (25).

In another study carried out in Japan, it was disclosed that 85,4% of the patients wanted full information whereas 11,3% of them wanted partial information. When they were asked whether they wanted to know their remaining lifetime, it was found out that 32,2% of them wanted the information about it (26). Patients believe that truth should not be told to patients who suffer from a serious illness and may probably die in six months and to the ones who are faced with a slight risk of death.

These findings are consistent with the findings in the literature. Given that Turkey is a Mediterranean country and dominated by eastern culture, our findings are compatible with the findings of studies done in countries having similar cultural characteristics.

The majority of male patients believe that truth should be told to patients who may probably die in five years. Men's natural characteristics such as durability, less sentimentality and willingness to look stronger may cause that they are more willing to learn the truth than women. Male patients tend to avoid problems that their families may encounter in case of death. Our findings are consistent with those of Ersoy (14).

People develop different perspectives about illness in different ages. Their comprehension and conceptualization of facts may very by their age. A survey administered to 270 patients in 65-94 age group demonstrated that 80% of the respondents wanted to be informed about their health state (23).

A study in the UK showed that patients aged over 70 wanted to know specific information about their illness (4). A survey among patients over 65 years, composed of mixed ethnical groups, demonstrated that patients living in Korea and Mexico believe less than the ones in Europe and Africa that patients should be informed about the diagnosis and treatment of a fatal illness. This study shows that ethnic differences as well as other demographic variables may play an effective role in whether patients want to know the truth (4) . In our study all of the 21 to 30 years old patients wanted to know their diagnosis. This finding is consistent with the literature.

Conclusion

88,6% of the physicians and 66,4% of the patients believe that patients should be informed accurately about the diagnosis. Physicians who do not stand for informing patients about diagnosis (11,5%) favor more highly the priority of patients' right to information.

Male physicians, more than female physicians, support the importance of age factor and family support in informing and receiving informed consent throughout diagnosis and treatment process. Physicians working in surgical wards, more than the ones in internal wards, advocate the priority of patients' right to information.

Physicians expressing that they should tell the truth to a patient who suffers from a serious disease and may probably die in a short period of time, e.g. in six months support the priority of both informing patients and receiving their informed consent during the treatment process and patients' right to information about the diagnosis.

Physicians believing that patients should not be informed about their serious illnesses think that informing and informed consent are obligatory whereas physicians believing that patients should informed in case of a less serious illness adopt paternalistic attitude.

The studies in various countries show that telling the truth about diagnosis to a patients and the difficulties posed by truth-telling have not been clarified yet. Our study also demonstrates dilemmas and differences about truth-telling to patients. Physicians cannot develop a clear approach to truth-telling to patients because they fail to distinguish the integrity and unity of concepts, and they tend to regard patients as a whole rather than evaluating them as separate individuals.

All patients received information from physicians about diagnosis. 88,3% of patients want comprehensible and explanatory information. 89,7% of the patients want to receive information about diagnosis and treatment in the presence of their family members. Male physicians, more than female physicians, advocate that the truth should be told to patients who suffer from a serious illness and may probably die in five years.

All patients in 21-30 age group want to know the diagnosis of their illness. Male patients attach more importance to the priority of individuals' right to decide on their own body. Patients who do not want to be informed accurately about the diagnosis support more strongly the factors other than the priority of right to information and paternalistic attitude. Patients as well as medical professionals display conflicting behavior about this topic. Patients believing that physicians should tell the truth to a patient who suffers from a serious disease and may

probably die in five years support the priority of paternalistic attitude, right to receive information about diagnosis and individuals' right to decide on their own body.

Patients believing that physicians should tell the truth to a patient who suffers from a serious disease and may probably die in a short period of time, e.g. in six months support the priority of individuals' right to decide on their own body.

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