COMMUNICATING WITH CANCER PATIENTS: HOW TO DEAL WITH CHALLENGING SITUATIONS

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DISCLOSURE OF INTEREST

I report no conflict of interest
COMMUNICATING WITH CANCER PATIENTS

- Introduction
- Challenging situations with patients and families
- Addressing patient’s emotions: E-V-E
- Breaking bad news
- Prognosis
- Denial
- Cultural competency
- Realistic hope
INTRODUCTION

- EFFECTIVE COMMUNICATION SKILLS ARE AN ADDED VALUE TO THE PHYSICIAN’S MEDICAL SKILLS THAT HELP:
  - Clarify realistic expectations about prognosis and disease management
  - Improvement patient adherence to treatment
  - Improve patient satisfaction
  - Ensure informed consent
  - Increase patient participation in decision-making
  - Improve patient’s emotional adjustment
INTRODUCTION

• Is training in communication part of the curriculum for the oncology physician in your country?
• If communication training is part of the curriculum, is it mandatory?
• Should it be mandatory? Why?
• Have you received any training in patient communication?
CHALLENGING SITUATIONS:

Need to form a therapeutic relationship with patient and family
Be prepared
Use non-judgmental listening
Six second rule
Tell me more statements
Empathize and validate
Respond with a wish statement
CHALLENGING SITUATIONS. BUSTER PROTOCOL

Be prepared: Expect emotion, have a plan, practice self-regulation

Use non-judgmental listening: Eye contact, listen, don’t try to make things better if they are bad

Six second rule: Avoid escalation of the conversation; avoid being defensive or blaming
Tell me more statements: “Tell me more about how you feel”

Empathize and validate: Acknowledge emotions “It seems to be hard for you to be here today”

Respond with a wish statement: “I wish I could tell you something different”; “I wish we had a more effective treatment”
THE BASICS:

EMOTIONS UNDERLIE CHALLENGING DOCTOR-PATIENT COMMUNICATION
ADDRESS PATIENT’S EMOTIONS: E-V-E- PROTOCOL


OUR RESPONSE TO A PATIENT’S EMOTION SHOULD BE EITHER ONE OF THE FOLLOWING:

EXPLORING: Patient feels we have an interest in him/her
“Can you please tell me how you feel about this?”

VALIDATING: We normalize patients feelings
“Other patients tell me they feel the same way”

EMPATHIZING: Patient feels we connect with him/her
“I can understand you feel sad because of your recent recurrence”
The Empathic Response: Acknowledge the patient’s feelings

- Identify the emotion
- Identify what is causing the emotion
- Respond to the patient by showing that you have made the connection between the emotion and its cause

“That must have felt scared when you heard about your recurrence”

YOU DON´T HAVE TO HAVE THE SAME FEELINGS AS THE PATIENT
YOU DON´T HAVE TO AGREE WITH THE PATIENT´S FEELINGS
Doctor: “I am sorry to tell you Mrs. Henry that your test results show that the breast cancer has recurred”

Mrs. Henry: “Oh my…..My mother died of breast cancer, doctor”

Doctor: GIVE AN EMPATHETIC RESPONSE
DELIVERING BAD NEWS

SPIKES PROTOCOL
DELIVERING BAD NEWS

BAD NEWS: Any information that adversely and seriously affects an individual’s view of his or her future

Importance of learning how to deliver bad news:

- Physicians deliver bad news frequently—up to thousands of times over the course of a career
- If a patient is already in distress, it can be even more difficult to share negative information

SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer

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DELIVERING BAD NEWS
SPIKES PROTOCOL

S Setting up the conversation
P Perception
I Invitation
K Knowledge
E Emotions
S Strategy and Summary
DELIVERING BAD NEWS
SPIKES PROTOCOL

S SETTING
Secure an appropriate area for the discussion

- Have the conversation in a quiet and undisturbed area
- Prepare for what to say and anticipate the patient/family reaction
- Have the key people in the room (who does the patient want there?)
- Seat the patient closest to you with no in between barriers
- Sit down, make eye contact & try to be calm
DELIVERING BAD NEWS

SPIKES PROTOCOL

P – PERCEPTION - Assess the patient’s understanding of the seriousness of their condition.

