

Useful communication in oncology

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“We learn to say things with alacrity, clearly, simply and with a serene determination: we speak little, but with clarity; we say no more than is strictly necessary”

Émile Coué (1857–1926)
French psychotherapist and pharmacist

Communication is a highly complex interactive process that, because of its nature, is inseparably linked to living. Etymologically, the term communication derives from Latin “comunicare”, which signifies “interchange, to share, put in common”. Hence, communication is of great importance for the survival and functioning of species that live in groups, associations or societies and is equally important for the development of the potential of human beings. Human development is not feasible without the company of other humans. A person cannot realise his full potential unless this symbiotic relationship is retained intact.

Of necessity, communication requires the use of a shared code and the presence of “another” to exchange messages. From the dawn of evolution, the need to communicate has been strong and continues to be so in all parts of life. There are some examples of codes distributed over the long-term course of history. These include fire, smoke, company of companions, messenger pigeons, comets, signs and signals, colours, music and dance, drawings, forms and signs, and the voice. Human language is probably the best, most perfect and most extensive code irrespective of the culture.

Professor Marcel Mesulam of the Neurology and Psychiatry Department of the North-Western University of Chicago and discoverer of primary progressive aphasia, said in relation to language: “We humans have cre-

ated this system whose unique proposition is to create a symbol which we call “word” for specific objects, ideas, sentiments. It can be said that the net worth of language is that it is the best system known to-date for the creation of symbols, and no other animal has acquired it. Working for years with chimpanzees and gorillas to create symbols for communication only succeeded in them learning one or two words. In my opinion, the reason is that the human brain has developed to such a point that it has the luxury of more neurons (in relation to the size of the body) than is necessary for survival. This “luxury” enables neuronal systems whose principal function is not only to escape danger and to find food, but also to reflect on such experience by means of symbols. This symbol interface is an exclusively human characteristic. The advantage this provides to this system is truly incredible. Another characteristic that is unique to the human mind is the desire for diversity. If this were not so, why do we humans create thousands of languages to say the same thing”.

Implicit in the development of the interactive phenomenon of communication is that of information, not forgetting that the need to inform literally means “to give information”. Hence, information provides significance or sense to things and indicates, by the use of codes and combination of data, the models of human thinking.

Styles of communication

The significance of the concept of “communication” goes beyond the mere question of the giving and receiving of information, and places a participative expectation beyond the need for representing the common reality.

The data available from different national and international studies show that there has not been quality communication in the field of oncology. In the year 2000, the Spanish Society of Palliative Care [*Sociedad Española de Cuidados Paliativos*] commented on a study conducted in Australia that was entitled “Styles of Communication in the Oncology Service: Preference for an Approach Centred on the Patient”. The study’s primary objective was to assess the preferences and the satisfaction of the patients, their family members and friends, in relation to the styles and skills of communi-

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cation between the patients and the clinician in the consulting room of the oncology centres. The authors felt that, based on the preferences of the patients, specific recommendations could be formulated that would improve communication in the oncology service. The study consisted of 113 women who had been treated for breast cancer, and 48 family members and friends. Several videos were presented in which actors simulated the activity of a clinical consultation and which included comments involving the patients, the diagnosis, the treatment and the prognosis. Two perspectives under two situations were employed. The perspectives centred on the patients or on the physician and the situations reflected a good or a poor prognosis. The results indicated that the patients and their family members and friends significantly preferred the style of communication centred on the patients and, above all, when dealing with poor prognosis. Conversely, no significant differences were encountered at the time of evaluation with respect to discussion of treatment when the disease had a good prognosis. The authors of the study concluded that: "although there are several publications regarding communication in oncology, lack of empirical evidence should not preclude a program of training in style of effective communication. In general, an approach centred on the patient based on empathy, listening to the patient, and taking joint decisions enables not only more information to be obtained but also improves the relationship and increases the satisfaction and the well-being of the patients. Hence, it is necessary to educate and train the professionals in this type of skill in communication."

There is no doubt that communication is considered a fundamental therapeutic tool in all medical disciplines and, presumably, in oncology, as this skill is a prerequisite for not only the acceptance of the disease on the part of the patient and his self-esteem, but also the follow-up of the treatment including monitoring symptoms and, perhaps more importantly, maintaining quality of life.

