

Truth Telling to Terminal Cancer Patients : An analysis on willingness survey of in Japan, China, and Korea

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<https://doi.org/10.15017/16970>

出版情報 : 九州大学アジア総合政策センター紀要. 4, pp.95-98, 2010-03-31. Kyushu University Asia Center

バージョン :

権利関係 :

Truth Telling to Terminal Cancer Patients: An analysis on willingness survey of in Japan, China, and Korea

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Abstract

For medical doctors and nurses, truth telling of fatal disease, such as cancer, to the patient or family is always a painful and ambivalent task. Willingness of accepting truth telling may depend on personality of individuals, but it can be affected by culture or common views of society as well. This article analyses how and why different acceptance of truth telling is observed in different countries. We conducted two questionnaire surveys for university students in Korea in 2006, and in Japan and China in 2008. The students were asked whether they want to be informed their own disease, and whether they want their family to be informed of the truth in a hypothetical situation that respondents or their family had a cancer.

Relatively high proportion of students in Korea, especially female students want their family member not to be informed of the truth. The differences may be attributed to the degree of solidarity in a family or bond-age of family members, which is still strong in Korea and China but is subsiding in Japan or may be derived from traditional Japanese ethics. However, in all three countries, the percentage of students who wish themselves to be informed and their families to be informed of their cancer are high. For those who do not wish the truth to be informed to both themselves and family patient the reason was because they do not want to be seen while dying or they do not wish to see their family member to be agonized by truth telling.

Key words : Bioethics, truth telling of malignant cancer, thanatology, empirical research, East Asia community, comparative study among Japan, China and Korea

Introduction

Key point were whether they wish to be informed about the truth of their own disease and whether they want their family members to be informed of the truth of his/her fatal disease (Glaser and Strauss, 1965; Gunaratnam, 1997; Hern et al., 1998; Tilden et al., 2001). The questions were intended to identify whether their attitudes differ between the two cases and the reasons may be explained by those countries' intrinsic attitudes towards life and death and specific ethical views emanated from traditional

cultures (Veatch, 1979; Rosenblatt et al. 1976; Moskowitz and Nelson, 1995; Jonsen, 1998).

Materials and Methods

We prepared a common questionnaire sheets and asked students whether they wish to be informed about the truth of their own disease, whether they want to let their family member informed of the truth of his/her disease. In both cases if their answer were negative (i.e. do not wish truth telling), we asked the students to answer in 5 scale the major reasons from possible

Table 1 Information of Survey and Respondents

Survey Location	Year of Survey	Number of Respondents	Average Age of Respondents
Seoul, Korea	2006	29	18.9
Beijing, China	2008	89	21.3
Fukuoka, Japan	2008	103	19.8

reasons listed. Before starting our interview, we asked respondents to imagine a hypothetical situation that they or their family members had malignant cancer and going to receive truth telling of it.

We interviewed 29 students (14 males and 15 females) of Dongguk University in Seoul, Korea in December 2006 and in 89 students (33 males and 56 females) of Capital Medical University in Beijing, China, and 103 students (90 males and 13 females) in Kyushu University, Fukuoka, Japan in September 2008 (Table 1).

The questionnaires were collected under anonymous conditions while paying due respects to various ethical codes such as privacy and freedom of refusal.

Results and Discussion

The surveys revealed that in all three countries most of respondents (93-100%) wished truth telling to them if they had cancer. This high ratio may be attributable to the fact that respondents are young students of medical school who are well educated and the case is hypothetical (see Figure 1). Difference in three countries emerged when the respondents were asked about truth telling to their family member. In the survey in September 2008, 87% of the Japanese students wanted truth telling both to themselves and their family while 13% wanted their own information but did not want their family members to be informed. In contrast, 59% of the Chinese students wanted truth telling both for them and for their family members and 39% of them wanted themselves to be informed but not their family members — three times more than Japanese students. These results are similar to those derived

from our 2006 study in which 55% of Korean students wished themselves to be informed but not family member who had a cancer. The difference between Korea and Japan further widens when females and males are compared. Korean female students show a strong resistance to letting family members informed of fatal disease (Figure 2) whereas no difference by gender were found in Japanese students (Maruyama, 2007).

The differences in three countries may be attributed to the degree of solidarity in a family or bondage of family members, which is still strong in Korea and China but is subsiding in Japan. Modern life style has undermined adherence among family members in Japan. Other factors may be the influence of traditional ethics. Compared to China and Korea, it may also be explained by a notion that dying graciously tends to be more respected in Japan stemming from the traditional Japanese ethics associated with the views of feudalistic warriors. Difference by gender in Korea may indicate that female students are more susceptible to lingering effects of traditional Confucian values although sample size is too small.

