



Tehran University of Medical Sciences

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**THE PROCESS OF MEDICAL TREATMENT REFUSAL AMONG
CANCER PATIENTS IN GHANA**

A thesis as a fulfilment of the requirements for the PhD degree in

Nursing

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ABSTRACT

Introduction: Cancer treatment options have increased remarkably alongside improved success rates in recent times following the advancements in science and technology. The scientific world has disseminated several publications backing these advances and predicting the future of cancer care. Among these success stories, some cancer patients still find it hard to accept medical treatment.

Study aim: This study aimed to explore the process of cancer patient's refusal of medical treatment in Ghana.

Methodology: We used a grounded theory approach along with constant comparative analysis to unravel the decision-making process. The participants were recruited using a purposive sampling method, and in a few instances, snowballing. Thirty-three semi-structured interviews were conducted between August 2018 and June 2019 among twenty-seven participants who willingly consented to participate in the study. The interviews lasted between 45 minutes to two hours, and were all audio-recorded and transcribed verbatim. The data were analyzed using the Straus and Corbin 1990 version. The entire study was carried out in the northern part of Ghana. To ensure rigor, we followed standard procedures of the grounded theory approach.

Results: A total of seven major categories (belief in one's capacity to control the situation, confusion about getting the right information, the search for expediency, fatalism, physical discomfort, economic limitations, and health system challenges) and eighteen subcategories emerged in the end. A core category that we found to bind the entire findings is "conquered by an army of superstition, unenlightenment, and poverty."

The basic social process that became apparent in this study was an interactive process of decision-making that is characterized by a continual vicious feedback loop, entangled in the deadlock of superstition, unenlightenment, and poverty.

Conclusion: Our findings will improve the understanding of how cancer patients in Ghana pursue the decision-making process while opting to refuse medical treatment. It demonstrates how cancer patients explore treatment pathways and routinely deal with their health-related events personally, without involving a medical specialist. The findings clarify the care-seeking trajectory and the ways of personal management of cancer patients in Ghana.

Based on the findings, we recommend widespread educational campaigns directed at informing communities about the hazards and deadly consequences of medical treatment refusals. Also, the government should take up the responsibility to support cancer patients in financing or offering subsidies for cancer treatment in the country.

Keywords: Cancer, grounded theory, treatment refusal, spiritual therapies