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*This series aims to enhance the healthcare team's awareness of the importance of early detection by recognizing signs and symptoms of orofacial cancers and their management, and of prevention. It discusses treatment complications from surgery, radiotherapy (RT) and chemotherapy (CTX), summarizing the outcomes of a meeting on 'Oral Healthcare in People Living with Cancer' held in 2010, attended by 300 delegates from 33 countries – dentists, specialists, and Dental Care Professionals (DCPs), and the cancer support team. There is a considerable body of literature on oral cancer but very little is written on healthcare aspects of people living with cancer and a particular focus of this meeting was caring for survivors. The Faculty included European leaders in the field who have authored the series. The full peer-reviewed papers from the meeting are published in Oral Oncology 2010; 46; 485–570.*

## Oral Cancer: Comprehending the Condition, Causes, Controversies, Control and Consequences

# 8. Communicating about Cancer

Healthcare should:

- Provide respectful care;
- Meet the patient's personal, religious and cultural needs;
- Educate and inform on health issues;
- Enable patients to make their own choices;
- Respect those choices.

Patients have personal wishes, needs and concerns that demand the understanding and respect of the healthcare professional (HCP). Involving patients as full partners in decisions about treatment leads to better health outcomes. Patients' attitudes to the benefits and risks from treatment, and the extent to which they find adverse effects tolerable, can differ markedly from assumptions made by HCPs. Effective healthcare communication incorporates not only medical and dental information, but also sensitive discussion of the patients' emotional and social well-being. Information provided must always be culturally sensitive and tailored to the patient's ability to understand.

Communication, especially breaking bad news, such as about cancer, can help all involved, and reduce the inevitable distress experienced. Hope

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- Good communication between patients, family care-givers, and the healthcare team is important in cancer care.
- Patients with cancer have special communication needs.
- Some patients and families want a lot of information and choose to make decisions about care.
- Communication is important at different points during cancer care.
- End-of-life discussions with the healthcare team may lead to fewer procedures and better quality of life.

**Table 1.** Key points in communications.

is all-important and management must include especial attention to psychological reactions. Patients may or may not know, or may not want to know, that they have malignant disease and, even if they are aware of it, may not appreciate, or be willing to accept, the prognosis. Denial is common.

Many different people are involved, so that communication with patient, partners, family and friends can be essential. Provided the patient consents, all should be kept aware of:

- The prognosis;
- How much the patient understands about their disease;
- Their psychological reactions to cancer; and
- Potential adverse effects of treatment.

Barriers to effective healthcare emanate mainly from:

- Fear;
- Denial;
- Culture;
- Socioeconomics;
- Language;
- Mistrust.

The US National Cancer Institute have highlighted the key points (Table 1). Communicating requires time

and patience and expertise: language can be a huge barrier. One of the most obvious ways to assist communication is to have material available in relevant different languages and easily readable and understood.

Patient interviews are an opportunity to *listen* and ascertain the patient's feelings and concerns about healthcare and to explore what beliefs and practices are important to *them*.

Greetings can 'make' or 'break' the professional relationship especially, as is often the case, if the patient is older and/or from a different culture. Key points to remember include to:

- Smile;
- Speak clearly and directly, making eye contact as appropriate;
- Greet using 'Good morning' or 'Good afternoon', or the greeting appropriate to their culture;
- Never use the first name alone, except when requested. Ask the patient what he/she prefers to be called but, as a default and at the initial greeting, use his/her title and surname;
- Be careful about touching;
- Explain who you are and what you do, what is happening and what will happen;

- Sensitively check whether the patient understands the conversation;
- Say a few words to put the patient at ease;
- Encourage the patient to establish a relationship.

For many people from non-Anglo-Saxon cultures, the customary greeting is a gesture other than the handshake. In addition, some may be uncomfortable shaking hands with a person of the opposite sex. Unless you are certain of their culture or religion, it is better to greet a patient with a handshake, seeing first if the person offers their hand, and then say 'Good morning/afternoon' and use their title followed by their last name.

## Key communication skills

Several key skills underlie communication with all patients (Table 2).

Specific skills such as questioning styles, active listening, providing information and avoiding negative communication behaviours, such as the inappropriate use of closed questions, or offering premature advice/reassurance, are crucial to success.

Avoid also the use of:

- Technical terms and expressions;
- Abbreviations;
- Professional jargon;
- Abstract concepts;
- Colloquialisms;
- Idiomatic expressions;
- Slang;
- Metaphors;
- Euphemisms;
- Stereotype figures or symbols.

Give any bad or unpleasant news tactfully and slowly, maintain confidentiality and check with the patient exactly who can be told about his/her condition, when, and what they can be told.

