

# BRITISH MEDICAL JOURNAL

SATURDAY 7 FEBRUARY 1981

## LEADING ARTICLES

Levodopa: long-term impact on Parkinson's disease.....	417	Blunt abdominal trauma.....	419
Prostaglandins in obstetrics.....	418	Nappy rashes.....	420
Asymptomatic space-occupying lesions of the kidney.....	419	Drug-induced bullous eruptions.....	421
		Audit: aiming high.....	422

## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Prevention of doxorubicin-induced alopecia by scalp cooling in patients with advanced breast cancer JUSTINE E ANDERSON, JENNIFER M HUNT, IAN E SMITH.....	423
Epstein-Barr-virus-carrying lymphoma in a patient with ataxia-telangiectasia ARI K SAEMUNDSEN, A IZZET BERKEL, WERNER HENLE, GERTRUDE HENLE, MARIA ANVRET, ÖZDEN SANAL, FÜGEN ERSOY, MELDA ÇAĞLAR, GEORGE KLEIN.....	425
Amniotic fluid phospholipid profile determined by two-dimensional thin-layer chromatography as index of fetal lung maturation M J WHITTLE, A I WILSON, C R WHITFIELD, R D PATON, R W LOGAN.....	428
Correction: Beta <sub>2</sub> -microglobulinaemia VIBERTI and others.....	430
Prognosis of patients with "chest pain ?cause" R G WILCOX, J M ROLAND, J R HAMPTON.....	431
Epidemic measles in Shetland during 1977 and 1978 J D MACGREGOR, JILL MACDONALD, E A INGRAM, M MCDONNELL, B MARSHALL.....	434
Hypercalcaemia and angioimmunoblastic lymphadenopathy E GAN, M B VAN DER WEYDEN.....	437
Evidence for previous hepatitis B virus infection in alcoholic cirrhosis P R MILLS, E A C FOLLETT, G E D URQUHART, G CLEMENTS, G WATKINSON, R N M MACSWEEN.....	437
Androgens, oestrogens, and coronary heart disease R F HELLER, H S JACOBS, A VERMEULEN, J P DESLYPERE.....	438
Fetal macrosomia and maternal diabetic control in pregnancy S M STUBBS, R D G LESLIE, P N JOHN.....	439
Pulmonary eosinophilia and asthma associated with carbamazepine TAK LEE, G M COCHRANE, PETER AMLOT.....	440
Emergencies in the Home: Severe breathlessness, respiratory failure, and asphyxia O C PARRY-JONES, N G HODGES.....	441
Pitfalls in Practice: Finding a practice—III JOHN OLDROYD.....	444
Beyond the Surgery: General practitioner and the World Health Organisation B J ESSEX.....	446

## MEDICAL PRACTICE

A trial speech screening test for school entrants M J RIGBY, I CHESHAM.....	449
The quality of life after cardiac surgery J K ROSS, J L MONRO, A E DIWELL, J M MACKEAN, J MARSH, D J P BARKER.....	451
ABC of ENT: Vertigo HAROLD LUDMAN.....	454
My Student Elective: On the North West Frontier BARBARA-ANNE WARD.....	458
Lesson of the Week: Haemorrhage from gastric artery aneurysms M HELLIWELL, J D IRVING.....	460
Clinical pharmacology: Drug absorption A K SCOTT, GABRIELLE M HAWKSWORTH.....	462
Reading for Pleasure: Short and good J C GRIFFITHS.....	464
Medicine and Books.....	466
Any Questions?.....	459, 461, 463, 465
Materia Non Medica—Contributions from VIRGINIA ALUN JONES, JOHN ROBERTS.....	453
Personal View CLIVE E HANDLER.....	471

CORRESPONDENCE—List of Contents.....	472
--------------------------------------	-----

OBITUARY.....	485
---------------	-----

## NEWS AND NOTES

Views.....	488
Parliament.....	489
Medical News.....	489
BMA Notices.....	490

## SUPPLEMENT

The Week.....	491
RMOs speak their mind WILLIAM RUSSELL.....	492
From the JCC: Hospital staffing structure.....	493
Bed requirements for undergraduate teaching P R FLEMING.....	496
How many beds do we really need? G P A WINYARD, R H MCNEILLY, C B T ADAMS.....	498
Government's sick-pay proposals.....	500
Three RCGP reports.....	500
BMA membership increases.....	500

