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'Barriers to Effective Doctor-Patient Communication in Oncology' (The Oncology Department of the University Hospital Centre (CHU) Hassan II as A Case Study

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Abstract **Review Article**

The study aimed at identifying the communication barriers encountered during outpatient oncology consultations, at the level of the oncology department of the Hospital University Center (CHU) Hassan II of Fez, Morocco. This study adopted 'audio-recording' as a data gathering technique, of course after the permission of the direction of the hospital, as well as the written consent signed by the patients; the recordings playlist was about 24 hour long, which allowed highlighting different obstacles in the doctor-patient communication.

Keywords: communication; doctor; health; literacy; oncology; patient.

INTRODUCTION

In healthcare, an effective doctor-patient communication can regulate patients' emotions, facilitate comprehension of medical jargon, allow better identification of patients' needs and perceptions, and can also satisfy the patients in terms of care (Ha and Longnecker, 2010). In additions, Oncology is a very special medical setting, since the patients are the ones needing psychological support the most, and this is what Adler and Page (2008) pointed out in their work; these patients are fighting a serious disease that is very stereotyped as fatal and incurable, and thus they have communication needs to be met. Several communication barriers were depicted during the study, and they will be summarized below.

I- PATIENT-RELATED BARRIERS

1- Cancer Literacy

One of the patients' main concerns during consultations was about the side effects of the cancer treatment they were undergoing, for instance:

a. *''I have period disorder…"*
b. *"Please doctor, do not prescribe any oral medication for me, I have had enough and my stomach hurts a lot";*
c. *"I feel some tingling in my arm after chemo sessions".*
d. *" … it looks like the chemo sessions I have been taken were useless"*
e. *"I cannot wait to begin chemo"*

Among many, the examples above were stated by some cancer patients attending follow-up consultations, showing that some patients were really concerned about minor side effects of the treatment (c), or who were not satisfied with the outcomes, since their health status did not improve as they had expected (d), or even the patients who think that it is easy to start chemotherapy as soon as possible to cure cancer (e).

In fact, cancer literacy is mandatory when to come to cancer care, and the more of it the patients have, the better the outcome will be and the sooner their health status would improve; indeed, patients with basic knowledge about cancer can: help their oncologists in decision-making, abide by the medical recommendations, and ask their doctors some specific questions about specific concerns, which makes consultations effective, less time-consuming, and patient- centred.

2- Health Literacy

a. *"Are you prescribing me Vitamins? In food or what"*

b. *"I came to show you the tests' results; he could not come because he is very tired, he has diarrhea and he feels something like fever or pain in his abdomen … I do not really know"*(said the patient's wife who attended the consultation by herself)

In fact, health literacy refers to the skills that control people's ability to use health information to maintain a healthy lifestyle *(Health Promotion Glossary, 1998),* and the lines above demonstrate that health literacy indeed plays an important role in the effectiveness of the oncologist-patient communication, since a patient did never hear about vitamins (as medication), and the other one was completely ill (due to an advanced cancer), so his wife came to describe the health status for the doctor to seek medical advice, and unfortunately in this specific case, the oncologist could not judge the patients' status to prescribe the necessary medication, so the wife was asked to bring the patient himself.

3- Socio-Economic Barriers

Illiteracy and poverty were the two main themes of this section ; some old patients could not even tell their exact age, or the name of the medication they have been taking, others' main concern – during the consultations - was the financial inability to keep up with the treatment protocol routine (some expensive blood tests or medication), and this made communication harder and sometimes ineffective, which required extra time and effort to transmit the necessary information to the patients ; for instance, some of the patients' replies/questions were :

- *"I do not know, I take 3 pills a day", "I take some red pills" or "those pills that cost…"* (As a response to: *what is the name of medication?*);
- *"A long time ago …"* (as a response to: *when did you do the CT scan?)*
- *"I cannot afford those"* (as a response to: *"Sir, you need to do these tests for our next consultation").*

4- Linguistic Barriers

Being the core of verbal communication, language can make or break the communication process, and in the recorded consultations, a lot of linguistic barriers were highlighted during the representation of illness, as the following examples show:

a. *"Sometimes …but I feel good, and I vomit also…"* (As a response to: *"Do you vomit?"*)
b. *"Sometimes, when I lean, I feel something in my chest… I do not know".*
c. Silence (some patients remaining silent and not answering the doctor's question)

As shown above, (a.) and (b.) demonstrate the uncertainty of the patients, providing unclear statements that would not contribute effectively during the medical interview; when it comes to (c.), this is a common problem with some patients, who could not answer or comment on the oncologist's statements, so all they could do was 'remaining silent', and this poor feedback is a major communication breakdown, since the doctor would never guess what is behind that silence: was it an affirmation of the statement? or a false reception/understanding of the question/comment? Or the inability to formulate clear and meaningful answers by the patient? All these make this particular type of feedback very tricky and might lead to serious communication gaps.

