

Doctors should discuss financial concerns of cancer patients, study finds

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(Medical Xpress)—Most cancer patients would like to talk about the cost of their care with their doctors, but often don't because they fear the discussion could compromise the quality of their treatment, researchers at Duke Cancer Institute report.

Yet many patients who do broach the subject of finances believe it helps decrease costs.

Those findings, from a survey of 300 insured patients treated at Duke and affiliated clinics in rural North Carolina, suggest that doctors can play a role in easing financial worries just by taking the problem into account.

"We wanted to know whether patients wanted costs to impact their treatment decision," said Yousuf Zafar, M.D., MHS, assistant professor at Duke and lead author of the study slated for presentation June 3 at the 2013 Annual Meeting of the <u>American Society of Clinical Oncology</u> in Chicago (ASCO Abstract #6506). "We know many patients are burdened by out-of-pocket costs, but we know little about how those costs impact decision making."

Zafar said 57 percent of the participants in the Duke survey said they wanted to talk about treatment costs with their doctors, but only 19 percent actually had that conversation.

Of patients with the highest degree of <u>financial distress</u> – determined by



a gauge commonly used in the <u>financial planning</u> field – 61 percent said they wanted to discuss treatment costs with their doctors, but only 25 percent had done so.

"There's a real disconnect," Zafar said. "Even people with the highest needs aren't bringing up costs as part of the decision-making process."

Why? Some responded that they were embarrassed; others didn't think it was something the doctor could help with or should worry about.

But many – 28 percent - said they wanted the best possible care regardless of cost. Zafar said other studies have shown that patient's fear receiving less-optimal treatments if they raise concerns about costs.

"We found that when patients did talk about costs with their doctors, many felt they gained something from the discussion – that their expenses were reduced," Zafar said. "This suggests that the perceived barriers to the cost conversation aren't real, and we need to do more to foster a dialogue around these issues."

Zafar said doctors should have tools to identify the patients who need help, so they can direct patients to the appropriate resources.

"Patients rely on oncologists to help with <u>treatment decision</u> making. A core tenet of shared decision-making is considering patients' values and preferences," Zafar said. "Without considering costs to the patient as part of the treatment process, we have to ask: are we really taking all patient preferences into account?

"With today's evolving health insurance landscape, cancer treatmentrelated costs to patients are more important than ever," Zafar said. "These data are particularly interesting, and liberating, as they indicate a two-way interest in cost discussions. As providers, our team is convinced



that cost discussions with our patients is important, and knowing that patients want to have these discussions should give us confidence in making this a routine practice."

Provided by Duke University Medical Center

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