Title: COMMUNICATING WITH THE CANCER PATIENT

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Disclosures

None

HOWEVER, I had asked for a half day symposium but was given \(\frac{1}{4}\) of an hour.

So I may not cover everything but I will try and focus on what is practical for day to day scenarios.
I have no outline. I want you to remain eager to see what is coming next so that you don’t sleep.
A cancer patient is ........

- Scared – staring death at its face !!!!
- Stressed
- Lonely
- Worried
- Doubtful
- Self blaming
- Suffers from severe information deficiency
A cancer patient’s relatives are ........

• Scared
• Stressed
• Lonely
• Worried
• Doubtful
• Self blaming
• Suffers from severe information deficiency
A cancer patient + relatives will spend hours googling.

Cancer causes: Popular myths about the causes of cancer - Mayo Clinic
https://www.mayoclinic.org/diseases-conditions/cancer/in.../cancer-causes/art-20044714

People also ask
Does cancer feed on sugar from fruit?  
What foods kill cancer?  
Does cancer need sugar to survive?  
Does sugar cause inflammation?

Sugar and cancer – what you need to know - Cancer Research UK ...
https://scienceblog.cancerresearchuk.org/.../sugar-and-cancer-what-you-need-to-know...  
May 15, 2017 - No sweet endings. The story about sugar and cancer is complicated. On the one hand, sugar itself doesn't cause cancer, and there's no way (at the moment) of specifically starving cancer cells of glucose without harming healthy cells too.

5 Reasons Cancer Cells and Sugar Are Best Friends - BeatCancer.org
Why Communication with cancer patients is complex

Because it needs skills in

- Responding to patients’ emotional reactions
- Dealing with the stress created by patients’ expectations for cure
- The involvement of multiple family members
- The dilemma of how to give hope when the situation is bleak.
- Involving the patient in decision-making
PCC (Patient Centered Communication)
Barriers to effective communication

- HCW
  - Fears
  - Beliefs
  - Inadequate skills
  - Lack of support

- Patient
  - Fears
  - Beliefs
  - Difficulties
Who is usually involved

- PCP
- Nurse
- Psychologist/Counselor
- Oncologist
- Other specialties
- Other health workers
  - Lab/Radiology
- Other family members
A good communicator

• Listens
• Empathizes
• Focused
• Appropriateness
• Simple words/efficient
• Is flexible
• Gives feedback
• Non-verbal guru
A bad communicator

• Mixed signals
• Lots of jargon
• Stereotyped phrases
• Bad-mouthing
• Unshared decision-maker
• Makes assumptions
• Imposes their beliefs
BREAKING BAD NEWS
Introduce yourself well....

- Be careful incase the patient has no idea that they have cancer.
- You need to have researched on the case and prepared yourself.
The setting (My actual office)

- No barriers
- Non intimidating
- Open arms
- Eye contact
- Tissues & water, some sweets or mints
- Empathy
How much do they know??

- Patients will always read their results!!!
- Sets the pace & depth of discussion
FISH is recommended!! Which FISH??
Clarify .....clarify...clarify....... 

• “Correct me if I’m wrong.......The surgeon told you that you have a growth in the colon right ????” 

• Minimized assumptions
WARNING SHOT

• I'm sorry the CT scan report is not what we all expected …according to the experts ….. The conclusion isn’t good !!!!!!
Allow time to CRY, VENT & ABSORB

• If you suspect it’s going to be heavy...... get adequate company
After the crying and "asking why Lord"

- Test understanding
- Offer realistic hope when plausible
- Summarize
- Establish family support
- **Don’t rub it in**
- Set future appointments
- Help patient & family to make decisions
- Exchange contacts
Should you tell patients how long they have to live??

Doctor, how much time do I have left??

Ten

Ten what?

Nine-eight...
Advanced level BBN

• Unexpected cancer diagnosis
• Relapse after curative adjuvant
• Double tragedy
  – Cancer & HIV
  – 2 or more sites of metastatic at diagnosis
• Progressing while on chemo
• Progressing < 3 months from previous line
• Failing 3rd/4th line chemos
• Your loved one is dying ……..there’s nothing left to offer
• Insurance limits.
• AYA’s, Geriatric, Language barrier
All a cancer patient wants is to be loved and cared for.
All relatives of cancer patients want is:

• To understand why their loves one has cancer
• How they got to where there are
• What is the plan of action at every instance
• What to anticipate
• To be given hope (realistic hope)
Regular family conferences are crucial
Take home message

• Take your time
• Understand
• Empathize
• Educate
• Reassure
• Give hope
Thank you...