5- Patients' Status

a. *"If I were fine, you would not have found me here …"* (as a response to: *How do you feel today? Fine?"*)
b. *"I need a prescription to do an MRI, because I am afraid the disease spreads to other parts of my body"*
c. *"I feel no improvement; my* (bad) *status remains the same …"* (responding to: *How do you feel madam?*)

From the three examples, it is obvious that the patients have a not-so-well psychological status, and their poor satisfaction with care is really obvious through their statements; in addition, the physical status did also influence the doctor-patient communication in the recorded consultations, since some patients could not even talk because of their very bad health status, and others could not hear the doctor's questions because they had hearing issues. Therefore, the physical and psychological statuses of patients both influence tremendously the communication process, something that should be considered by healthcare professionals. Also, it is very important for physicians to show empathy while communicating with patients, since it improves the patients' satisfaction and compliance with care, and creates a good atmosphere with the care providers (Sung Soo *et al.,* 2004).

II- DOCTOR-RELATED BARRIERS

1- Choice of Expressions

a. *"What is the problem?"*
b. *"You/we need to do…"*

Concerning a. (What it the problem?) it is an expression and usually used to initiate the conversation at first. In fact, it is a very common question (used by doctors in general), and despite the literal meaning of the word 'problem', this question generally means: What is the motive of the consultation? Do you have any abnormal symptoms? Do you need to know about something related to your disease? Although this expression became familiar and understood – as it is intended by doctors - by most patients, it might still be misinterpreted by others due to the term 'problem'.

When it comes to b., the expression is used to express the immediacy to do some tests on which the medical staff would get based to decide about the cancer management: when to start? What treatment to change/maintain? etc., and this kind of expression is used in almost every follow-up consultation. However, sometimes the same expression might resuscitate fear or doubt for a patient (or companion), because the urgent need to do some testing might be caused by an alarming health situation, which is not always the case, since a lot of tests are part of the follow-up routine that almost every cancer patient goes through, no matter how the health status is.

2- Lack of Specificity

a. *"Take whatever you want with moderation"*
b. *"Did she get that 'plastic thing' to put on the teeth?"*

In (a), the statement was given to a cancer patient as an explanation of the diet to be followed, which lacks details about the quantities of the different ingredients meals are made of. Also in (b), 'the plastic thing' was used to refer to the dental prosthesis that patients put on their teeth for protection while getting radiation therapy on head/neck. Generally, the expression often makes sense within a specific context; still, someone who is not very familiar with the radiation treatment encounter might not get the point.

3- Silence

A part from being a poor feedback (as seen earlier), we would like to deal with it as a 'gap' in the middle of the conversations between patients and their doctors. In the tape-recorded consultations, moments of silence were sometimes detected, varying between 2 and 10 minutes, and this was either when the oncologist was reading the medical files, or when typing the updates of the medical record on the computer (especially for newly diagnosed patients).

4- Code-Switching

According to Wood (2018), code-switching is a natural linguistic phenomenon in social science literature; however, it is not common in medical encounters despite its implications for healthcare professionals to create a good physician-patient relationship. In this sense, the use of French medical terms within Arabic sentences, while talking to illiterate patients, is far from being intentional; the basic seven-year training of doctors is mainly in French, as well as residency program, and almost all the conferences or publications are often in French, therefore it is the language usually used in the work place, so from time to another, healthcare professional might spell French terms within Arabic sentences even while talking to illiterate patients.

CONCLUSION

The study attempted to shed light on the different communication barriers encountered during different oncology follow-up consultations, and it highlighted several communication gaps, to be addressed and taken into consideration by patients, doctors, and healthcare professionals in general.

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