

# Helping oncologists to address the future with cancer patients and their relatives ?

## Why ? How ?

Yves Libert

November 22, 2019

# Workplan

---

Why should we address the future?

How do we address the future?

How to help us address the future?

Perspectives

# Expectations of patients

---

- **79% of patients want as much information as possible**
- **96% (93% to 98%) want to know if they have cancer**
- **91% (87% to 94%) want to know their chances of cure.**
- **94% (90% to 97%) want to be informed of the side effects of treatments**

---

Meredith C, Symonds P, Webster L, Lamont D, Pyper E, Gillis CR, Fallowfield L, Information needs of cancer patients in west Scotland: cross sectional survey of patients' views, *BMJ*, 1996, 313:724-6.

## **Conclusion**

The majority of patients preferred a realistic and individualized approach from the cancer specialist and detailed information when discussing prognosis.

*J Clin Oncol 23:1278-1288. © 2005 by American Society of Clinical Oncology*

# Strengthening the therapeutic alliance between patients and oncologists

VOLUME 36 · NUMBER 3 · JANUARY 20, 2018

JOURNAL OF CLINICAL ONCOLOGY

RAPID COMMUNICATION

265 adult  
patients with  
advanced cancer

Impact of Prognostic Discussions on the Patient-Physician  
Relationship: Prospective Cohort Study

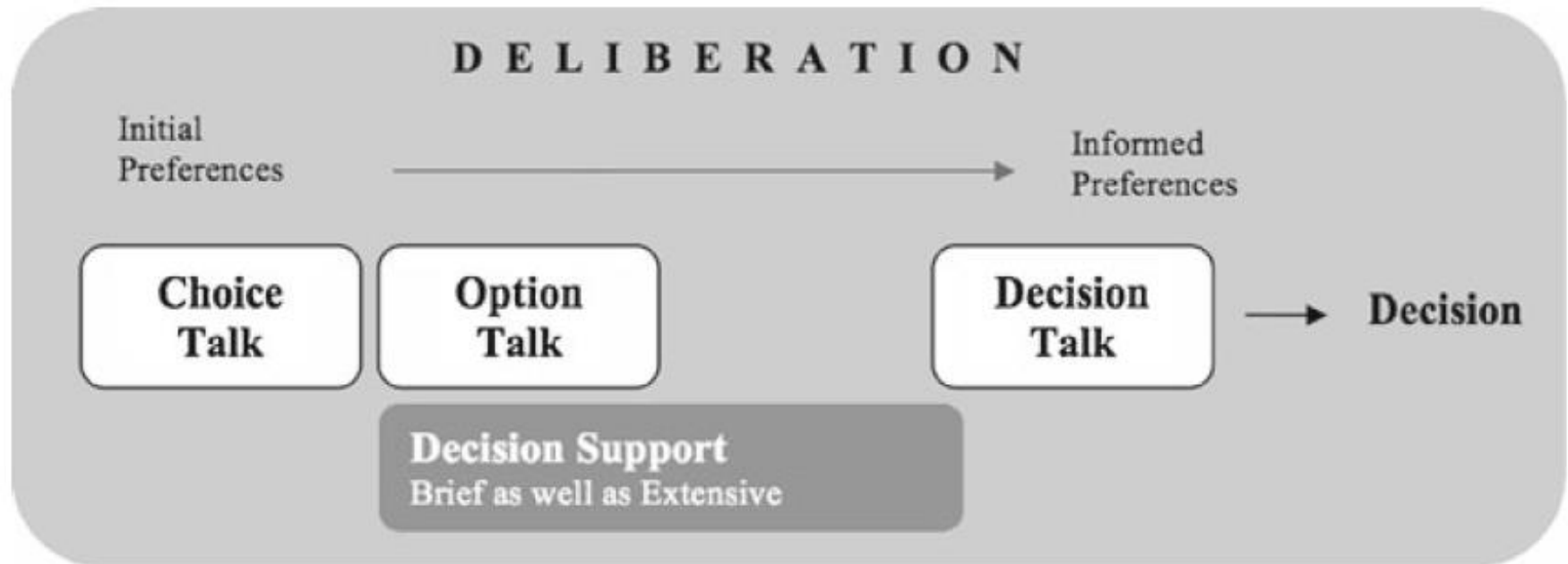
*Joshua J. Fenton, Paul R. Duberstein, Richard L. Kravitz, Guibo Xing, Daniel J. Tancredi, Kevin Fiscella, Supriya Mohile, and Ronald M. Epstein*

Prognostic  
discussions



Strength of the therapeutic relationship  
to the physician at one week & 3  
months increased from 10 to 18%

# Shared-decision making



# Workplan

---

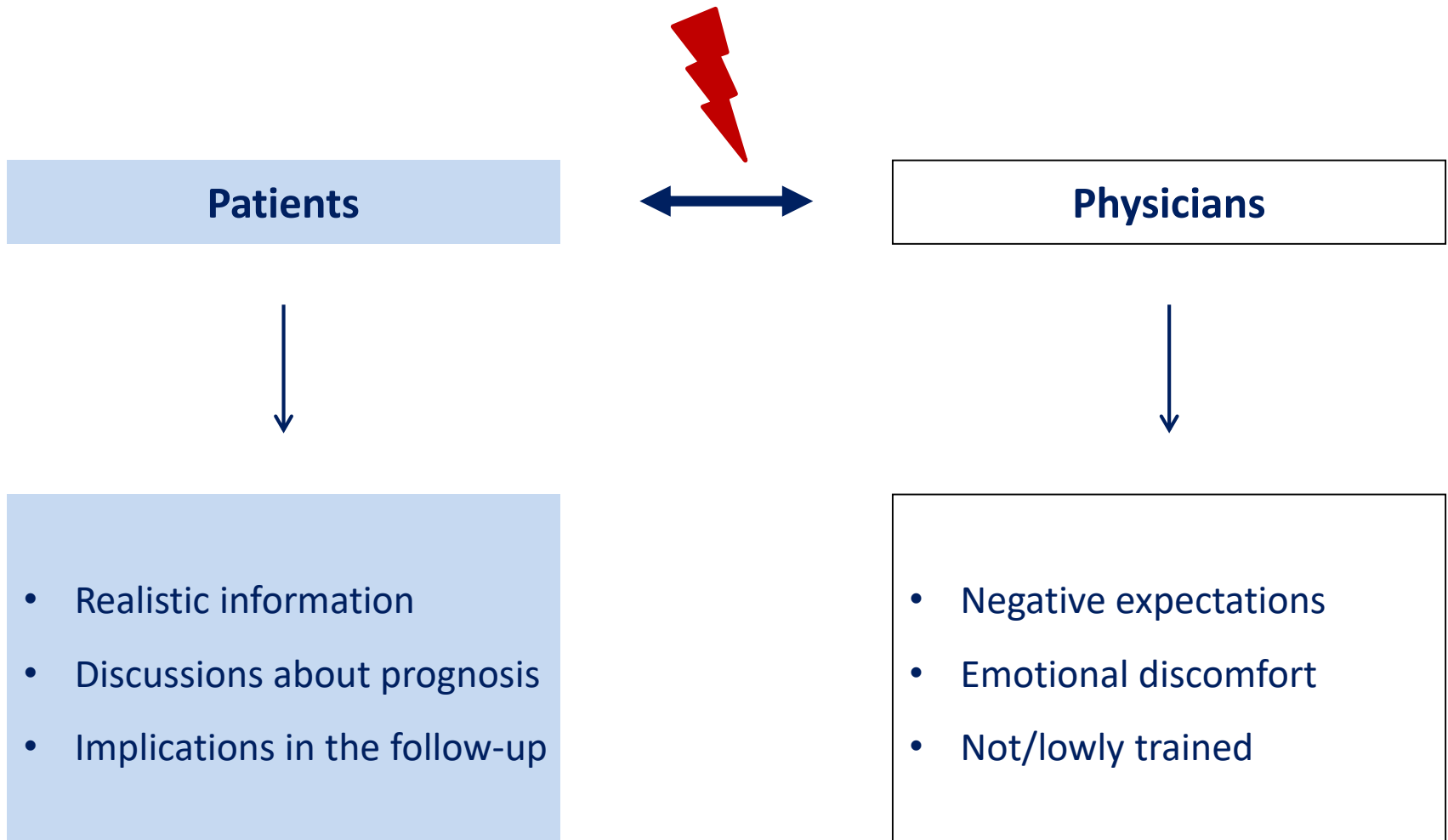
Why should we address the future?

