

## 2nd Annual Prostate Cancer Forum An Educational Initiative

### **Patient Doctor Communications: The Trust Equation Building Effective Disease Management Dialogues**

**Mr. Virgil Simons**

#### **I. Pathways to Cancer**

In terms of awareness, do we know enough about prostate cancer and its treatment? Do we have the ability to obtain the information and the care we need? Is the environment that we live in carcinogenic? Is the lifestyle we lead producing cancer? Is our culture such that it doesn't promote men talking about their weaknesses and their illnesses? Are genetics a factor? As you start factoring these things in with the clinical pathology of the disease itself, you come up with all of the combinations that have to be factored in by a patient trying to make a decision and a doctor trying to communicate the most appropriate decision for that patient to them.

#### **II. What are the odds...**

The odds of a man dying from prostate cancer are one in thirty-six, but the odds of a man getting prostate cancer are one in six. That is a very high-risk profile, and men need to address how they are going to deal with it from a preventive standpoint and in terms of the ability to manage the progression of the disease.

#### **III. Defining Barriers to Men's Participation in Healthcare**

When you look at the barriers to men participating in healthcare, there are clinical barriers and attitudinal barriers. These are very real in terms of culture and lifestyle, and we have to be aware of them as healthcare professionals as we start to talk to people and try to get them to buy in to what we want them to do. It is about changing hearts and minds to ultimately change the system.

#### **IV. Communicating the Problem**

To the patient, he has cancer. To the doctor, he has a T2c tumor, which represents about 38% of the tumor volume, and that's based upon 30% of the cores taken. The patient and the doctor are talking different languages, and in talking to the patient part of the issue is understanding that what is said must encompass what the patient's fears are and what the expected outcomes are. There is a risk of advanced stage first diagnosis, and you have to talk about the bad things that could happen. If you don't

deal with the bad things that could happen, there will be bad things that do happen. There is a need for actionable patient information that helps them understand the problem.

## **V. Why is all this needed?**

Healthcare providers are under time constraints in terms of trying to do many things. They have to be able to talk not only about the PSA but also about high cholesterol, potential diabetes, cardiovascular risk, and all of the other things that impact total quality of. There has to be a way to make the patient their own advocate so they can engage in the appropriate dialog with doctors to be able to achieve the desired endpoint.

## **VI. Conclusion**

We have to create change and empower each other as we go forward.

**Robert Chapman, MD-CEO, Josephine Ford Cancer Center**

### **I. Introduction**

Communication is all about information sharing, and when we are talking about cancer, the stakes couldn't be higher. In the inner city of Detroit, 82% of our residents are African Americans. Not only do African Americans have a higher incidence of prostate cancer, but also African Americans with prostate cancer in the Detroit metropolitan area have a worse outcome once they are diagnosed than African Americans elsewhere. When they are diagnosed, they are more than twice as likely to have widely advanced disease than non-African Americans. Something is not happening correctly for all of that to be true.

### **II. Trust**

There won't be communication if there isn't trust. If there is only a monologue, there is probably not good communication. When patients and healthcare providers are able to engage in a meaningful dialogue, you are able to ascertain how well what you are trying to say is really registering. All of this is critical in terms of getting the kinds of outcomes we want to achieve.

### **III. Racial Attitudes**

Racial attitudes affect the health of any ethnic group in both direct and indirect ways. For instance, in many neighborhoods of racial minorities, they do not even have access to healthy foods. In terms of indirect affects, if there are examples early on in one's life of racial bias, it may affect attitudes and how we relate for the rest of our lives. Most interactions are discordant in that most Black patients don't end up seeing a Black physician, and the same is true for most ethnic minorities. It is more difficult to generate positive feelings in this setting, and it may be more difficult to genuinely engage the patient in the decision-making process.

Attitudes are feelings and thoughts about another person that are activated by the other person's race, but they begin with how we feel or think about our own race or ethnicity. Feelings can be expressed

both explicitly and implicitly. The explicit expression is easy to recognize and is in some ways a more honest interaction. The implicit is usually unconscious by both sides and becomes a tricky thing to deal with though critically important, and the greater the implicit bias the less warm the interaction is likely to be. In addition, the greater the bias the more the talking is likely to be one way. If there is high implicit and explicit bias, there will be minimal impact on how the patient perceives the physician. If there is high explicit and low implicit bias, there is even less impact. Interestingly, if there is low explicit but high implicit bias, it has a tremendously negative impact on the patient/physician interaction. That is the most powerful interaction of all. The most positive communication is that with low implicit/low explicit bias.

We communicate in subtle but powerful ways that we are not aware of. We identify that communication visually, and we can determine dynamics that are going on in that communication that the individuals involved may be totally unaware of but may be critical for decisions that are made, acceptance of those decisions and outcomes. All of these things impact the satisfaction with the communication, and the more patients trust their physicians, the more they tend to talk to them. More importantly the less patients trust their physician, the less they tend to adhere to recommendations four months later.

#### **IV. Grant**

We have obtained a grant from the National Institute to directly study this problem, and we will be video recording interviews between physicians and patients during the visit when they are making the decision for treatment for their cancer, primarily chemotherapy treatment. We will be looking at the outcomes of the decisions that are being made, and we will be subjecting the interactions to careful analysis resulting in a tremendous teaching tool for physicians. It will give us a unique opportunity to look at how we can better communicate with and work with our patients.

#### **V. Questions**

##### **Participant**

Is any research being done regarding the use of alternative medicine in prostate cancer?

##### **Dr. Elisabeth Heath**

Funding agencies don't have as much buy-in as we would like in terms of alternative medicine. In prostate cancer, most men are very happy to enroll in clinical studies looking at alternative medicine, but it is very hard to prove that these therapies are effective. If you do the studies to prove that they help, you will get buy-in in the scientific communities. Otherwise, from a funding agency perspective, it is hard to get it to take hold.

##### **Participant**

When you speak about the high incident rate for African American males, how the patients are treated result in patients not coming back, and that could contribute to the higher incident rate.

**Dr. Robert Chapman**

Since the incidence is higher in African Americans, they should be monitored more closely. If they were, you might actually see them being diagnosed at an earlier stage, but we are seeing the opposite.

**Dr. Carol Christner**

There are still folks out there that don't think healthcare disparity is a problem. Add the problems with communication, and the problem snowballs.