Communication in oncology

Early in 2006, the Spanish Society of Medical Oncology [*Sociedad Española de Oncología Médica (SEOM)*], in collaboration with the biotechnology company Amgen, developed the Manual: "Communication in Oncology", with the objective of providing health-care professionals involved in the management of cancer with the tools and procedures to improve communication skills, with a view to improving the quality of life of the cancer patient.

According to the study conducted at the Hospital General Universitario de Valencia, approximately 75% of the patients did not remember, 3 weeks after the 1st consultation, the overall information provided by the

medical oncologist regarding the diagnosis and prognosis, and 40% had not, following the 1st consultation, absorbed the fact that they had cancer. Equally, in another international study, it was observed that up to 36% of the patients considered that their cancer was stable or in remission when, in reality, the disease was progressing.

According to Dr. Carlos Camps, Chief of Medical Oncology Service of the Hospital General Universitario de Valencia and Editor of the above Manual: "Scientific data reflect the difficulties that exist in doctor-patient communication. The patients do not understand or do not remember what the physician has said and the health-care professional does not have the specific training in communication which is essential in the development of health-care provision." This "poor" communication has its consequences and adverse effects, as highlighted by Dr. Pedro Sánchez, Chief of the Clinical Psychology Unit of the Hospital General Universitario de Valencia and co-author of the above Manual: "Failure in communication is associated with an increase in the use of unnecessary treatments and alternative medications. The outcome is a worsening in the control of symptoms such as pain and, as well, in the appearance of psycho-social sequelae such as depression and anxiety."

From the perspective of health-care provision, the debate centres on the social/health costs resulting from the increase in clinical consultations with the oncologist (non-resolved emotional conflicts being associated with an increase of up to 5-fold in consultation visits), higher admission rates to the emergency room, the need for complementary techniques and explorations that are performed without these being indicated, and the use of alternative and unnecessary treatments.

Quality communication

According to Dr. Camps: "Communication cannot be left to improvisation, and this book provides a series of skills and techniques that favour communication between the doctor and the cancer patient. All communication in oncology needs to begin with the premise of always telling the patient the truth. We must completely abandon the paternalistic attitude which has been maintained over the years in that the patient is not fully informed; the so-called "conspiracy of silence". The patient has the right to know what is happening. What needs to be modulated is the information the patient needs at each point in time and, depending on the patient's cultural level, what he can accept. This enables us to strengthen good communications. We need to listen to the patient, paying attention not only to the verbal but also to the non-verbal language and to provide the opportunity for questions to be asked. This is an art, the

tools of which we need to learn to manage and, as such, to avoid many errors. Essentially, the information being real generates in the patient the sensation that there is hope and that we are going to do all that is possible for him.”

Several studies agree that patients wish to be informed about their disease, treatment and, above all, the possible negative effects. There are still no overall data available in Spain on the opinion of patients regarding what information is helpful. However, a survey has been conducted in the Hospital La Paz de Madrid in oncology patients that included variables such as subjective perception of the passage of time, emotional and preoccupation aspects, among others. The results showed that 42% of the patients indicated that the health-care professionals could help them by listening more, by controlling the symptoms and the pain, by caring for and helping the family, by informing them and treating them more warmly. This same survey demonstrated the difference in the opinion of the patients following receiving good communication. The patients declared a significant alleviation of suffering and, as such, a fundamental improvement in their quality of life. An international study confirmed this perception. Adopting strategies of communication in oncology is translated into better patient satisfaction. With good communication, up to 65% of the patients classify as “excellent” the information made available on the diagnosis and up to 79% the information provided regarding treatment. A significant decrease in anxiety and depression was noted.

Quality communication in oncology not only benefits the patient but the medical oncologist as well, as is reflected in one of the chapters in the Manual. Oncology is one of the specialties most affected by what is termed “burn-out”, and is often a cause of emotional stress in the clinical oncologist. Better communication favours a better doctor–patient relationship and avoids many conflictive situations. This Manual probes more deeply into areas such as the communication needed in groups of patients that are most vulnerable such as the elderly and adolescents, how to communicate notification of death to the family members, what information is needed to encourage clinical investigation and how to analyse the influence of the means of communication on the patient and the family.

