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Diagnosis and Treatment of Patients with early and advanced Breast Cancer

Health literacy and communication




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Health literacy

- **Version 2020:**
Rhiem / Schmidt



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Health literacy Definition

e.g.*

“Health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.”

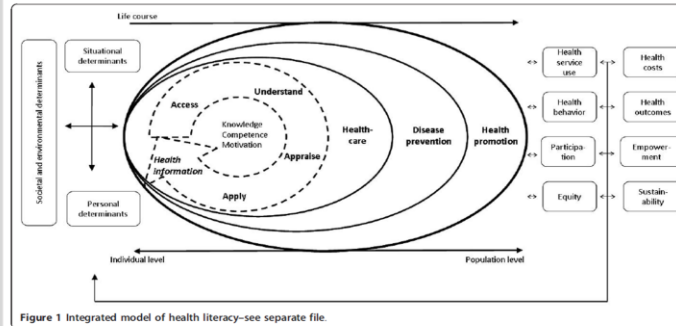
Sørensen et al., (2012)

* further definition, e.g.: The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives used this working definition of health literacy for 2030: “Health literacy occurs when a society provides accurate health information and services that people can easily find, understand, and use to inform their decisions and actions.”

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Health literacy model

(according to Sørensen)



Competencies

Access: seek, find, obtain health information.


Understand: Understanding the health information received

Appraise: Interpret, select, assess, review health information

Apply: Use health information to make decisions that support and improve health

Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, Brand H. Health literacy and public health: A systematic review and integration of definitions and models. BMC Public Health. 2012, 12:80

Sørensen K, Van den Broucke S, Fullam J, et al.: Health literacy and public health: A systematic review and integration of definitions and models. BMC Public Health. 2012, 12:80



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Health literacy

- The more developed health literacy is, the better a person can **inform** himself or herself about health (e.g. prevention, therapy) in everyday life, **form** an **opinion** and **make self-determined decisions** that maintain or improve the quality of life and health throughout the course of life.
- However, the extent of health literacy of a person depends not only on his or her individual prerequisites and acquired competencies, but especially on the **professional quality, appropriateness, comprehensibility, form of communication and availability of the information provided.**

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Health literacy

User participation


Reasons cited for overuse, underuse and misuse in the health care system include the weak position of patients (SVR 2001).

In the context of health literacy, the individual is

- more **actor and co-designer** and less passive carrier of risk factors
- **autonomous actor** who takes **responsibility** and an **active role** in medical decision-making processes
- the person who extracts the **individually relevant meaning** from professionally offered information and **behaves in accordance with individual ideas about** certain health situations

SVR - Council of Experts for the Assessment of Developments in the Health Care System

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Health literacy

Communication

Doctor-patient communication is a central means of acquiring health competence. It is the basis for successful oncological treatment and support. Core elements are, for example:

- **Non-directive communication** - i.e. those seeking advice have the right to choose their own goals in life, even if they contradict generally accepted, even evidence-based, recommendations after well-founded consideration.
- **Comprehensible communication** - i.e. geared to the level of knowledge, reception habits, competence requirements and preferences of the different patients.

Goal: Enabling a "**self-responsible**" decision based on sufficient health literacy.

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Health literacy

Basic principles of communication

- **Communicate information truthfully and empathetically**
- **actively listening and expressing empathy**
- **Find out if and how the patient wants to be informed about his/her situation**
- **use understandable language avoiding or explaining technical terms**
- **Continuously improve understanding through e.g. repetitions, breaks, summary, comprehensible information material**
- **Encourage asking questions and expressing feelings**
- **Identifying individual stresses, problems and needs**
- **Motivating self-determination and personal activities ("empowerment")**
- **Giving hope for healing and relief**
- **Offer further assistance (e.g. psycho-oncology, self-help)**

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Health literacy


evidence-based information

Evidence-based information in health care should be used to answer patients' questions in an understandable way. They are based on the current state of knowledge and are free from influence:

requirement for evidence-based health information:

- The information on services or products may not be used directly or indirectly for marketing purposes.
- The systematic search corresponds to the questions relevant to the target group.
- The selection of evidence suitable for the research question is justified.
- An undistorted presentation of the results relevant to the patients (e.g. mortality, complaints, complications, health-related QoL) is available.
- The presentation of uncertainties is appropriate in terms of content and language.
- The presentation of results is clearly separated from the derivation of recommendations.
- Consideration of current evidence to communicate figures, risk information and probabilities.
- there must be sufficient time for the decision.
- The possibility that the measure may be refused must not be a reason for withholding information.