A key HCP should be identified who the patient can contact for further information and act as an advocate. Most important is verbal interaction, but alternative information sources (eg written leaflets, computer systems, DVDs etc) can help – especially younger patients. *Macmillan Cancer Support* can help in this regard (<http://www.macmillan.org.uk>).

- Eliciting the
  - patient's main problems
  - patient's perceptions of his/her problems
  - physical, emotional and social impact of problems.
- Tailoring information to what the patient wants to know and checking understanding.
- Eliciting the patient's reaction to information given.
- Determining how much the patient wants to participate in decision-making.
- Discussing treatment options.
- Maximizing the probability that the patient will follow agreed decisions about treatment and advice.

After Maguire P, Pitceathly C. Key communication skills and how to acquire them. *Br Med J* 2002; **325**: 697–700.

Each point can be achieved via positive communication, through:

- Active listening
- Empathy
- Appropriately using open questions
- Frequently summarizing
- Clarifying where needed
- Negotiating treatment plans
- Clearly explaining concepts
- Checking patient's understanding
- Checking patient's compliance with treatment recommendations.

**Table 2.** Key communication skills.

## Communicating risk

People with high-risk behaviours require not only to be encouraged to change these, but also to have explained to them the need for vigilance. HCPs may need to develop specific skills and willingness to engage in such discussions. A systematic review confirmed that personalized communications (especially when supported by written and visual materials) are more effective in promoting screening uptake than are generalized communications.

## Communicating a cancer diagnosis

While a diagnosis of cancer may not be unexpected to the patient, it cannot fail to be distressing. Breaking bad news is difficult for patient and also the HCP.

The key principles in breaking bad news have been summarized as:

- Preparing (make sure there is sufficient time and privacy);
- Communicating the news;
- State the news;
- Elicit the response of the patient or carer or family member;

- Deal tactfully with emotional responses;
- Ensure follow-up;
- Arrange to meet the patient and carer or family member again;
- Discuss and review the situation with the HCP team, both in terms of impact on them and whether communications could have been improved.

Patients tend to recall only a little of the information that they are given, and so at the initial diagnosis the focus should be on stating the news and dealing with the initial emotional responses. Arrange the follow-up meeting or discussion by telephone within 1 or 2 days.

Individuals diagnosed with oral cancer need information including:

- Medical – especially the prognosis and treatment options.
- Psychological – explain that for distress, a stepped model of care is appropriate, with the most severe cases being referred for intensive psychological therapy.
- Social – a number of issues about financial support, and relationships, should be covered.

Communicating bad news, especially across a language and/or cultural barrier can be time-consuming, difficult

and frustrating. At the very least most patients will feel intimidated. It is important therefore, to:

- Provide a conducive environment: privacy and confidentiality are important, so minimize non-essential people in the room unless the patient needs or wants family, friends or interpreter present.
- Ask patient about his/her preferred language.
- Use direct eye contact, even if avoided by patient, and speak slowly and clearly, using uncomplicated terminology, remembering also that some individuals have hearing impairment.
- Remember that even those with a good grasp of the language may well not understand medical or dental terminology. Explain as you go along.
- Remember that head-nodding and smiles do not necessarily indicate understanding or agreement. Ask questions to ascertain understanding, not just enquiries with a 'yes' or 'no' answer. Silence can have many meanings and sometimes indicates lack of

agreement.

- Never assume agreement or fluency until you are sure from the patient feedback.
- Establish if there is a spokesperson for the patient and the patient's confidence in that person.

### Providing information about treatment and pre-treatment

Evidence indicates that the emotional and social domains are frequently neglected. Tailored information about support groups, financial issues and the impact of treatment on ability to work, function physically, relationships and quality of life can be helpful.

### Communicating after treatment

It is important to discuss and plan the transition from patient to 'survivor' and deal with the inevitable fear of recurrence. Cognitive techniques, when coupled with specific strategies to identify triggers for seeking help and support

from the HCP can be effective at stopping patients ruminating.

### Discussing end of life

It is important to assess the patient's level of knowledge and desired knowledge, both about the disease process in general and specifically the expected time to death, and their philosophical approach to life, illness and death. The components of a 'good death' have been suggested to be:

- Pain control;
- Clear decision-making/reduction of the fear of pain;
- Preparation for death (funeral arrangements, wills, etc);
- Completion or spirituality considerations;
- Contributing to others;
- Affirmation of the whole person.

Once the desires of the patient are clear, these should be discussed with family, carers and the HCPs and, as far as possible, the patient's wishes should be respected.