

**Adequate access to communication for patients suffering from malignant diseases**

## SUBJECT AND SCOPE

1.1 With this instruction is defined the recommended content in communication with patients suffering from malignant diseases.

1.2 This Instruction applies to the entire business function of CC Banja Luka.

1.3 Responsibilities for the implementation

For the implementation of this Guidelines are responsible: Director of Medical Affairs and QMS, the Director of Medical Affairs, surgical branches, medical affairs director for the conservative branches, executives of OJ, and the guide is mandatory for all employees doctors and nurses / technicians in CC.

1.4 Exclusions

No exclusions.

## 2 CONNECTION WITH OTHER DOCUMENTS

2.1 Reference Documents

European guidelines,

the Law on Health Protection of the Republic of Srpska

2.2 Other documents

Code of medical ethics,

Ethic code of nurses - technicians

## 3 TERMS AND ABBREVIATIONS

3.1 Terms

Guidelines: The document which describes in detail the access to adequate communication to patients suffering from malignant diseases.

3.2 Abbreviations KC: Clinical Center of Banja Luka, OJ: organizational unit, QMS: Quality control management system.

## 4 DESCRIPTION OF THE PROCEDURE (PROCESS)

4.1 Introduction

Communication is a complex, continuous, interactive process and creates a basis for building interpersonal relationships. Communication includes listening, but also verbal, nonverbal and written communication skills. Possession of the necessary communication skills for health workers is necessary and an integral part of their everyday work. High-quality communications as a prerequisite the implementation of safe and successful health care is caused by, except for communication skills, experience, and many other factors, such as working environment, working conditions and orientation to the concept of health care.

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Care and treatment of patients with malignant disease is very complicated and sensitive area of work in the field of communication. The current complexity of patient's condition is further exacerbated by the possible psychopathological elements present before establishing the diagnosis of malignant disease. Psychooncology explores psychological factors in the framework of a multidimensional understanding of malignant diseases, and includes diagnostic, therapeutic, educational and research activities of psychologists and psychiatrists in oncology team.

The basic principles of successful communication with oncologic patient is based on an approach by which a patient is at the center of attention. Such communication has the following core values:

- it takes into consideration patient's needs, perspectives and individual experiences;
- gives him an opportunity to participate in treatment, and improves the relationship - patient and doctor
- The communication where patient is in the focus of interest is marked by verbal and nonverbal behavior that should lead to the discovery, understanding and evaluation of patient's condition and needs,
  - understanding of a patient in his own psychological, family or social environment helps in the understanding of his problems during treatment. In this way is built doctor-patient relationship, which is confidential.

### The most common forms of reaction to the diagnosis and treatment of malignant diseases

Signs and type of reaction	Average duration
Period I-Dealing with disease-possible reactions: - disbelief or denial ("I do not have a cancer") - wrong diagnosis, error in the review (this is not my finding, "the finding is substituted") - despair -skepticism about the possibility of healing ("I'm dead," all people with cancer die") -Disagreements with newer methods and means-treatment techniques	Several days

Period II – Dysphoria -anxiety - depression -anorexia -irritability -insomnia - weak concentration -twisted daily activities	1 – 2 week
Period III – Adaptation -adjustments to new information on treatment, rehabilitation, future, - dealing with real situations - searching for reasons for optimism - the invention of new goals in life, work, activities	A month or more

## 4.2 Team

Success in treatment is associated with communication within the multidisciplinary team: oncologist, surgeon, radiologist, psychologist - psychotherapist, psychiatrist, social worker, nurse, physiotherapist, nutritionist, trained volunteers. Common to all members of the team is improving a patient's condition. It is needed a balanced application of effective methods of diagnosis and treatment, preserving the human dignity of a patient, while keeping in mind his/her state of constant existential threat, change the general psychological and emotional state.

Type of cancer, its level of development, biological characteristics and effects of treatment are important in different emotional responses of a patient, as it must be confronted with a number of psychological problems.

### 4.2.1 The rehabilitation and psychosocial support

In the process of treatment should emphasize the importance of medical and physical rehabilitation. There are a number of different procedures and methods of rehabilitation. They depend on location of tumor, performed surgeries, radiation or other methods of treatment and side effects occurred. The aim is the maximum possible recovery of a patient with satisfactory quality of life.

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### 4.3 The specific relationship of medical staff and oncologic patients

Care for heavy and dying patients is one of the hardest jobs in the medical profession. Oncological patient requires a more subtle approach, respecting the general principles of professional - patient.

Factors that influence special relationship include:

- Psychological status of oncologic patients is determined by a high degree of fear, depression, being lost, concerns, environmental vulnerability
- The uncertainty of the final healed is far more objective than most other diseases;
- Medical treatment is indicated by an aggressive and painful diagnostic and therapeutic methods;
- problems of personal attitudes, motivation, training medical staff to work with oncologic patients;
- insufficiently defined psychological and psychotherapeutic programs for patients and their families.