How do we address the future?

How to help us address the future?

Perspectives

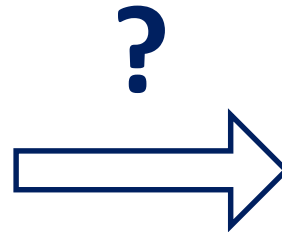
# Communication in clinical oncology



# Research question

## Decision-making context

Decisional conflict  
of the physician



Communication about the  
future



# Decisional conflict of the physician

"Uncertainty about the choice of the best therapeutic option among those that are available and that involve each risk and benefit. »

## Cognitive discomfort

I don't know what is the best treatment for this patient.

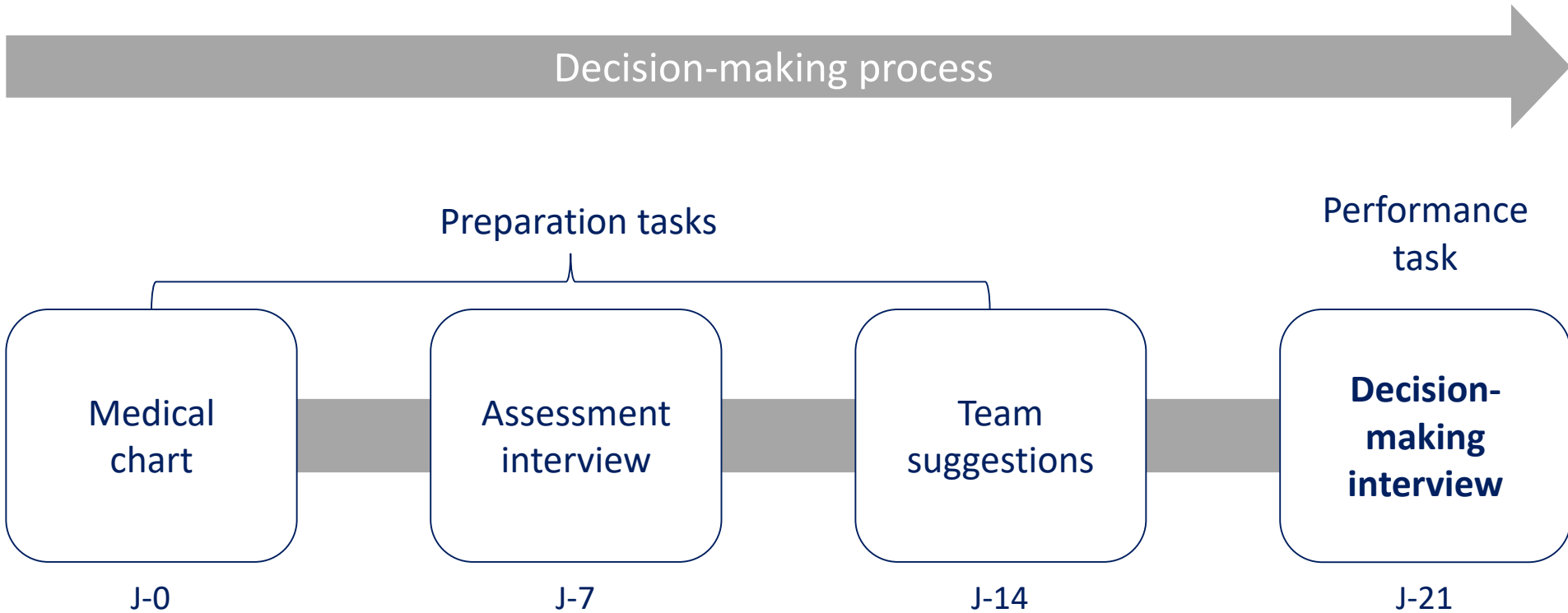
## Emotional discomfort

I feel bad about the choice I have to make with this patient.



