Truth disclosure when breaking bad news to palliative patients: A qualitative meta-synthesis

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Disclosing the truth about a patient's diagnosis or prognosis is a difficult task for many health professionals yet is essential for informed end-of-life decision making. Therefore, the aim of the meta-synthesis was to explore and examine how patients, families, and health professionals experienced truth disclosure during bad news conversations in the inpatient/outpatient palliative care setting.

The authors conducted a systemised search for peer-reviewed, published papers between 2013 and 2020 using 'truth disclosure,' 'bad news,' and 'palliative or end-of-life' keywords and MeSH terms. Eight papers were analysed and synthesised using a modified meta-ethnography process. Two concepts: 'Enablers in breaking bad news' and 'Truth avoidance / disclosure' resulted from the synthesis. The Enablers for breaking bad news concept was underpinned by several elements: the importance of the therapeutic relationship, reading cues, acknowledgment of the diagnosis/prognosis, language/delivery style, choosing an appropriate time/place, and qualities of the health professional. During the bad news conversation, truth avoidance could occur if the health professional was not comfortable, feared an emotional response or was afraid of taking away the patient's hope. Breaking bad news is a circular, not linear, process and truth disclosure needs to be repeated often to allow absorbability.