- Ask what the patient & famiy already know
  - *Please tell me what you understand is happening with your condition at this time*
  - *What information have the doctors given you?*
- Assess their level of understanding
- Take note of possible discrepancies between patient’s understanding and what is actually true
- Watch for signs of denial
DELIVERING BAD NEWS
SPIKES PROTOCOL

I INVITATION Get permission before you have the discussion

“Ask before you tell”

- Set goals for the discussion: Ask the patient if they want to know the details of the medical condition or treatment
  
  *Is it ok if we discuss the test results today?*

- Accept the patient’s right not to know
- Offer to answer all questions patient or family may have
DELIVERING BAD NEWS

SPIKES PROTOCOL

K KNOWLEDGE: Explaining the facts

• Avoid medical jargon. Explain facts in a way patient will understand

NO: “You have a nuclear grade 1ER/PR positive spiculated 4-centimeter lesion.”
YES: “You have a fairly good sized tumor in your breast.”

• Present information in small chunks
• After each piece of information, make sure patient has understood
DELIVERING BAD NEWS

SPIKES PROTOCOL

E EMOTIONS: THE EMPATHIC RESPONSE

• Be supportive
• Explore patient’s feelings with open-ended questions
  “How did that make you feel?”
• Use “Tell me more” statements
  PATIENT: ”I worry about my husband’s reaction to this progression”
  DOCTOR: “Tell me more about this”
• Try to keep your emotions under control
• AVOID responding with false reassurance
DELIVERING BAD NEWS
SPIKES PROTOCOL

S STRATEGY & SUMMARY: CLOSING THE INTERVIEW

Strategy

• Decide the best medical plan for the patient
• Clarify with patient their expectations of treatment
• Recommend a strategy on how to proceed
• Define and agree on a plan
• Ask patient to repeat to you their understanding of the plan
• Write down a clear treatment plan for the patient to take home
DELIVERING BAD NEWS
SPIKES PROTOCOL

S STRATEGY & SUMMARY: CLOSING THE INTERVIEW

Summary

. Summarize the conversation
. Offer to answer questions. Be ready for difficult questions

Pt:  *Does this mean I will die?*
Doctor: *Tell me more about what worries you*
Pt:  *Will I be cured?*
Doctor: *I am sorry that a cure is unlikely to happen. Our goal is to keep the disease under control*
Pt:  *How long will I live?*
Doctor: *We can discuss this if you like, but first let me know why you ask?*

DISCUSSING PROGNOSIS AND RECURRENCE
DISCUSSING PROGNOSIS AND RECURRENCE

• AVOID TWO EXTREMES:
  • Giving a specific number: “You have 6 months left”
  • Saying only “I don’t know”: Discredits physician knowledge & expertise

• SIMILAR PROCESS TO THAT USED IN BREAKING BAD NEWS
  • Gauge the patient’s understanding of the medical condition
  • Determine what the patient wants to know
  • Discuss limitations of prognostic information
  • Maintain hope

• RECURRENCE: Address chronic disease management & continuity of care

Roberts A Communication in the last days or hours of life In Oxford textbook Communication in Oncology & Palliative Care D Kissane et al (ed) , 2017
DENIAL
DENIAL

Respect adaptive denial

- Adaptive denial does not interfere with treatment adherence
- May help patients deal with a frightening situation
- Maladaptive denial should be challenged very gently
CULTURAL COMPETENCE

• Sensitivity to cultural issues enhances trust
• Learn about the cultural groups most frequently treated at your institution
• Patient-centered cancer care incorporates patients’ and families’ culture
• Always clarify your institutional and ethical norms in matters of truth-telling and decision making
• Recognize your own biases toward some cultural attitudes and practices
• Be aware how different families involve themselves in decision making
• Be sensitive to different cultural meanings of suffering and caregiving

CULTURAL COMPETENCE: BALANCE

B Beliefs & Values that influence perceptions of illness
A Ambience: Living situation and family structure
L Language & Health Literacy: Role of interpreters, accuracy of translation,
A Affiliations: Community ties, religious & spiritual beliefs
N Network: Social support system
C Challenges: Cancer-related risks of home, work & life conditions
E Economics: Socioeconomic

COMMUNICATING HOPE
COMMUNICATING REALISTIC HOPE

Even in the most advanced cases of cancer, something can always be done

“Even though there is no treatment available at this moment to cure your disease, we have ways of controlling your symptoms to optimize your quality of life”
UNDERSTANDING AND LEARNING HOW TO DEAL WITH EMOTIONS EFFECTIVELY WILL SIGNIFICANTLY IMPROVE DOCTOR-PATIENT COMMUNICATION AND PATIENT-CENTERED CARE
THANK YOU