Diagnosis Disclosure Process in Patients With Malignant Brain Tumors

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.

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