# Methodology(1)

**N = 138 physicians**



# Simulated patient

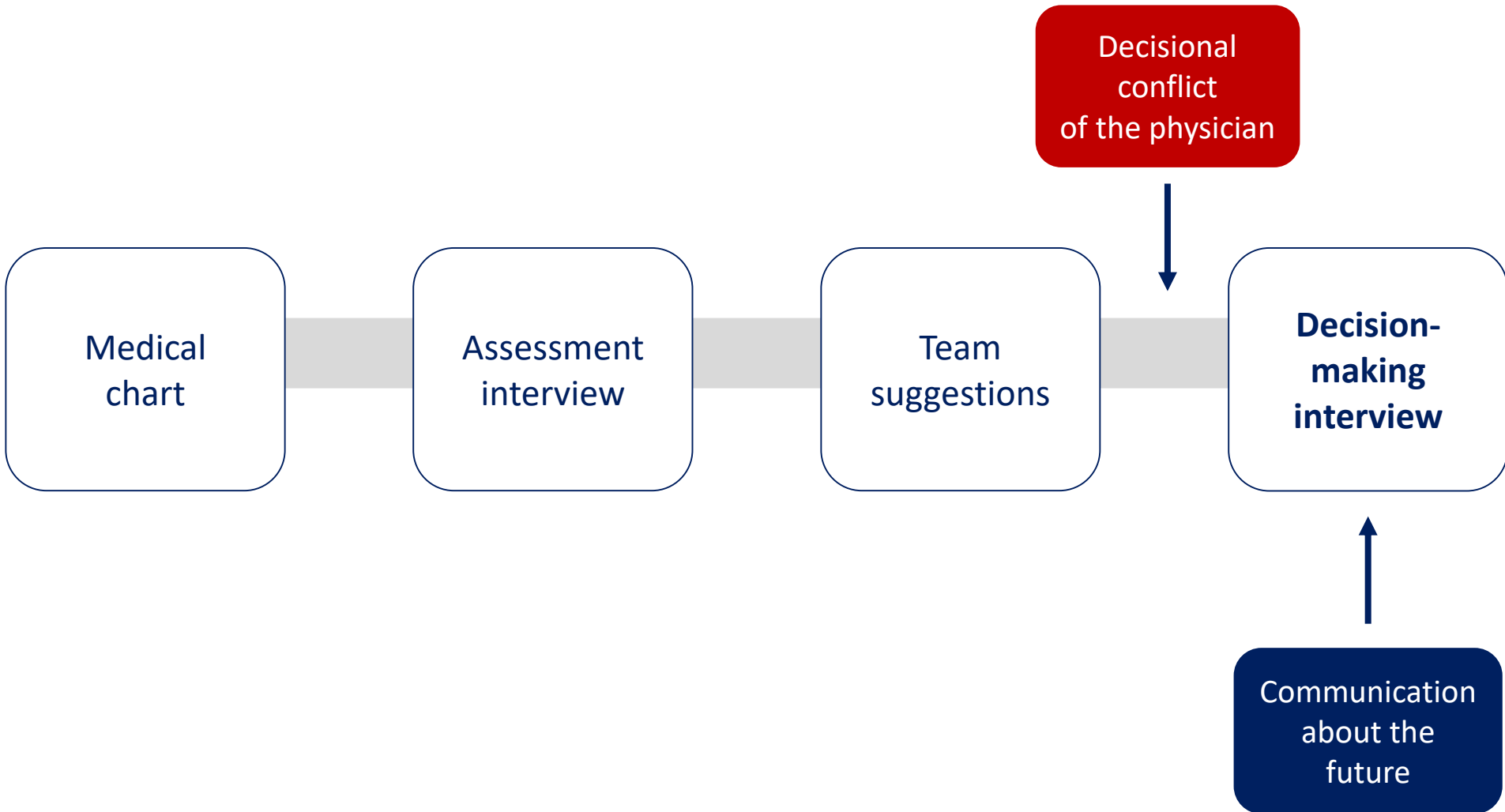
## 68-year-old patient

- 2nd recurrence of advanced colorectal cancer
- Four treatment options
- Medical, psychological and interpersonal uncertainties



**Complicated decision-making and highly uncertain context**

# Methodology (2)



# Results: Communication about the future

30 minutes ; 350 statements



1/3 of the statements: communication about the future

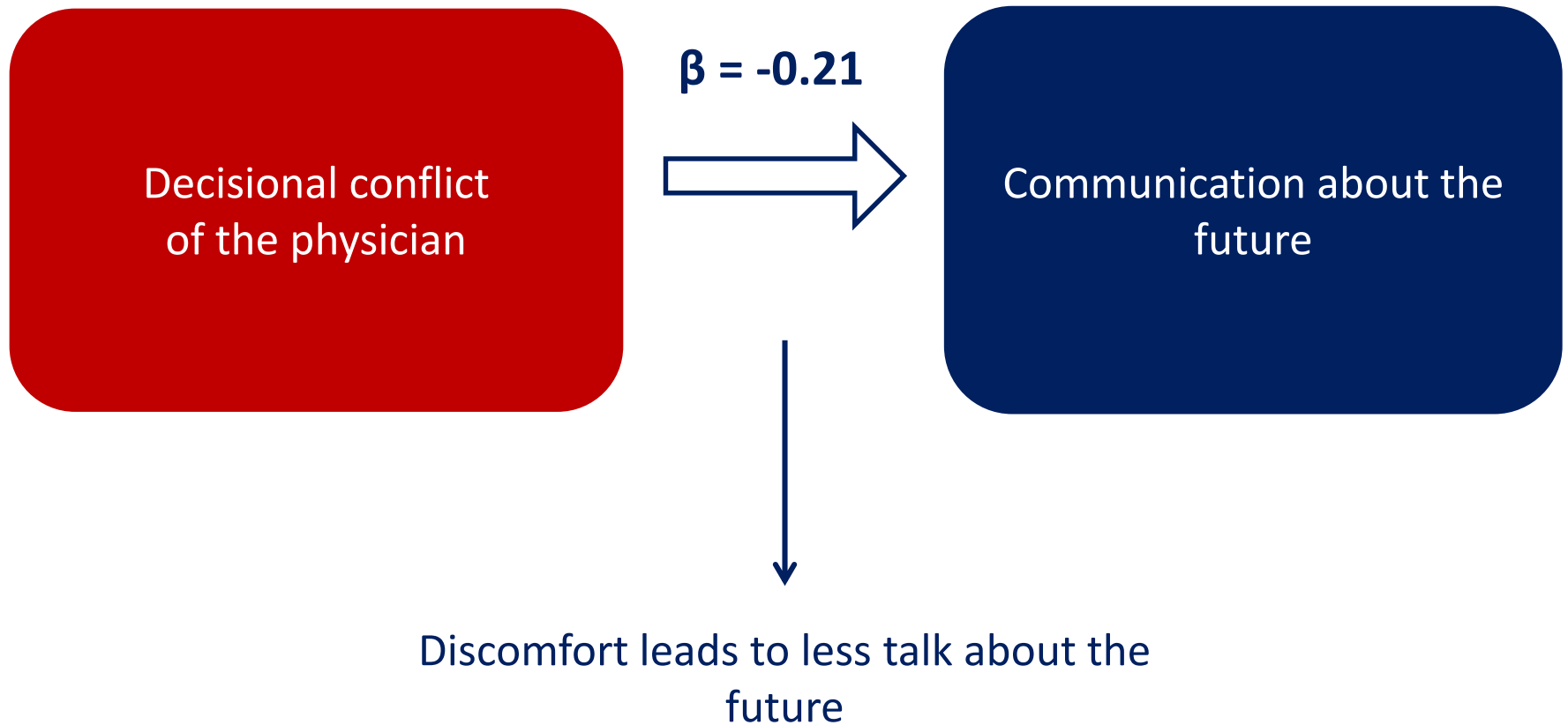


90% Médical  
10% Psychosocial



60% Certainty  
40% Uncertainty

# Results: influence of the decisional conflict



# Exemple of results (1)

---

**Simulated patient:** But you, personally, think I'm making a bad decision?

**Physician:** In my opinion, yes.

**Decisional conflict**

## Exemple of results (2)

---

**Simulated patient:** Do I make a bad choice by rejecting curative treatments?

**Physician:** No, since you have the opinion of our multidisciplinary conclusion anyway. If today, do you make a bad choice by rejecting curative treatment, no! In six months, you will have multiple metastases. We can still discuss it, but as a rule, is it a mistake to reject it today? No.

