Patients' understanding on the aim and duration of treatment during the consent process

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Background
Patients starting chemotherapy have to process a significant amount of information about their diagnosis and treatment. In this audit, patients were interrogated regarding the value of information they received before consenting for their treatment, and how this information contributed in their actual understanding of treatment purpose and duration.

Materials
A standardised questionnaire was used to obtain patients’ feedback about the quality of information they had during the consent process, with specific questions about the aim and duration of treatment. The feedback from the questionnaire was compared independently by two clinicians to the information on case notes.

Results
Sixty-five patients (42 males) with a mean age of 65 years were assessed, 32 (49%) with lower- and 33 (51%) with upper-gastrointestinal (GI) malignancies. Of them, 36 (55%) had palliative, 22 (34%) adjuvant and 7 (11%) neoadjuvant chemotherapy.

More than 90% of patients stated that the quality of information about their cancer (name, location and spread in the body; medications; side effects and goals of treatment) was excellent, good or satisfactory. Less than 7% rated the quality as poor. Also, 51 (79%) patients stated that they had appropriate information according to their expectations, while 91% had the opportunity to ask questions. Nevertheless, one in five patients found it difficult to understand the information.

Based on physicians’ assessment, 19% of the patients did not understand the aim and 29% did not appreciate the duration of the treatment. Only one-third of the patients on adjuvant treatment understood both the aim and the duration of the treatment. Males compared with females (81% vs 52%, respectively; p=0.018 in multivariate analysis) and those on palliative or neoadjuvant compared with those on adjuvant treatment (80.6% or 85.7% vs 50%, respectively; p=0.03 in univariate analysis) seemed to better understand the duration of treatment.

Conclusion
Patients consenting for chemotherapy are overwhelmed with a plethora of information. Patient understanding and choice is important especially in the adjuvant setting as a significant proportion would not benefit from the treatment with high likelihood of side effects during the treatment and up to 20% chance of long-term and disabling toxicity.

Conflict of interest statement
None declared.