

# Diagnosis and Treatment of Patients with early and advanced Breast Cancer



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Guidelines Breast  
Version 2021.1E

## Health literacy and communication

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# Health literacy

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- **First Version 2020:**  
**Rhiem / Schmidt**
  
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# Health literacy Definition

**“Health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information**

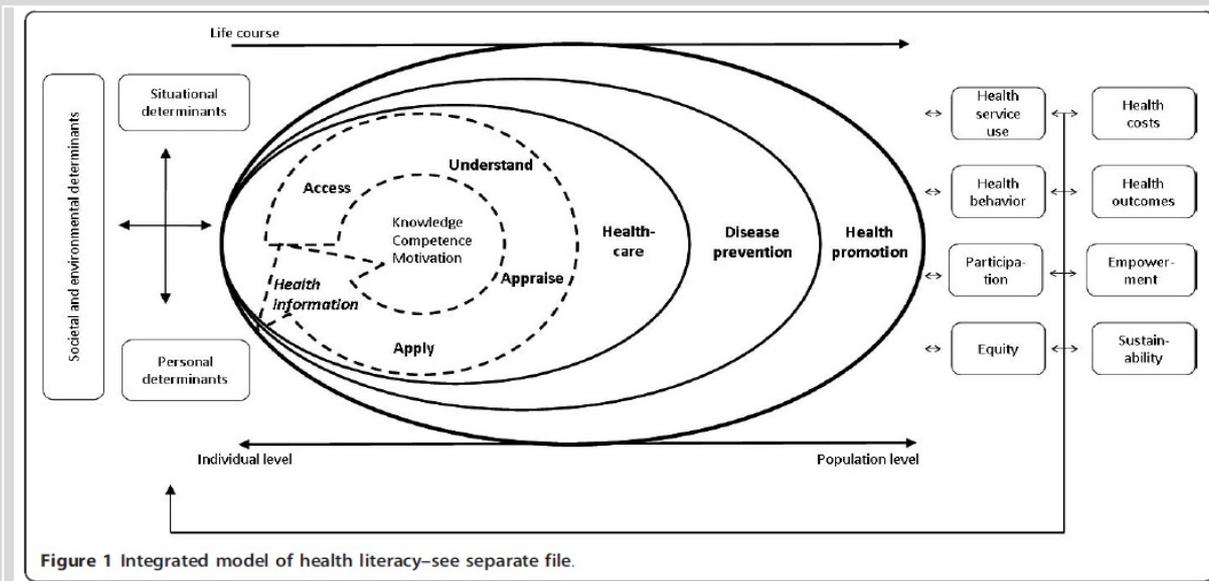
**in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.”**

*Sørensen et al., (2012)*

# Health literacy model (according to Sørensen)

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## 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



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- 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 self-determined 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 patient is

- More autonomous **actor and co-designer**
- The one who takes **responsibility** and an **active role** in medical decisions
- the person who extracts the **individually relevant meaning** from professionally offered information and **behaves in accordance with individual ideas about** certain health situations

# Health literacy

## Communication

### Oxford

Aim of a physician-patient communication: enable a self-determined decision based on sufficient health competence

LoE	AGO
3a	+

**Doctor-patient communication is key for 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.



# Health literacy

## Basic principles of communication

- **Communicate information truthfully and empathetically**
- **Impart medical evidence-based knowledge**
- **Critical debate of pseudo-scientific recommendations**
- **Active listening**
- **Showing empathy**
- **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)**



# 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 as a discrimination against pseudo-scientific recommendations:**

- 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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# Health literacy

## Communication

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

### Oxford

#### LoE

- Reduction of fear 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



# Health literacy

## Communication

Oxford

LoE

AGO

+

**Qualified training measures can help to promote communicative skills.**

**communication training for doctors can e.g.**

- **Enhance empathy** **2a**
- **Extend and enrich communication skills** **2a**
- **Increase patient satisfaction (information, support, consideration of concerns)** **2b**
- **Improve transmission of information** **2b**

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# Health literacy

shared decision making - participatory decision

## Oxford

LoE	GR	AGO
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<b>1b</b>	<b>A</b>	
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- **Patients want to be integrated actively into decision making and open discussions about prognosis, treatment options, and quality of life**
- **Doctors should motivate patients to ask questions, demand clarification, express emotions, opinions, and preferences**

<b>3b</b>	<b>C</b>	<b>+</b>
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# Health competence

## Decision support for patients

Oxford

LoE

AGO

+

### The use of decision support in the physician-patient communication

- |   |    |
|---|----|
| ▪ 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 |