Decisional  
conflict



# Workplan

---

Why should we address the future?

How do we address the future?

How to help us address the future?

Perspectives

# Communication about uncertainty and hope

**Intensive training of 30 hours**

**Participants**

**Groups of 3 physicians**

**Personalized Feedbacks**

**Strategies**

**Modeling**

**Theoretical algorithmic model**

**Role plays**

**Clinical practice**

**Work on clinical situations**

**Transfer of skills**

COMMUNICATION ET CANCER

**Parler  
d'Incertitude  
&  
Soutenir  
l'Espoir**



# METHOD: Algorithm CERTAIN

**C**lear, safe and positive setting

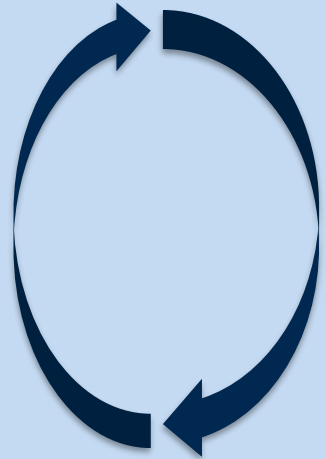
*Acknowledging*

Uncertainty

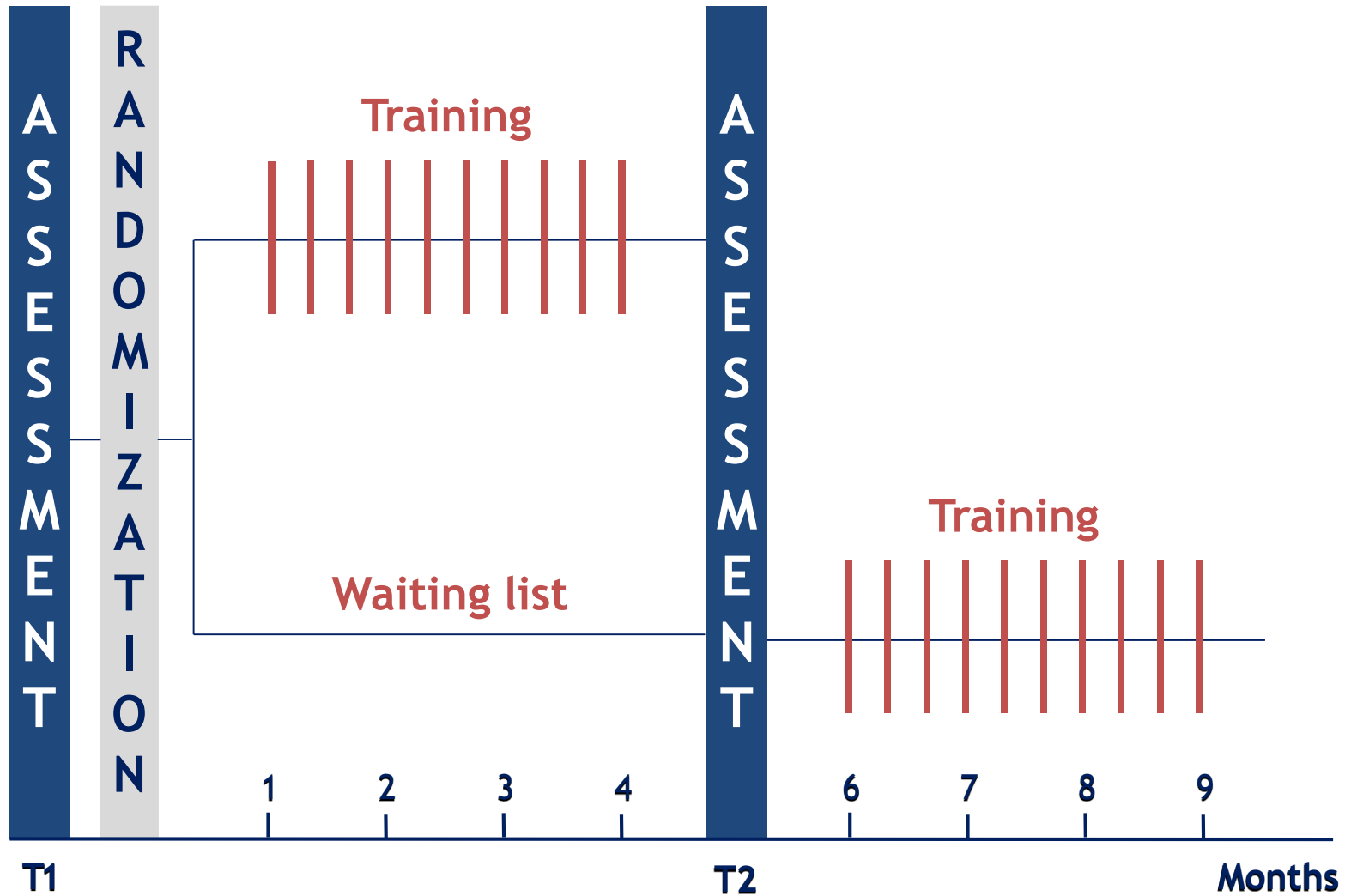
Hope

*Clarifying*

**N**egotiating the follow-up



# Darius, a randomization story



# METHOD: Simulated advanced cancer patient

---

Woman 32-year-old, married, 2 kids (10 et 8 years)

- Diagnosis breast cancer (2011)
- 4th relapse : hepatic and pulmonary progression (2018)
- COM treatment proposal : Cisplatin and 5-FU chemotherapy starting in 4 days