In the prologue of the Manual, Dr. Alfredo Carrato, president of the SEOM, points out: “The art of communication is an added value that needs to be acquired and to be improved using the appropriate techniques. Communication and science are two well-differentiated parameters that interact and are either synergistic or counterproductive, depending on whether they are adequately or inadequately used. Nothing exists if it has not been previously said or written and, hence, it is essential to apply effectively the form of communication most appropriate.”

Notes on the use of voice

Within the phenomena implicated in verbal communication is the effective use of the voice. It is a primordial characteristic and is one that the majority of people who continually use the word as a fundamental element in their work need to relearn. The voice is a marvellous, complex, complete and beautiful musical instrument. Indeed, it is a natural musical instrument, neither more nor less. What is music if not the art of combining sounds with the objective of inducing sentiments?

From the amphibians, the first animals on the phylogenetic scale to have developed a larynx, up to the arrival of man, the voice has been developing into a complex and marvellous instrument capable of emitting intelligent sounds, with the precise objective of enabling us to communicate. To be human is to speak, and we speak with the whole body; the throat (larynx) only emitting sound. As with any instrument, there is a need to know how to use the voice. Learning to speak is not enough.

The importance of knowing how to use the voice in all its aspects of timbre, nuance, brilliance etc. is absolutely fundamental if we wish to communicate with the desired usefulness, whether in a conversation with a person or in public speaking. It is lamentable that, due to ignorance, such little consideration is given to using the voice. A voice that is well modulated and well projected can attract a large audience, or simply bring joy to the individual who listens. The strength of the idea is contained within the energy field i.e., the sound is a flood of waves that vibrate in the air, impinging on some auditory bodies and, via the nerve conduction, arrive at the brain where they are converted into understanding and communication.

Sometimes before a person has finished speaking the recipient is upset, not because of the theme but more because of the voice with which it is presented. Similarly, it can happen that after listening to someone only once, their words remain permanently with one and induce beautiful thoughts. If the voice of the doctor when talking with a patient is not harmonious, it is possible that fear, anxiety and uncertainty are provoked, leading to a worsening of the illness. Conversely, another doctor, in treating his patient, can employ a voice that, even while taking the medication prescribed, can help the patient begin to feel better.

The most marvellous aspect of studying the voice is that the specific stage of development of a person can be established. It is not necessary to see the person, the voice is sufficient to establish the stage of development. Undoubtedly, the character of a person is evident from the voice. The tone of the voice changes with infancy, adolescence, youth and maturity. Irrespective of the life of an individual, each developmental step forward produces a change in the experience of the individual, which is reflected in the person’s voice.

Expression of the spirit

According to Hazrat Inayat Khan, founder of Universal Sufism: “The voice not only expresses the character of a person, it is the expression of the spirit, as well”. Sometimes the voice is smooth and at others harsh. This reflects the state of the spirit at that moment. Sometimes the spirit is subtle and with this subtlety the voice becomes smoother. Other times, the spirit is more excited and the voice becomes more strident. To scold somebody, however, there is no need to raise the voice, it hardens naturally. When there is a need to express sympathy, or gratitude, or love, or devotion, it is not necessary to lower the voice: it unconsciously becomes smoother. If the spirit is calm, the voice is calm; if the spirit is aggressive the voice is aggressive; if the spirit is strong, the voice is strong; if the spirit has lost its vigour, the voice becomes weaker. Inspiration selects its own tone of voice.

The Uruguayan writer and journalist Eduardo Galeano commented in *The Book of Hugs*: “When the voice is true, when born of necessity to speak, the human voice cannot be stopped. If the mouth annulled, the voice speaks via the hands or the eyes, or the pores, or whatever i.e. we all have something to say to others whether for celebration or for forgiveness.”

Use determines the function. Most people actively interfere in the functioning of the voice and this intervention proceeds from how the body is used in combination. If we can relieve this interference, the voice functions well. The manner in which we live and the way we use the voice in daily life is basic training. Using the voice well implies a voice without lesions i.e., to use it energetically and to the maximum over several hours a day but to have it free and flexible at the end of the day as at the start. This enables the transmission of all the important nuances that a job requires. Because it is an instrument of expression and communication that is completely flexible, it needs to remain absolutely under the control of each individual.