Communication with cancer patients

KEYWORDS: Communication; Patient Education; Physician-Patient Relations

Communication is defined as a process in which messages are delivered from one person to another, and is made by uttered, or written word, gesture, action, sound or visual image.

Communications, in words of oncologist, can be, like tumors, "benign" and "malignant"- invasive; similarly, the effects of bad communication with cancer patient can metastasize in his/her family (1).

Correct communication between a cancer patient and an expert taking care of him/her enhances adequate assessment of patient's health and his/her accomplishment as a psychosocial being. It makes easier an adequate decision-making and improves the efficacy of the treatment. The quality of life of the cancer patient and of his/her family is also improved by good communication.

The aims of communication are:
- Gaining the trust of cancer patients and their families, maintenance of good cooperation, providing information and specific knowledge;
- Decreasing of emotional tension, confusion, insecurity and fear;
- Promotion of mutual relations among the cancer patients, members of the family and the professional team.

Communication principles. The confidence between the team of experts and cancer patients is made with mutual respect of each other's personality, sincere approach and understanding of complete situation of the diseased and the family.

Truth is one of the most powerful therapeutic means in the communication with cancer patients and their families. However, it is important that the time, method of approach and "dosing" of communication are chosen properly. Two parallel principles of correct communicating the truth should be kept in mind:
- Cancer patient has right to know the truth,
- Thoughtless openness should always be avoided.

Non-verbal communication: Non-verbal communication should always be consistent to the meaning of the words. The non-verbal communication includes:
- Making eye-to-eye contact, face expression, smiling
- Shaking hands with the diseased, touching,
- Attitude and body position, movements, gesticulation.

Experts taking care of the cancer patient should learn principles of "hear-

ing" the non-verbal communication. They should "learn to hear what is not heard", since cancer patients often cannot utter their sufferings.

Skill of making correct communication: Good communication comprises skills of active hearing of the cancer patient, conducting therapeutic dialogue, knowledge and application of strategies of delivering bad news.

Satisfying physical conditions for conversation, application of support techniques and empathic attitude to the cancer patient makes essence of the skill of hearing of the cancer patient.

Satisfying physical conditions of the interview includes relaxing atmosphere, pleasant ambient, adequate non-verbal communication and acquaintance of the patient with members of the professional team and their role in treatment.

Supportive techniques in conversation challenge the patient to talk openly about his/her problems. The experts should convince the patient that they really want to help to solve his/her problems.

Empathic attitude towards cancer patient, who is in the state of psychological distress, shows that the experts understand and recognize his emotions.

Protocol of delivery of the bad news. Bad news is information that drastically and unfavorably changes the patient's attitude towards his future (2). What can mostly hurt the cancer patient concerning delivery of bad news is not content of the talks, but the manner of the news delivery. Protocol of delivery of the bad news includes several steps:
- Providing the physical conditions for the interview
- Assessment of the patient's knowledge about the disease and its treatment
- Finding out the kind and quantity if information the patient needs and wants to learn
- Delivery of information (systematized and instructive),
- Reaction to the patient's feelings by taking empathic attitude
- Summarizing the essential, planning the content and time for the next interview.

A person delivering bad news cannot make them more pleasant, but, if the truth is delivered with realistic optimism, he can provide psychomotorial support and enhance the patient's self-confidence. So, the cancer patient is convinced that there is always way to help him and that any situation may have positive outcome (3).

Our experiences in communication. The investigation about cancer patients' education indicates that our approach in application of protocol in delivery information and specific knowledge was correct, but there were lacks in communication (4). More than 80% of the patients had positive attitude to learning, and 40% were highly motivated for acquiring more knowledge. Obtained data show readiness of the patients for learning, which could be realized in conditions of open communication. When assessing the needs for information contents, we found that 90% and 70% patients wished to be informed on biomedical aspects of the disease and treatment and on the psychosocial aspects of active adaptation to life with malignant disease, respectively.

Seventy percent of the patients expressed their trust in possibility of alternative medicine to cure cancer. Their bias and mistakes indicate mistrust in experts and possibilities of contemporary medicine. These may point up on barriers in the communication between the cancer patients and health professional team.

Knowledge of good communication is necessary for elimination of the patients' mistakes and wrong conceptions on cancer. Good communication should satisfy needs, wishes and demands of the cancer patients for information, which would influence their attitudes, decisions and behavior. Good communication gives psychomotorial support during the treatment, within health care and rehabilitation, and often it is the only help given in the palliative care to the patient and his family. Communication skill should be learned during regular education. Research and the training of health professional staff for communication with cancer patients are justified.

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Professional ethics

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"We attempt to achieve excellence of written presentation in our journals. We can require no less in our conferences."

Jay H Lehr (1)

An investigation, no matter how spectacular the results might be, is not completed until the results are communicated to the scientific community. For the scientists, this is a "must": without being communicated, the results simply do not exist (2).

To communicate the results of research is not only a working obligation - it is also an ethical one. In biomedical sciences, it is even more important. This is because the publication of clinical research is the ultimate basis for most treatment decisions and the development of comprehensive guidelines (3). Failure to communicate the results of research devoids medical science of possibly valuable facts that might add considerably to the current medical knowledge. Therefore, underreporting is unethical not only in relation to the science, but also to the medical ethics.

Communication of the research usually starts by presentation at scientific meetings. Apart from the communication skills the scientists are obliged to learn and practice, they are equally obliged to strictly adhere to the principles of Good scientific practice relating to the reporting of science.

The co-authors’ list. The ethical problems may arise at the very beginning of preparing the presentation, namely, when decision is made about who does and who does not appear on the author list. Similarly to the demands for a written scientific article, all persons that satisfy the Vancouver criteria for authorship (4) should be listed as authors of the presentation. Their position in the list may vary (for example: a co-author can move to the first position providing that he/she is the presenter at a meeting), but all co-authors are bound to take public responsibility for the content of the presentation.

The presentation. In order to achieve the main goal of communication - to make his audience understands and learns from the information being communicated -, the presenter must pitch his talk accordingly. The speech should be prepared and planned well in advance. Several cardinal sins should be avoided: too many slides, too much text, mixed quality slides, large tables, color mania, and no references. Any of these will certainly ruin the presentation of otherwise most interesting and exciting results.

Above all, the audience should never be insulted by the speaker's reading.

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