

Oncologists are stressed and have difficulty discussing death with patients, study finds

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A group of oncologists have revealed in a new study by Ben-Gurion University of the Negev (BGU) researchers that communicating about death and dying with their patients is one of the most difficult and stressful parts of their work.

In the United States, 577,190 deaths from cancer occurred in 2012, according to the [American Cancer Society](#).

The online paper published ahead of print in the *Journal of Oncology Practice* reported that despite this important element of their work, oncologists receive little training in this area, and many do not communicate well with patients. The research included interviews with [doctors](#) about what they found difficult and what they believed they did well.

"To our knowledge, this is the first qualitative exploration of communication about the end of life from an oncologist's perspective," explains Dr. Leeat Granek, a professor at BGU's Faculty of Health Sciences.

"What makes our study unique is the opportunity to get into the oncologists' heads, to understand what they perceive to be the goals of effective communication about the end of life, as well as what makes it difficult for them to achieve these goals. Through the analysis, it became apparent that there is tension between what are perceived to be good [communication strategies](#) and the significant number of barriers to

implementing them."

The researchers found that the strategies for effective communication about end of life included: being open and honest with patients, and having ongoing early conversations about treatment goals, while balancing hope and reality about end of life. Barriers to implementing these strategies fell broadly into three domains: physician factors, patient factors and institutional factors.

- Physician factors are difficulties with treatment and palliative care; personal discomfort with death and dying; diffusion of responsibility among colleagues; using the "death-defying mode", i.e. not accepting the inevitability of [death](#) and [treatment failure](#); lack of experience; and lack of mentorship.
- Patient factors include patients and/or families being reluctant to talk about end of life; language barriers; and the younger age of patient.
- Institutional factors are stigmas surrounding palliative care; lack of protocol about end-of-life issues; and lack of training for oncologists on how to talk with patients about end-of-life issues.

Dr. Granek concludes that further research and intervention are necessary to aid oncologists in achieving effective communication about end-of-life issues. Dr. Granek and co-researchers interviewed a group of Canadian medical [oncologists](#) from three hospitals in Canada. Funding was provided by the Juravinski Cancer Centre Foundation, Hamilton, Ontario.

Provided by American Associates, Ben-Gurion University of the Negev

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