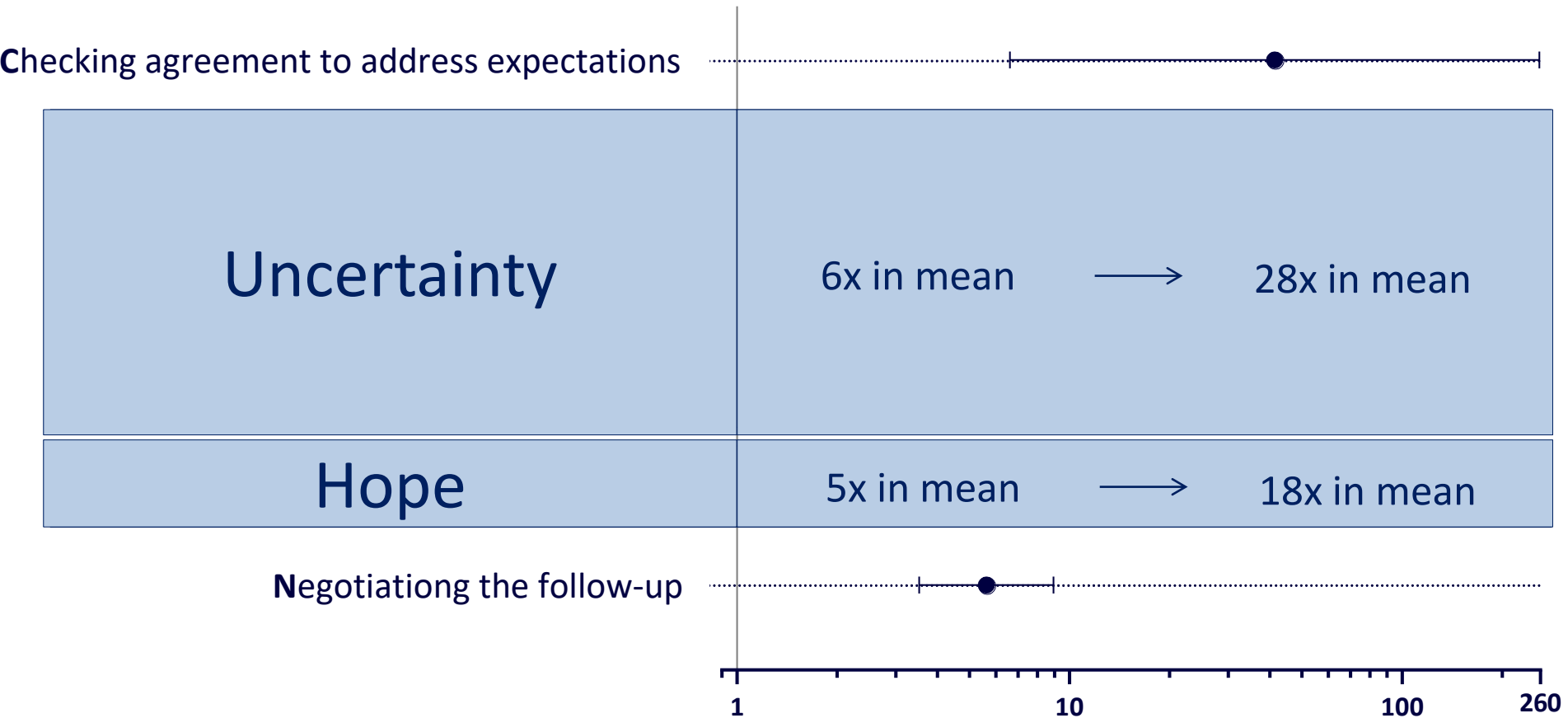
Simulated Patient concerns

- « *I'm afraid of dying* »
- « *I'm afraid chemotherapy won't help me live longer* »
- « *I'm afraid I won't be able to handle it morally* »
- « *I'm afraid things will go wrong with my family* »



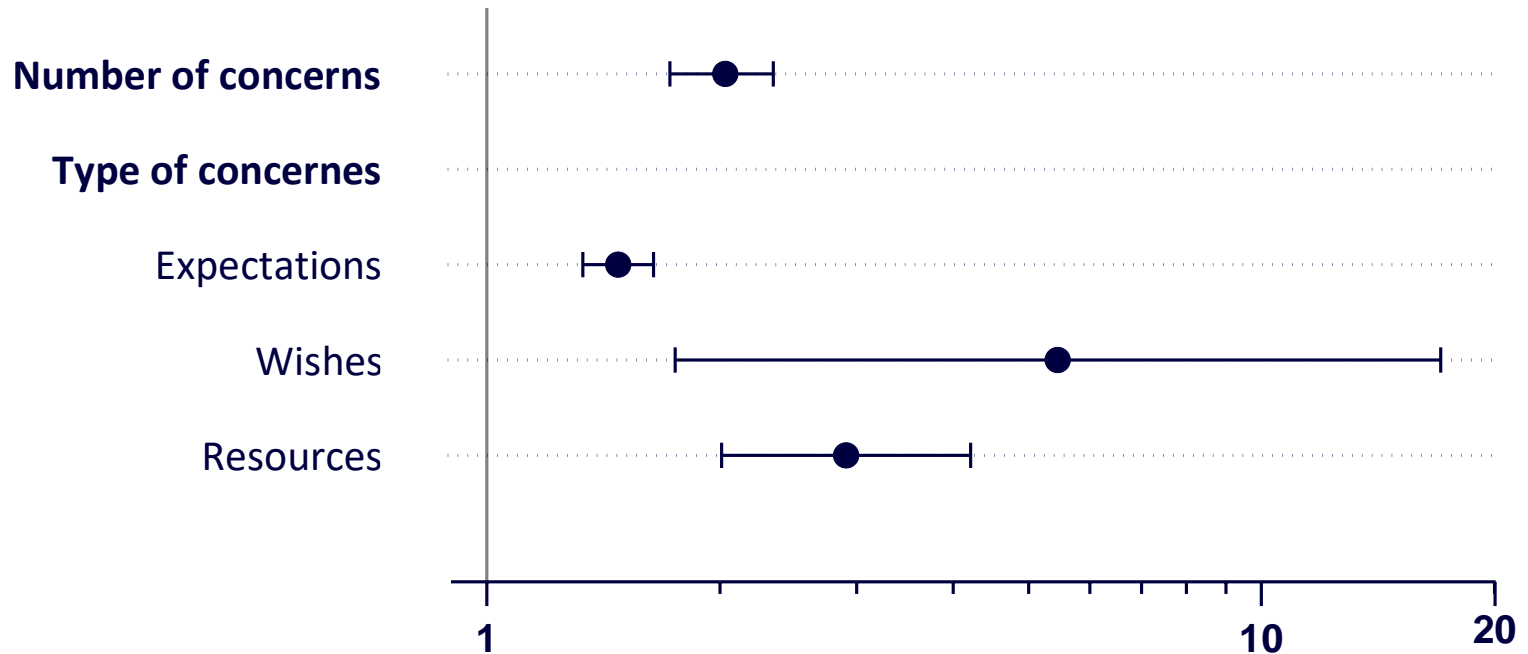
# RESULTS: Behavioral outcomes

## Physicians' communication skills



# RESULTS: Behavioral outcomes

## The Simulated Patient's expression of concerns



# Before training: addressing treatment effectiveness

---

**Physician :** [...] And then I go on to talk about this chemotherapy. You have to be lucid, chances are it won't work. But here it is, you have to live with your eyes open and be aware that it is the chemo of the last chance.

**Simulated patient :** I'm afraid chemotherapy won't help me live longer.

**Physician :** I'll follow up on your autonomy. I've seen your file, you have difficulty walking and you continue to do all the cleaning. That's not a good idea.



