Communication with cancer patients, the skills and practices of Chinese doctorsthe strengths and weaknesses



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How Chinese Culture influence communication with cancer patients

Chinese People's Views of Cancer

- Moral Implications and Misunderstandings to cancer
- bad karma
- Retribution
- touched evil
- offending the gods
- Cancer = Death
- Cancer is Contagious

On Death-In Ordinary Chinese People's Eyes



Summary:

'Respecting Life Seriously but I'd Rather Not Die!'

The whole family make decision for the family number

- > Family affairs are within the family
- Individuals are part of family units. Shame and misfortune fall on individual members and on their families together



How to provide cancer-related information

> Cultural beliefs

Sick adults, like children, deserve "protection"

The patient is suffering already from the illness, it is unnecessary to make them suffer even by discussing the reality of the disease

"Truth telling" also means the withdrawing of hope

To tell s/he is dying is not only rude but dangerous, it will make the person despair and die even sooner

Senaing 癌症人性的一面

作者 〔美〕吉米·霍兰 译者 〔中〕唐丽丽 THE HUMAN SIDE OF CANCER

LIVING WITH HOPE
COPING WITH
UNCERTAINTY

书的作者——吉米·霍兰 (Jimmie Holland) 是心理社会肿瘤学名副其实的先锋,20世纪70年代她在美国及世界范围内创建了心理社会肿瘤学这一交叉学科,30年来她坚持不懈的努力,使得该学科在全球范围内得到了长足的发展。

——中国抗癌协会秘书长 张宗卫

我将帮助所有癌症患者及其家 属应对人生最严峻的挑战——寻找 内心最强大的资源,并找出每个人 应对逆境的最有效的方法。"

-一吉米・霍兰 One Chinese patient said: "I'm not a breathing tumor"

What we have done in "communication with cancer patients"

- > Training class-lectures
- IPOS Online Curriculum—"Communication and Interpersonal Skills in Cancer Care"
- Competition on communication skill
- Workshop cooperated with Freiburg University

Videos and pictures

> 1 examination questions

Videos and pictures

> 1 examination questions



Videos and pictures

> 2 competition video











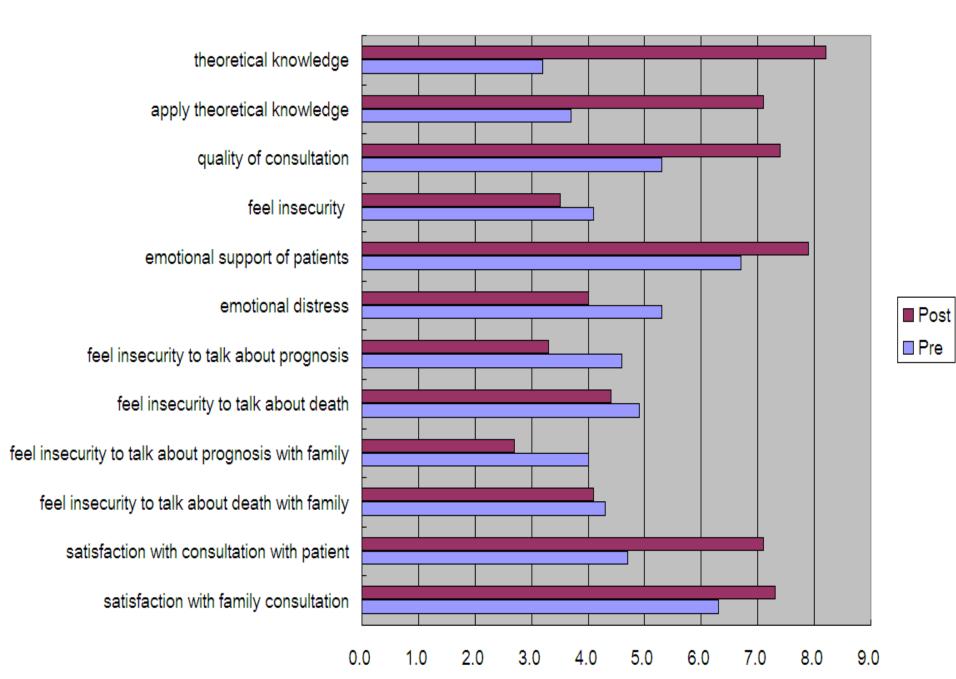
Assessment of current practice in breaking bad news

	Mean	SD	Max - Min
consultations about breaking bad news			
number of patients a month	7.71	12.17	50-0
numbers of families a month	12.2	19.44	100-0
number of patients to talk about death & dying in %	7	12.02	50-0
number of families to talk about death & dying in %	9.26	22.81	100-0
disclose diagnosis first to family in % of cases	77.87	31.18	100-0
disclose diagnosis only to family in % of cases	49.87	31.14	100-0
disclose prognosis first to family in % of cases	78.23	24.94	100-0
disclose prognosis only to family in % of cases	48.63	29.03	98-0
disclose prognosis only to patient in % of cases	3.9	5.93	25-0
number of patient who would like to know about their diagnosis in %	73.5	26.07	100-0
number of patient who would like to know about their prognosis in %	76.43	23.9	100-0
diagnosis: patient would like to know first before family in %	31.87	30.21	100-0
prognosis: patient would like to know first before family in %	33.83	29.85	99-0
Giving precise numbers of survival to patient			
always	0		
sometimes	8		
never	22		
Giving precise numbers of survival to family			
always	2		
sometimes	16		
never	12		

Spikes

- > Setting
- Patient's Perception
- Information Need
- Provide Knowledge
- Responding to Emotions with Empath
- > Summary

Communications Training workshop



The feedback of the workshop - weakness

- Most patients and families have too high expectation to the doctors and the treatment, so they get negative emotions easily when they are not satisfied with the treatment result.
- There are so many patients in the clinics and wards that doctors only have little time to communicate with them.
- Each patient has more than 2 family members as caregivers. Doctors mainly have to communicate with these family members rather than patient themselves.
- We have less death education, so family members get strong emotional reaction when they have to separate with their loves, but doctors are unable to deal with it well.
- > It's hard to learn how to use the skill of empathy

The feedback of the workshop - weakness

- Dealing with patients' emotional problems is like opening Pandora's Box; Medical staffs don't want to open it and it's a tough task for them
- It is a challenge to face terminal stage patients
- Some medical staffs pay more attention to medical techniques and neglect the communication skills
- Some doctors and nurses don't know how to protect themselves while facing patients' emotional problems and they easily get involved in patient's emotion. On one hand, they are unable to support and help their patients well; on the other hand, they feel exhausted—burn out.

The feedback of the workshop - strengths

- Never say you can't do anything about the patients.
- Sitting down and keeping eye contact
- Deliver the information which you know well
- Speaking slowly and for one time, give less information than before
- Body languages are important as well

The feedback of the workshopstrengths

Use the words patients are easy to understand to deliver the news

Respect the patients and the families

Conclusions:

- Communication theoretical knowledge and skills have improved, the clinicians feel more satisfied with consulting with patients and families.
- Insecurity and emotional distress have decreased.
- Clinical doctors and nurses should be trained by communication skill workshop regularly
- Culture factors in communication should be researched.

- Fish says: "you can not see my tears, because I'm in the water".
- Water says: "I can see your tears, because I'm in your heart.

----Buddhism



Thank you very much for your attention!