# CORRESPONDENCE

<b>Problems of communication in acute leukaemia</b> A C Newland, MRCPATH, and B T Colvin, MRCPATH ..... 472	<b>Chlorosis, anaemia, and anorexia nervosa</b> A Lyell, FRCPED ..... 477	<b>Impaired glucose tolerance and diabetes—WHO criteria</b> J V Zammit Maempel, FRCP ..... 481
<b>Pneumonia during treatment of acute leukaemia</b> M L Slevin, MRCP, and others ..... 473	<b>Bone-marrow aspiration</b> L L M Thomas, MD, and others ..... 478	<b>Alcoholism: an inherited disease?</b> I Oswald, FRCPsych ..... 481
<b>Paracetamol-induced hepatic failure</b> M Helliwell, MRCP, and others; J O Beattie, MRCP ..... 473	<b>Liver biopsy as a day-case procedure</b> G Menghini, MD; D Westaby, MRCP, and R Williams, FRCP ..... 478	<b>What is a nuclear shelter?</b> J W Gleisner, MRCPsych ..... 482
<b>Urban hypothermia</b> W R Primrose, MRCP, and L R N Smith, MB; R Bowesman, MD ..... 474	<b>New form for termination of pregnancy</b> Wendy D Savage, MRCOG ..... 478	<b>Do sick doctors need more than the GMC?</b> J Cantor, MRCP; D G Delvin, MRCP; R P Ryan, FRCM; Mary Strelley, SRN ..... 482
<b>Cancer in patients treated with immunosuppressive drugs</b> L J Kinlen, MRCP, and others ..... 474	<b>Platelet aggregation in pregnancy</b> P Dandona, MB, and others ..... 479	<b>Inner London general practice</b> J C Murdoch, MD; J A Jewell, MB; J P Robson, MB ..... 482
<b>Dementia and cerebral noradrenergic innervation</b> D M A Mann, PhD, and P O Yates, FRCPATH ..... 474	<b>Medical audit in neonatal care</b> P M Dunn, FRCP ..... 479	<b>Any complaints?</b> J S T Searle, MRCP ..... 483
<b>Chlormethiazole and temazepam</b> A Huggett, BSC, and others ..... 475	<b>New system for single-needle dialysis</b> V L Sharman, MRCP, and others ..... 479	<b>Home visiting in a rural practice</b> J P Telling, MB; A W Greer, MB ..... 483
<b>Drugs and the elderly</b> K Gupta, MRCP ..... 475	<b>Suprapubic catheterisation</b> P Hilton, MB, and S L R Stanton, FRCS ..... 479	<b>From city to coast</b> M A Varnam, FRCP ..... 483
<b>ABC of blood pressure reduction</b> J L C Dall, FRCPGLAS; Jean K M Coope, MB, and J R Coope, MB; L T Bannan, MRCP ..... 475	<b>A radical approach to fire defence</b> D C White, MA ..... 480	<b>Manpower and training</b> I F Kerr, FRCSed ..... 484
<b>Postabortion sepsis and antibiotic prophylaxis</b> I MacKenzie, MB, and Anna Fry, SRN; C L Brewer, MRCPsych ..... 476	<b>Statistics and ethics in medical research</b> M R Clarke, MSC ..... 480	<b>Manpower planning and accurate information</b> G Dick, FRCP, and R S Viner ..... 484
<b>Sources of lead pollution</b> R D Russell Jones, MRCP ..... 477	<b>An aid to reducing unnecessary investigations</b> N Paterson, PhD; P C Hayes, MB, and R S MacWalter, MB ..... 480	<b>Mortality, morbidity, and resource allocation</b> A A Barton, MD, and others ..... 484
	<b>Trial of acetyl salicylic acid in the secondary prevention of mortality from myocardial infarction</b> P C Elwood, MD ..... 481	<b>More about ancient Egyptian</b> A L Pahor, FRCSed ..... 484
	<b>The split BMJ</b> R W H Clarke, MRCOG, and Irene L Clarke, MB ..... 481	<b>Correction: Out of step (Grattan) ..... 484</b>

*We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.*

*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

## Problems of communication in acute leukaemia

**STR.**—All physicians who care for adult patients with acute leukaemia are deeply concerned by the problems of communication between hospital staff, the patients, and their relatives. The paper by Hilary Gould and Dr P J Toghill (17 January, p 210) is therefore a welcome attempt to explore this area in a systematic way.

The authors start from the premise that "it was not the usual policy to tell every patient he or she had acute leukaemia." They present two principal criteria for exceptions to this general rule, but surely *all* adults have some "family or financial responsibilities" and most patients will ask some questions about their illness, if given a suitable opportunity. Many patients attending a haematology department consider the possibility that they have leukaemia and those who actually have the disease are often the most reluctant to voice their fears. The response to a patient's

questions must therefore be governed by the patient's own attitude as judged by the physician; and the subtleties of communication must rely on some insight into the varying degrees of acceptance, aggression, hope, and denial that are displayed.

It is important to begin the discussion with some sort of plan which the patient and his relatives can grasp and which can form the foundation of a trusting relationship. From this beginning it is possible to convey more information, adapting it to the patient's personality, background, and mental state. Relatives may be helpful in assessing the patient's ability to accept the "truth" but few people know how they or their loved ones will react in these circumstances. A close relative's judgment of what should be said to a patient with acute leukaemia may therefore be no less fallible than that of the physician. The equation of "truth" or "not truth" is, of course,

too simple. The complaint of not being told enough or of being given too many details is often based on insecurity and inability to relate to the medical team. In the group described by Hilary Gould and Dr Toghill only nine of 26 patients knew of the diagnosis and one of them "learnt the diagnosis by mistake from a relative." Is this less of a disaster than learning the truth from a laboratory technician, a request form, or casual chatter in the haematology clinic?

We agree that management is easier for doctors and nurses when the patient knows of the diagnosis. The explanation offered for the physician's reluctance to tell patients that they have leukaemia is often that the patient will be unable to face the truth and that their wellbeing must remain paramount. If we agree that there is no standard answer, no standard patient, no standard relative, and no standard disease, we must also remember that