# After training: addressing treatment effectiveness

**Physician :** If you don't mind, let's get back to what you expect from this treatment.

**Simulated patient :** Yes, I Would like to. I'm afraid chemotherapy won't help me live longer.

**Physician :** Okay, all right. And how do you see it more precisely?

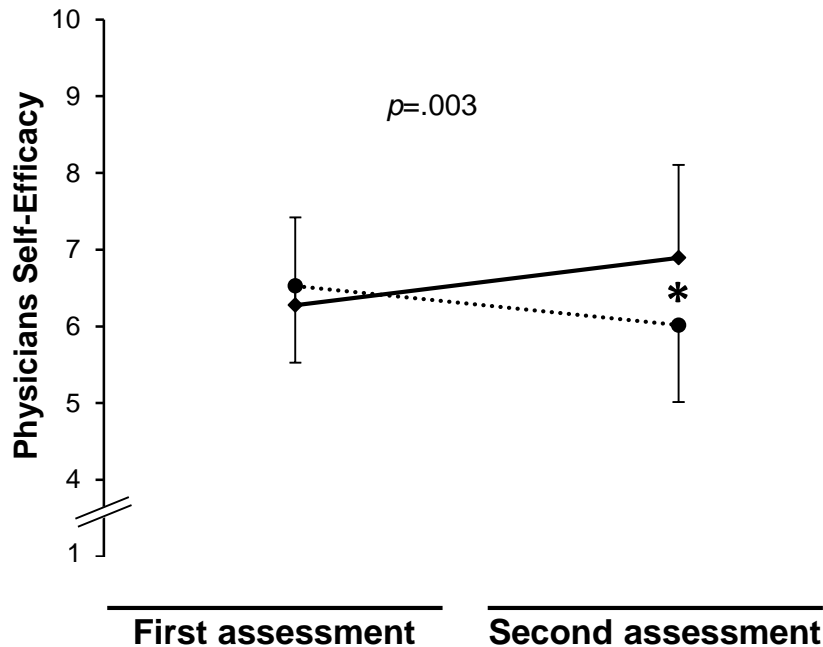
**Simulated patient :** What I really want is to be able to be at my daughter's birthday.

**Physician :** All right. This is a very important wish for you apparently.

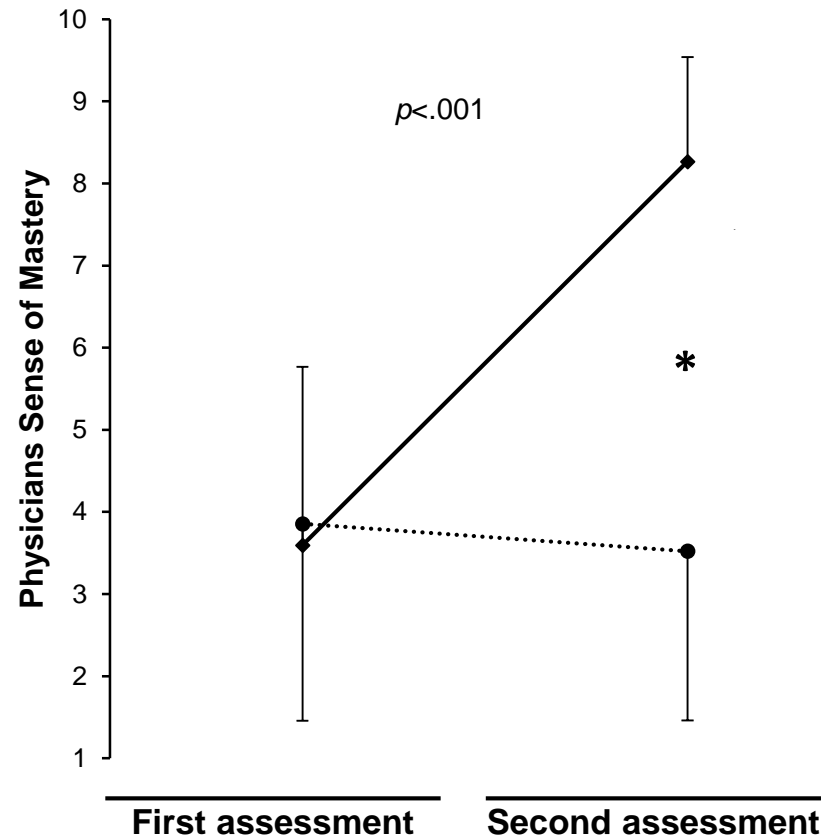
**Simulated patient :**  
Yes, really.

