E19. Patient communication

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Good communication is the key to quality cancer care.[1] Any consultation about cancer takes place against a backdrop of fear and uncertainty. Although deaths from breast cancer are reducing worldwide thanks to the many advances made in treating the disease,[2,3] there are still a myriad of communication difficulties faced by women and their healthcare professionals. Explaining the diagnosis, the plethora of complex diagnostic tests, the variety of treatment options, their side-effects and the therapeutic intent or prognostic implications of these are daunting tasks.[4] Additional communication issues may include recruiting patients to much needed clinical trials; unless handled deftly this can increase the uncertainty and anxiety and can be quite bewildering for someone just coming to terms with the knowledge that they have a life threatening disease.[5] Many trials now have biological and other sub-studies linked to them, which demands that even more information has to be given to ensure fully informed consent.

Another increasingly common communication difficulty expressed by healthcare professionals worldwide is the sheer volume of resource materials available for patients and their families to access on the internet. Whilst many of these are from reputable charities and institutions and give invaluable supplementary information to that conveyed verbally by doctors and nurses, others are misguided, inaccurate and at worse may provide dangerous advice to patients. Communicating with the ‘internet guru’ is a modern day phenomenon that few feel well equipped to handle.

Discussing all the topics already listed with patients with early breast cancer are challenging enough but revealing that the cancer has recurred or that there is clear evidence of metastatic spread arguably can be even worse. The importance that patients and their families place on good, sensitive supportive communication particularly at this time has been highlighted in several studies.[6] Facilitating communication between family members and friends is also a potentially important role for healthcare professionals. In a recent global survey of almost 1000 women living with metastatic breast cancer (MBC) in nine countries (the BRIDGE survey; http://www.bridgembc.com/), the major needs identified were in areas of information and support resources, psychosocial support and access to clinical trials. Especially worrying in the BRIDGE survey was that 44% of respondents reported being afraid to talk openly about their disease and 52% said their friends and family were uneasy talking about the disease. The majority also believed that MBC receives little public attention compared to early breast cancer. The feelings of guilt, abandonment, isolation, and loneliness expressed shows the need to review how our service provision for these women, including communication, appears to be failing badly.[7]

Balancing the reality of the situation whilst providing appropriate reassurance about the benefits of further therapies is never easy. These sad, bad and difficult conversations can be made even harder by requirements in some circumstances to discuss reimbursement issues or additional payments for licensed but unfunded novel drugs.

Doctors and nurse worldwide admit to inadequacies in their medical education when conducting many of these conversations. Too many patients still leave consultations feeling confused and poorly informed.[8,9] Research studies show that not only are many doctors poor at predicting how much information their patients with breast cancer require but they are also unaware as to how effective they have been imparting information.[10] In studies we have found little difference in the amount of information required between patients of varying cancer site, sex, age or stage of disease,[8] although others have reported that as age increases desire for information declines.[6] Perhaps more relevant is the finding that older women (>80 years) are just not given as much information about treatment options compared with that given to younger patients.[11] Older patients may also have a more deferential attitude to their doctors and so fail to initiate discussions about options unless invited to do so.

In much of the world the increasing complexities of patient care have led to delivery of cancer services through multidisciplinary teams (MDTs) with each discipline contributing their particular skills and knowledge to an individual patient’s management, hopefully improving treatment outcomes. There is an expectation that successful teamwork will prove beneficial 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 but most healthcare professionals attest to the benefits of this approach.[12] Unfortunately for the patient, a dysfunctional MDT with poor com-

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munication within its members can provide disturbing opportunities for mixed messages, lack of continuity and confusion. Many teams remain somewhat unaware of the different informational roles played by their colleagues so patients can experience big informational gaps with everyone assuming that important pieces of information have been conveyed.[13,14]

Many of the problems cited apply to all patients within oncology but there are some topics that are perhaps more pertinent to women with breast cancer. Many of the major communication challenges arise perversely because of the volume of new and exciting developments within breast cancer research and treatment. The diagnostic, genomic and therapeutic advances that permit better tailoring of effective treatments for individual patients have made the need for optimal communication even more important. It is perhaps not surprising that studies of doctor/patient interactions reveal a preponderance of biomedical discussion and less time for exploration of psychosocial concerns.[15]

Fortunately, there are now a number of evidence-based communication skills courses available that can help healthcare professionals interact more effectively with their patients for the benefit of all.[16]

Conflict of interest statement

None declared.

Acknowledgements

The author is funded by Cancer Research UK.

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