However, the surveys indicated that the respondents in three countries seem to share the same sentiment as well: wishing not to look at family member being agonized by fatal disease or even by truth telling itself. Original assumption was that such sentiment had been a distinctive feature of Japanese but the survey indicates that it is shared by Korean and Chinese students too. This attitude may be related to the same cultural mindset that leads to extremely few donors for organ transplantation in East Asian countries because both cases overlap disgraceful images of

damaging mind or body of beloved family members.

A hint may be given by a different survey on truth telling conducted in Japan and Germany in 1999 (Maruyama et. al. 2000) revealed that Japanese students are less positive (72%) than German students (93%) about truth telling both to themselves and their family and that 20% of Japanese students desired truth telling to themselves but not to their family whereas 6% students in Germany. The higher percentage of Japanese students in the latter case may be explained by the above sentiment of disliking to watch death or being watched. More Japanese re-

plied that they did not like their weakness to be exposed, themselves to be watched, or extra grievances to be given to their family. They strongly wish not to give more psychological stress to their family.

Conclusion

Recent questionnaire surveys with students in China, Japan and Korea revealed that most respondents wished them to be informed of their cancer but some differences were found in three countries about willingness to accept truth telling to their family members when their family had cancer. The differences may be attributed to the

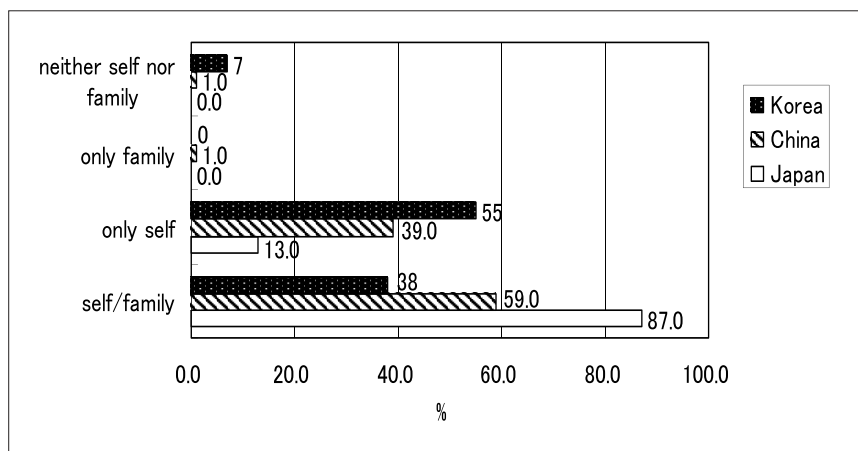


Fig.1 To whom truth telling would be preferred

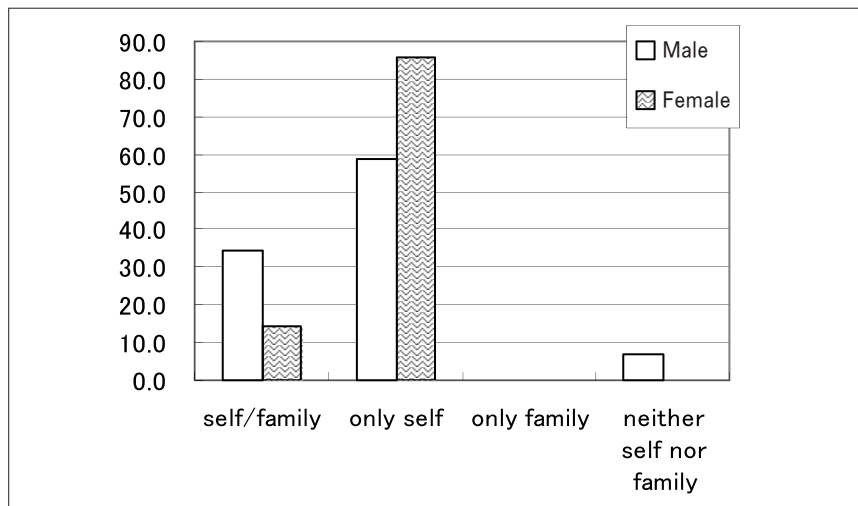


Fig. 2 Willingness to accept truth telling by gender: Korea (2006)

degree of solidarity in a family or bondage of family members, which is still strong in Korea and China but is subsiding in Japan or may be affected by traditional ethics. Relatively high proportion of female students in Korea wanted their family member not to be informed of the truth, which might indicate an influence of Confucian values. Comparison with a similar survey made in Germany and Japan, however, suggest that there seems to be some common Asian sentiment in three countries: not wishing to see their family members being agonized by fatal disease or even by truth telling.

Acknowledgement

We would like to the authorities and students of Dongguk University in Korea and Capital Medical University in China who kindly accepted and cooperated this survey in 2006 and 2008. This paper was presented at China-Japan-Korea Joint Symposium 2008 in Qingdao.

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