# RESULTS: Psychological outcomes

## Physicians' Self-Efficacy



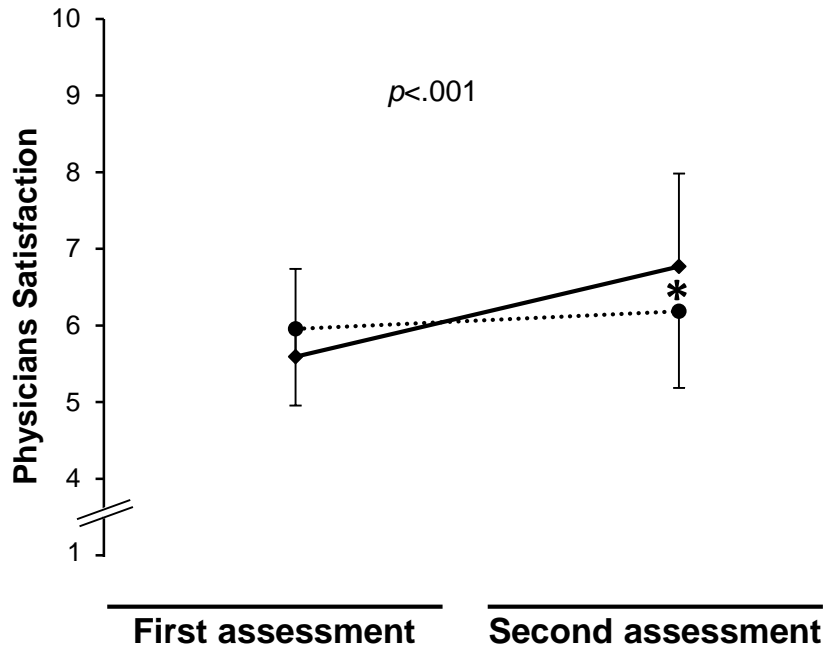
## Physicians' Sense of Mastery



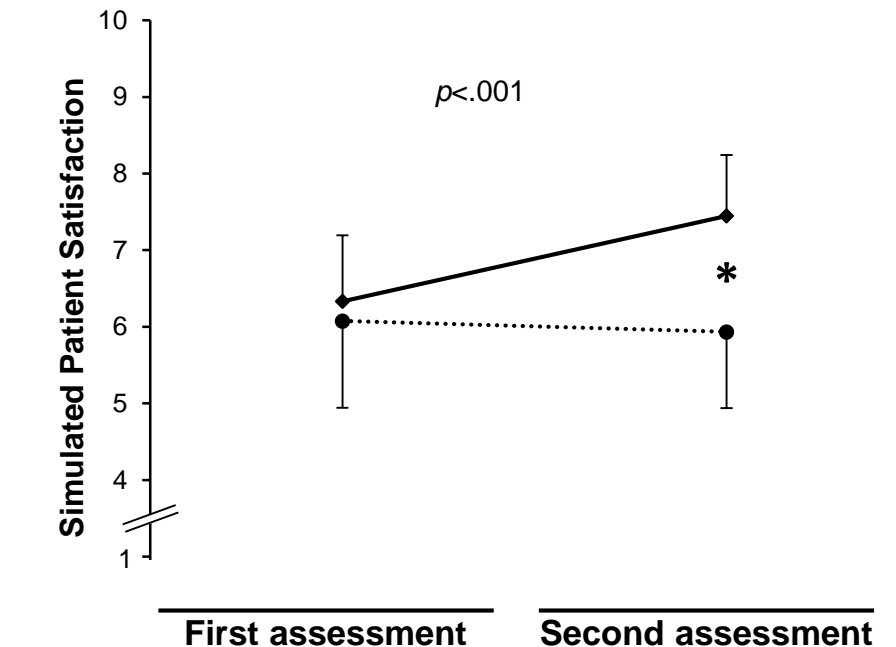
...•... Waiting list group    —◆— Training group