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Communication

Non-directive and evidence-based doctor-patient communication that is geared to the current needs, values, problems, resources and preferences of patients has beneficial effects.

	Oxford LoE
▪ Patients feel less anxious	2b
▪ Trust in treating oncologists is increased	2b
▪ Treatment satisfaction is increased	2a
▪ Therapy adherence is increased	2a
▪ Decision making is improved	2a
▪ Mental complaints are improved	2a

Littell RD, Kumar A, Einstein MH, et al.: Advanced communication: A critical component of high quality gynecologic cancer care: A Society of Gynecologic Oncology evidence based review and guide. *Gynecol Oncol.* 2019;155(1):161–169.
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Angst, Vertrauen

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Kommunikationsprobleme

Nicolaije KA, Husson O, Ezendam NP, et al. Endometrial cancer survivors are unsatisfied with received information about diagnosis, treatment and follow-up: a study from the population-based PROFILES registry. *Patient Educ Couns.* 2012;88(3):427–435. doi:10.1016/j.pec.2012.05.002



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Communication

Qualified training measures can help to promote communicative skills.

communication training for doctors can e.g.

- Enhance empathy
- Extend and enrich communication skills
- Increase patient satisfaction (information, support, consideration of concerns)

Oxford
LoE GR AGO
2a
2a
2b

Kommunikationsstrategie

Barth J, Lannen P. Efficacy of communication skills training courses in oncology: a systematic review and meta-analysis. *Ann Oncol.* 2011;22(5):1030–1040. doi:10.1093/annonc/mdq441

Patientenzufriedenheit


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Training, coaching, OPL

A. Boissy, A.K. Windover, D. Bokar, M. *et al.* **Communication skills training for physicians improves patient satisfaction**
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shared decision making - participatory decision

The vast majority of patients want to be actively involved in decisions about their care.

	Oxford LoE	GR	AGO
▪ Patients want open discussions about prognosis, treatment options and quality of life	1b	A	
▪ Doctors should motivate patients to ask questions, demand clarification, express emotions, opinions and preferences	3b	C	+

Definition

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Prognosis, treatment, QoL

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Zögern etc.

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Patient decision aids

Patient decision support tools are tools that help people to participate in decision making by making the decision to be made explicit, providing information on options and outcomes, and clarifying personal values. They are intended to complement, not replace, the advice of a doctor.

- Patient Rights Act (2013) stipulates that information must be understandable for patients
- National Cancer Plan (2015) "Roadmap - informed and participatory decision-making by 2020

Decision support

- clarify the decision on
- describe the available options
- help patients to view these from a personal point of view
- should be evidence-based = evidence-based health information (EBGI)
- bring patients: more knowledge about options, more accurate risk perception, more satisfaction and that decisions are more in line with their values

Elwyn G, O'Connor AM, Bennett C, et al.: Assessing the quality of decision support technologies using the International Patient Decision Aid Standards instrument (IPDASi). PLoS ONE 2009; 4: e4705.


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<https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/ziele-des-nationalen-krebsplans.html>

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	(PEF, English Shared decision-making, SDM)	
The use of decision aids (EH)	Oxford	
	LoE	
▪ improves knowledge about treatment options	1a	
▪ reduces the decision conflict	1a	
▪ improves the level of information	1a	
▪ increases the feeling about the clarity of personal values	1a	
▪ encourages a more active role in decision-making	2b	
▪ improves risk perception	2b	
▪ improves the match between the chosen option and the patient's values	3a	

Entscheidungshilfen

Stacey D, Légaré F, Col NF, et al. Decision aids for people facing health treatment or screening decisions. *Cochrane Database Syst Rev.* 2014;(1):CD001431. Published 2014 Jan 28. doi:10.1002/14651858.CD001431.pub4