

The challenge of interacting with patients in oncology

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Despite the many advances made in the treatment of cancer, communication worldwide between healthcare professionals, patients and their families remains problematic [1]. Encounters between oncologists and their patients are challenging for both parties. Confirming a diagnosis; explaining the need for further diagnostic tests; outlining possible treatment options, which might include participation in a clinical trial; discussing the side effects of drugs and giving the likely prognosis, are just a few of the complex areas that might be discussed. Inevitably, oncology consultations are made more difficult when patients and/or their relatives are understandably anxious and fearful about having a life-threatening disease. Consequently, many consultations take place against a back-drop of apprehension and potential misunderstanding.

Surveys show that large numbers of patients leave consultations unsure about the diagnosis and prognosis, unclear about the need for, or meaning of, further diagnostic tests, confused about the therapeutic options available to them and wanting a great deal more understandable information [2]. Despite the access that lay populations now have to information about cancer and its treatment via the internet and media, they are often surprisingly uninformed about the terminology commonly used by their doctors and can get very confused. Prior to seeing a patient, most doctors probably know what information they need to impart and have a logic and rationale for the management plans they wish to suggest. Unfortunately, most patients do not have this 'script' and can be extremely uncertain and frightened about what is about to be said. Studies show that few patients remember much of the content of their consultations apart from the beginning and the ending. One useful way to help orient patients, especially if the consultation contains lots of anxiety provoking, difficult and complex information, is to organise the consultation by signposting, chunking, summarising and checking. This organisational framework has proved useful in educational training programmes for healthcare professionals when discussing clinical trials with patients [3].

Talking about cancer requires an ability to deliver sad, bad and complex information with tact, sensitivity, honesty and appropriately tailored to the individual patient. Balancing reassurance with truthful disclosure, being clear without being patronising and displaying empathy rather than cold detachment are high order skills. Many healthcare professionals have had insufficient communication skills training to achieve these things. In the course of a clinical career lasting 40 years a hospital doctor will communicate with patients and their families approximately 150,000 times, more time than they will perform any other clinical task, yet few here receive adequate training in this important core clinical skill [4].

Recognition that patients are unsatisfied and that inadequate communication skills are linked to burnout in doctors has resulted in the development of various guidelines and courses for Breaking Bad News. Although participants usually say that guidelines and workshops are helpful, few have been tested adequately demonstrating that any improvements transfer into a clinic setting and that the skills learned are sustained over time, let alone lead to improved patient outcomes. The plethora of Breaking Bad News courses furthermore suggests that more basic and generic communication skills are sound, but studies demonstrate that doctors also need training in these topics.

Research shows that if sad, bad and difficult things are discussed ineptly then this causes confusion, long lasting distress and even resentment; conversely, good communication helps patients' and families' understanding, assists decision-making, acceptance and adjustment [5].

Patient care over the past decade has become even more complex leading to cancer services in many countries being delivered through multidisciplinary teams (MDTs). Each healthcare professional can contribute their particular skills and knowledge to an individual patient's management, hopefully improving treatment outcomes. Theoretically effective teamwork should produce benefits not only for patients but also team members themselves. Demonstration of the

putative advantages of working in these relatively new configurations is still required as few systematically collected data are available [6].

Studies examining issues such as the perceived informational roles played by team members, their satisfaction with team working, communication within and between teams and their patients, and the psychological well being of individuals have shown wide variation. Calling something a team does not necessarily make it a productive and functional one. Some doctors and nurses regard communicating with colleagues more stressful than that with patients. Workshops designed to improve communication and team working in general together with more focussed workshops aimed at increasing awareness about clinical trials have shown promise in helping professional colleagues recognise the different informational roles that they play when caring with patients [7].

Undoubtedly, communication within oncology can be stressful and challenging but it also offers many immeasurably satisfying opportunities for doctors to help patients and their relatives understand more about their disease and to make wiser choices about treatments; this ultimately leads to better care.

Communication skills courses that employ a learner centred approach with cognitive, affective and behavioural components have been shown to help oncologists to improve their skills for the benefit of themselves and their patients [8].

Conflict of interest statement

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