

## Letter to the editor

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Dear Dr. Raúl Carrillo Esper  
Editorial Medical Director

I am addressing to you because we have received several requirements from your magazine readers regarding the questionnaire published in el volume 31, number 1, pages 9-14, January-March 2008, along with the article: «How should bad news about terminal disease be given by a group that is not specialized in palliative care?» Because of this reason, we ask you if you, please, would mind publishing the attached questionnaire in order to make it known or used by your magazine readers.

Opinion poll: Bad news for terminal patients

Identification data from the interviewer.

School grade:  
Sex:  
Age:  
Religion:  
Place of origin:  
Marital Status:  
University or College:

1. Have you ever received training or information that may help you face the act of communicating bad news?

- A. Yes I have received information that I believe that it was complete and satisfactory.
- B. Yes, I have received some training, but scarce information.
- C. No, I have never received this kind of information.

2. If you have answered positively, where did you receive the mentioned training?

- A. College or university.
- B. Medical residence.
- C. Courses organized by medical associations or institutions.
- D. Others. Please, specify.

3. If you have never received training to give bad news, on what did you base your attitude in order to face your first experience?

- A. Imitating the most hierarchical residents.
- B. Imitating the assigned physicians.
- C. I based upon what I believed the most proper fact to solve the problem was.
- D. I did it without any order or strategy.

4. How was your first experience about giving bad news?

- A. Very bad.
- B. Bad.
- C. Average.
- D. Good.
- E. Very good.

5. How does giving bad news works on you?

- A. Very hard.
- B. Hard.
- C. It does not represent any difficulty.

6. What does giving bad news produce on you?

- A. Fear.
- B. Insecurity.
- C. Lack of strategies to do it.
- D. The family or the patient's reaction.
- E. Others.

7. Do you prefer that other physicians give bad news about terminality?

- A. Yes, preferably.
- B. Occasionally.
- C. No, that activity is exclusively mine.

8. In case of giving a positive answer. What is you reason why?

- A. Inexperience.
- B. To be afraid about the patient's response.
- C. It makes me emotionally unstable.
- D. I do not like it. It provokes me important stress.
- E. Others.

9. Do you consider that a patient in terminal phase should know his/her diagnostic and prognostic?

- A. Always.
- B. Almost always.
- C. Sometimes.
- D. Never.

10. Have you ever asked your patients if they want to know about their terminal disease?

- A. Yes, always.
- B. Yes, occasionally.
- C. Never.

11. To whom do you inform the diagnostic when dealing with a terminal phase disease?

- A. Only to the patient.
- B. Only to the patient's relatives.
- C. To both the patient and the relatives.
- D. To nobody.

12. What kind of place do you choose to give bad news?

- A. A corridor.
- B. A medical room.
- C. The side of the patient's bed.
- D. Others. Please, specify.

13. Usually, do you explore what does the patient know and what does he/she want to know about his/her disease?

- A. Yes, always.
- B. Occasionally.
- C. Never.

14. Do you allow your patients to express the emotions emerging from bad news information?

- A. Yes.
- B. No.

15. Do you evaluate the impact that the given information has produced?

- A. Yes.
- B. No.

16. Do you check if the patient has understood the given information about his/her disease in terminal phase?

- A. Yes.
- B. No.

17. How do you evaluate yourself with regard to your ability (as an informer) at giving bad news?

- A. Very bad.
- B. Bad.
- C. Average.
- D. Good.
- E. Very good.

18. Would you like to be informed in case of presenting a terminal disease?

- A. Yes.
- B. No.

19. Have you had any experience in receiving bad news about one of your relatives?

- A. Yes.
- B. No.

20. In case of a positive answer, do you suppose it may influence your ability at giving bad news?

- A. Positively.
- B. Negatively.
- C. No influence.

21. Do you believe that it is necessary to take a course about this topic for your education as a specialist?

- A. Yes, it is very necessary.
- B. Yes, necessary.
- C. Yes, but not essential.
- D. I do not believe that it is necessary.

The questionnaire consists of 21 questions.

All of them are closed questions and present 3 or 4 (Likert Scale) possible answers.

Five of them are dichotomic questions.

Three of the questions depend on the previous question; i.e., the interviewed person may answer 21 or 18 questions.

The issues to evaluate are:

- A. Willing of information or training (21)
- B. Previous information (1, 2)
- C. First experience (3, 4)
- D. Emotional impact of the act of giving bad news (5, 6, 7, 8)
- E. Basic concepts on giving bad news:

Veracity in the act of giving bad news (9)

Place for giving bad news (12)

F. Information to the patient, communication with the patient (10, 11, 13, 14, 15, 16)

G. Evaluation of the interviewed person's activity in giving bad news (17)

H. The experience of the interviewed person in receiving bad news (18, 19, 20)

Without anything else to add, we really appreciate your collaboration.