Communication with elderly cancer patients & their caregivers

L. Repetto
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The illness trajectory of elderly cancer patients across cultures: SIOG position paper

A. Surbone, M. Kagawa-Singer, C. Terret & L. Baider
On behalf of the SIOG TF on Cultural Competence in the Elderly
Ann. Oncol., 2007

• To create awareness of the influence of culture in geriatric oncology.
• Negotiating cross-cultural issues in geriatric oncology helps managing possible conflicts between patients, families and physicians over differing health care values, beliefs, or practices.

Cultural Competence in Elderly Cancer Patients

• Senior adults are less involved in society
  • Retirement
  • Illnesses
  • Death of relatives and friends
  • Loss of nuclear family
  • Reduced financial resources
• They may wish to rely on family and to delegate to family members
  major medical decision.


How involved elderly patients want to be in making treatment decisions?

Results: Decision control

AIOM recommendations for proper information of cancer patients and their families

• Fundamental Right of the patients and their families
• Adapted to individual patient's requirement
• Be part of a routine clinical daily practice
• Health professionals need specific training to communicate cancer diagnosis and prognosis.
Results

33.8% of patients received only partial (21.9%) or no (11.9%) information in agreement with both practice and literature (Nevors 1994; Buchman 1996).

in contrast with theoretical evidence which reassures from the risks of cancer disclosure and recommends full information.

Clinical Communication in Geriatric Oncology: GIOGer Study

Who “better supports” the patient?

598 patients*

- My Family (is the best support): 88.2%.
- Health professionals: 11.7%.

* 75.9% informed patients
- 17.2% partially informed patients
- 6.9% not informed patients.
Clinical Communication in Geriatric Oncology: GIOGer Study

WHO “better supports” the patient?

598 patients

45.5% want informal caregiver be present during medical consultation

...facing cancer experience

Background

Among the principal assignments of the caregiver there is the share of the medical consultation and medical decision making.

Despite recommendations and progress in the clinical information, the request from the family member to not provide (full) information to the oncologic patient is very common.

Patients/Methods

- 622 elderly cancer pts were enrolled in the GIOGer Communication Study
- Family caregivers of 136 partially Informed (PI) and 74 not-Informed (NI) elderly cancer patients were interviewed.
- PI patients received only approximate information, aimed at reassurance.
- NI patients had no access to information.
- Family caregiver was identified by the patient as the primary source of emotional and social support.

Patients: Results

- Pts Median age 73.6 yrs (interquartile range 69.6-77.4)
- 119 (56.7%) males
- 144 (68.6%) had <5 years of education
- 87 (31.9%) ECOG PS 0
- 182 (86.7%) presented advanced disease.

Care Givers: Results

- 64.9% (n=126) of caregivers were children
- 18% (n=35) were spouse or partners
- 12.3% (n=24) were other relatives (nephew, daughter-in-law, brother or sister)
- Only 1 caregiver was a health professional (0.5%).
Results

- Pts living with their spouse are better informed than pts living with their children.
- The decision to not inform arises into the family (77% of PI, 86% of NI).

Results

- Caregivers are afraid of increased risk of anxiety and depression in their relatives (55.7%).
- Interviewed caregivers are not aware that adequate information provides a better opportunity for the patient to share anxieties.

Psychological consequences of cancer in elderly patients and their family

- Aim:
  - To develop and validate the "Multidimensional Caregivers Assessment"

- Advantages:
  - To predict the risk of mood disorders in the caregiver
  - To reduce the "emotional contagion" caregiver–patient
  - To define supportive needs of and interventions for the caregiver
  - To define training programs for physicians
  - To reduce costs for "extra" hospitalization

Clinical Communication in Geriatric Oncology

Conclusions

- We need to better address clinical communication and understanding of patients' beliefs
- We need formal education of health professionals on the issues of cancer diagnosis and prognosis disclosure
- Also family members and informal caregivers need special education and support along this process.
Cancer is a family's disease

THANKS