# RESULTS: Psychological outcomes

## Physicians' Satisfaction



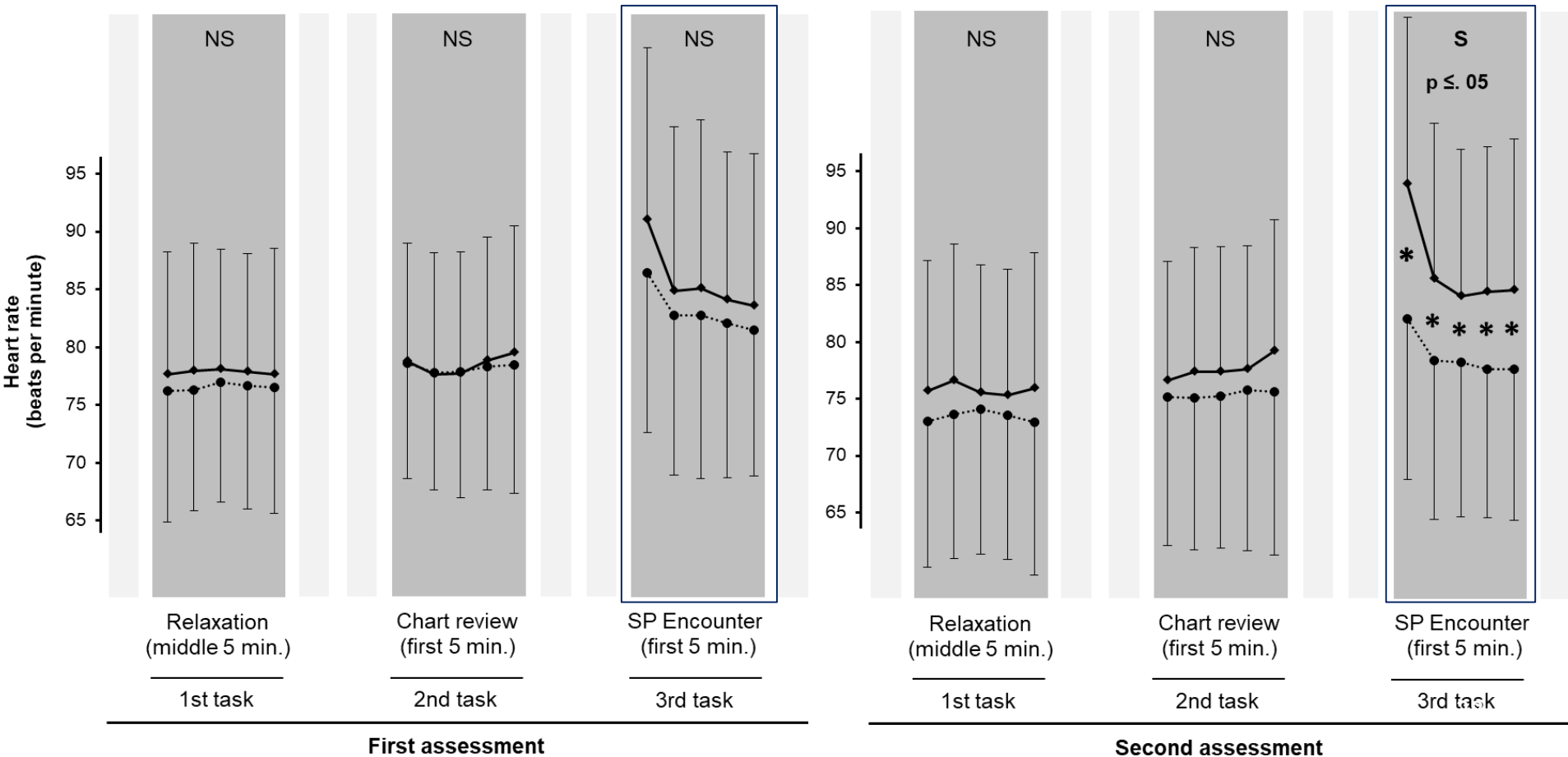
## Simulated Patient's Satisfaction



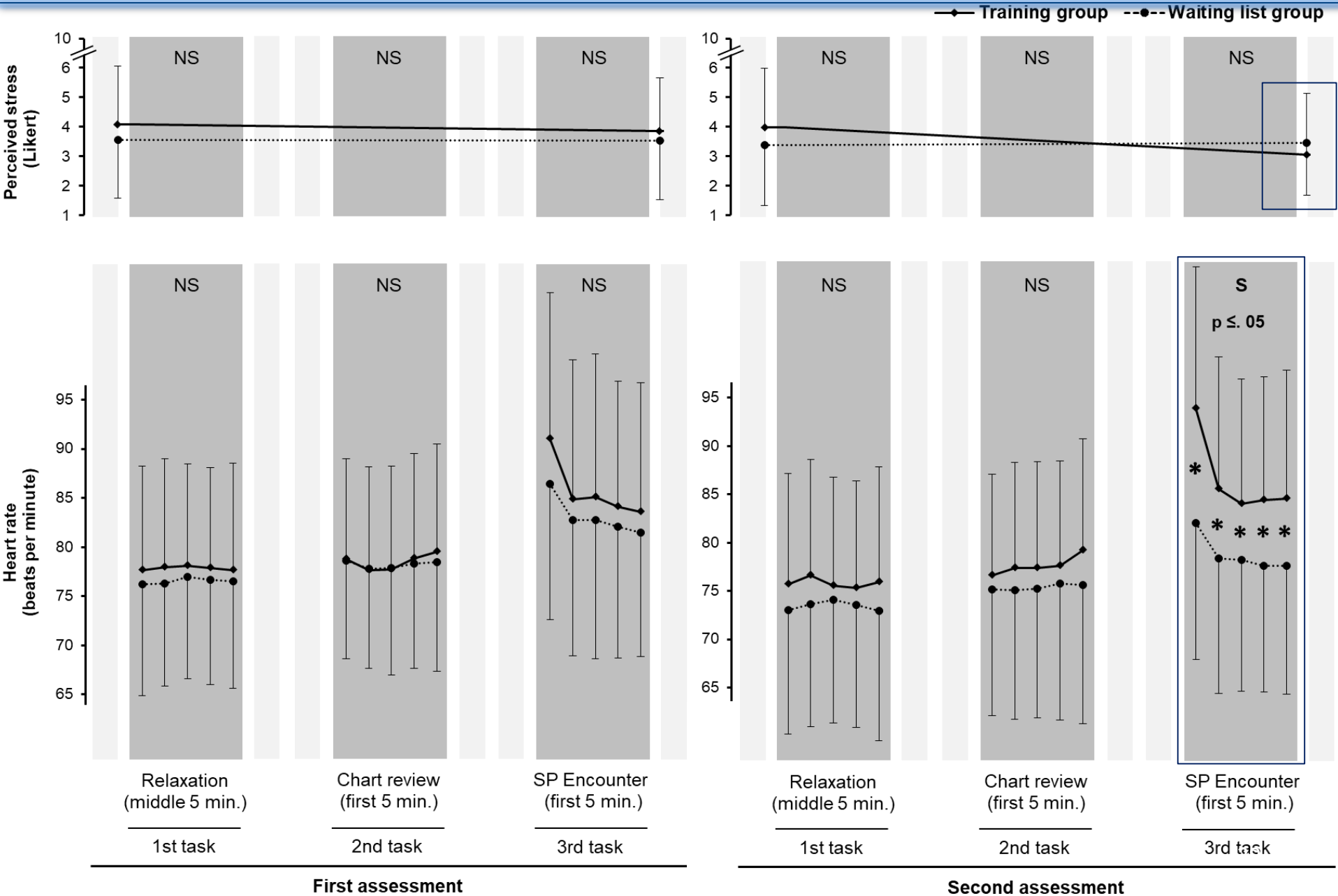
.....●..... Waiting list group      —◆— Training group

# RESULTS: Psychophysiological outcomes

—●— Training group    - -●- - Waiting list group



# RESULTS: Psychophysiological outcomes



# Workplan

---

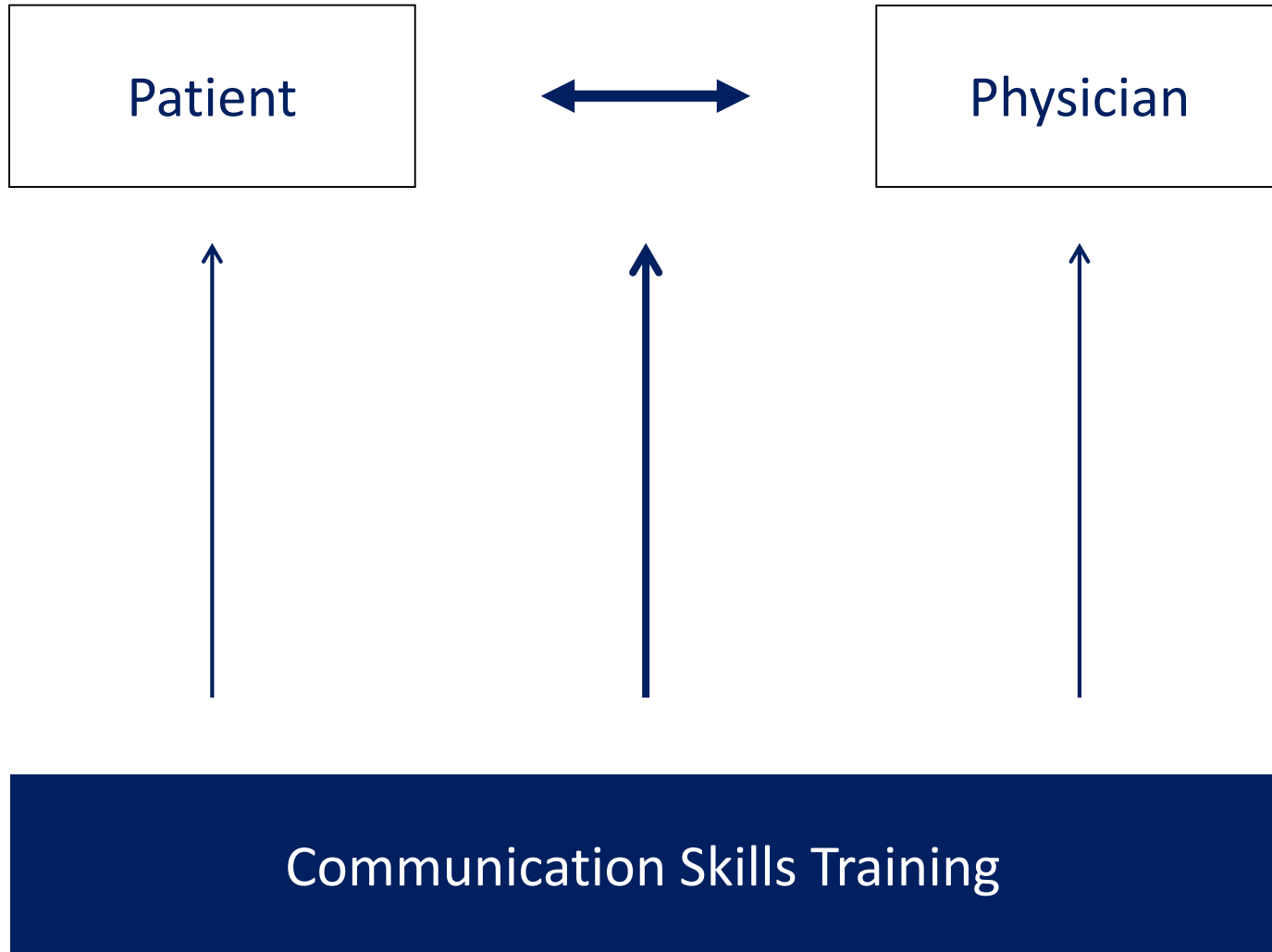
Why should we address the future?

How do we address the future?

How to help us address the future?

Perspectives

# Perspectives in communication skills training for survivorship, early palliative and end-of-life care



# Perspectives in communication skills training for survivorship, early palliative and end-of-life care