### 4.4 The right of patients to the awareness and cooperation in the treatment

Doctor's obligation is to inform a patient in understandable way on finding results and diagnosis of malignant disease. We can not treat patient without his consent, and he can give his consent only if he is familiar with diagnosis and method of treatment. A patient has the right to consult another doctor, and he has the right to another professional opinion.

In a conversation with a patient should be active and express understanding (empathy). Problems and their resolution should be presented to a patient and, it should be checked whether he understood words, repeat it to him in an understandable way. After hospital treatment, it should make control of a patient and to propose a specific plan for the future (individually created with the recommendation of the inclusion of psychological and oncological counseling, physical rehabilitation)

The principles on informing with the recommended steps:

- The legal and moral right to information
- privacy when communicating
- Personal contact (never by phone), as soon as possible
- primary responsibility is to a patient
- warmth, sympathy, encouragement, safety
- ensure understanding of treatment options and the reasons for further search

In addition to methods of treatment (chemotherapy, surgical treatment, types of cytostatics, radiotherapy), to inform a patient about the immediate side effects of treatment (nausea, alopecia, loss of appetite, vomiting) and a possible solution ( nausea -antiemetic, alopecia - wigs), of the late potential side effects of treatment (eg . sterility).

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#### 4.5 The consent of a patient to treatment

A patient with his signature gives consent to the diagnostic and therapeutic procedures necessary for his treatment.

#### 4.6 Access to a family of oncologic patient

Psychosocial support is very important in the process of adaptation and further treatment of patients. Disease inevitably brings changes in lifestyle and goals, which directly affects patient's family. When informing an adult about her/ his illness and treatment, in most cases there is also a family member. When about minors, an information is fully given to parents or guardians, who also give their consent to treatment. If a person is deprived of the capacity, information is given to custodian. With permission of a patient, we speak with the nearest family members. It is important because of psychological support and care required that must be given to a patient at home between cycles of therapy or terminal stage of disease.

It is commonly said that disease involve the whole family, but in some cases, it deepens misunderstandings and difficulties made in the past. It is important to overcome stressful situations as soon as possible and to maintain communication in order to achieve a new balance that takes into account the emerging opportunities. A patient and his family should be offered professional psychological help and support. For conversation should be secured a place that ensures privacy. It should be frankly discussed about disease in a manner understandable to a patient, avoid too much medical details. During conversation should be allowed a patient and his family to express their emotions.

A patient should be informed about events in the family, work, current social events discussed in the society. Such communication will mean that a patient is not oriented only to think about disease and that there is really hope for the future. To him, it confirms that illness did not disable and exclude him from everyday life. Thinking that patient's attitude should be saved and make a selection on information coming to him is not based on scientific evidence. In conversation with terminal patients should be examined how much a patient and his family know about the disease and the outcome, what are patient's opinions and his possible reactions, re-examine his own feelings, attitudes, compassion and pity.

#### 4.7 Access to patient in terminal phase of disease

Communication with a patient in terminal stage of oncology disease is a great emotional burden for the whole team.

We have to find the time and to listen to a patient, because just listening can be an emotional relief. With such a patient we should talk when he wants that. If a patient does not want to talk, we should not insist, but we should wait for him to show an interest.

It should be explained to a patient that the pain can be successfully mitigated thanks to advances of modern surgical, pharmacological and psychological methods to remove pain. He must be convinced that his need to maintain self-esteem (most vulnerable patients are the ones who can no longer control their physiological functions) will be respected. During the discussion, the patient should be given to know that that we understood his need for attention

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and belonging. At the same time great importance have forms of physical contact: holding hands, touching and so on. A patient should feel compassion in our communication.

A doctor should be prepared that some patients do not want to talk about death. Such talk should be finished with the conclusion that he understood his illness and eventual outcome, agreed upon further actions, check whether a patient has any questions and suggest further plan so that a patient and his family know where they can find us and ask a possible further questions.

One of the ethical problems of doctors consists of opposing myths and legends that appear related to the malignant diseases. Among them, the most widely used are those of the existence of "popular in the country", "foreign" and all other precious remedies for cancer. In addition, it should be noted that addressing to so-called doctors is not fate by uneducated people. On the contrary, however strange it may seem, well educated people who read a lot of diverse literature, in which from time to time appear careless, incompetent publication of "new methods of treating cancer, with particular perseverance and persistence look for the supposedly unfamiliar, the original methods of treatment of this serious disease. Usually, those are not patients themselves, but their relatives and friends.

A doctor, who speaks with a patient and people close to a patient, is obliged to take strong and irreconcilable position. In order to be taken such a position, it is natural that a doctor is aware of the degree of confirmed diagnosis in all its particulars, and to present clearly to himself possibilities of palliative and symptomatic treatment. This approach leaves no room for doctor's consent of giving a patient into the hands of incompetent people.

Adequate communication in access to patients suffering from malignant diseases, provides all the legal rights of patients, psychological or moral support, including assistance of the priest.

Continuation of intensive treatment of patients in the terminal condition is not medically justified, but patients need appropriate resources to facilitate medical condition. Such a decision should be brought by a multidisciplinary team of doctors in consultation with family members.