

## 8-2

### **MEDICAL STUDENTS' ATTITUDES TO COLLUSION AT END OF LIFE: A CROSS-CULTURAL PERSPECTIVE**

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#### **Introduction**

Collusion in healthcare is the act of withholding information from the individuals involved. Across a range of cultures, collusion is extremely common: up to half of patients in India receiving cancer treatment are unaware of their diagnosis (Santosh 2009). There is an increasing emphasis on cultural awareness in medical training. At Newcastle University Malaysia, our students are in the unique position of studying a UK degree in a Malaysian context. In this pilot study, we explore our students' attitudes towards collusion and their perceived preparedness for requests for collusion as a doctor.

#### **Method**

Our study used a mixed-methods approach. To generate areas for investigation, we conducted three focus group interviews with small groups of student volunteers. These open-ended conversations explored their thoughts and experiences of collusion. Following content analysis of these discussions, a questionnaire was developed to survey the prevalence of these attitudes in the student population. The questionnaire combined closed Likert-scale questions with free text questions. It was distributed to all 93 final year medical students at Newcastle university medicine Malaysia with a response rate of 84% (78).

#### **Results**

Our students expressed strong reservations about collusion as a practice: 78% (61) disagreed with the statement 'collusion is in the best interest of the patient', and 79% (62) agreed 'most patients would want to know if they had a terminal diagnosis'. However, 65% (50) admitted that 'in practice relatives are told a diagnosis before the patient', presenting a clear conflict. Only 24%(19) of students surveyed felt adequately prepared to respond to requests for collusion from family members.

#### **Conclusion**

Medical students are facing a dilemma regarding end of life communication in a culturally diverse environment. Their training in bioethics prioritises patient autonomy and consent, evidenced by their strong belief that patients would want to know if they had a terminal disease. However, in a Malaysian context, students are keenly aware that relatives will expect to be told a diagnosis before the patient. This experience is reflected in a range of cultures internationally. How can we best equip new doctors for these conflicting priorities and demands? We feel that we have identified an important area for further study. We advocate research into developing communication skills teaching for a culturally interconnected world.