

Poster presentation

Handling bad news in medicine: psychological and physiological consequences and questions

Gesthimani Mintziori*^{1,2}, Efharis Panagopoulou¹,
Dorothea Kapoukranidou², Magdalini Mintziori³, Areti Triantafillou¹ and
Alexis Benos¹

Address: ¹Lab of Hygiene, Medical School, Aristotle University of Thessaloniki, Greece, ²Lab of Psysiology, Medical School, Aristotle University of Thessaloniki, Greece and ³Faculty of Philosophy, Aristotle University of Thessaloniki, Greece

* Corresponding author

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Background

The frequency of concealment of true diagnosis to cancer patients varies from 20 to 85% [1]. However the direct impact of that specific doctor-patient interaction has not yet been investigated. The present study examined its psychophysiological impact trying to “read” the neurochemical signature that disclosure or concealment of bad news appear to have.

Materials and methods

Sixty seven (N=67) healthy male medical students were asked to have a brief consultation with a cancer patient and, being given full information about the disease, were randomly assigned in 3 groups. Group A (disclosure group) was instructed to reveal all the information. Group B (concealment group) was instructed not to reveal the truth, while group C was the control group. Mood, cardiovascular reactivity and salivary cortisol were assessed at baseline (T1), 30 minutes later (T2), and immediately after the task (T3). Heart rate was assessed throughout the consultation.

Results

A significant increase in anxiety and negative affect in both experimental groups from T1 to T2 was reported that significantly decreased from T2 to T3 to baseline levels only in the concealment group where there was also a significant decrease of heart rate throughout the consultation

($F=5.304$, $p=0.011$). The salivary cortisol significantly changed in all three groups throughout the process ($F=5.557$, $p=0.007$).

Conclusions

A prolonged psychological reaction is involved with disclosure whereas cortisol secretion is only involved with performance anxiety. Further research is needed to ascertain the psychoendocrinological steps taking place and eventually design a strategic plan on training for handling bad news in medical settings.

References

1. Lin CC, Tsay HF: **Relationships among perceived diagnostic disclosure, health locus of control, and levels of hope in Taiwanese cancer patients.** *Psychooncology* 2005, **14**(5):376-85.