

Majority of women receive breast cancer diagnosis over the phone

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A new study from the University of Missouri School of Medicine reveals an increasing number of women are learning about their breast cancer diagnosis over the phone. It's a finding that has prompted the MU School

of Medicine to develop new training methods to better prepare future physicians to deliver negative news without being face-to-face with patients.

Researchers surveyed nearly 2,900 [breast cancer patients](#) who were diagnosed between 1967 and 2017. The research revealed prior to 2007, about 25 percent of patients learned of their diagnosis over the telephone. After 2007, that number increased to more than 50 percent. Since 2015, that number has grown to 60 percent.

"When we analyzed the data, I was completely surprised to find such a clear trend," said Jane McElroy, Ph.D., professor of family and community medicine at the MU School of Medicine and lead author of the study. "Historically, physicians have decided to use their best judgment when delivering a diagnosis, whether it's in person or over the phone. Nowadays, some patients clearly want to hear this information over the phone."

Talking with patients in person about a serious illness or disease is considered best practice at hospitals and medical schools across the country, including at MU Health Care. However, McElroy's research has prompted changes to the MU School of Medicine's curriculum for medical students.

"We are now including additional training for first-year medical students to talk about situations and techniques for breaking [bad news](#) over the phone," said Natalie Long, MD, assistant professor of clinical family and community [medicine](#) at the MU School of Medicine. Long was not directly involved with the study but adjusted the curriculum after talking with McElroy about the study findings. "The digital age has changed our perception of how we want to get [news](#). I think younger patients just want to know news faster."

Many of the same principals taught for delivering bad news in person can be applied to phone conversations, according to Long. The key is learning beforehand how the patient wishes to be informed. Best practices include making sure the patient is in a good place to talk, using good listening skills, showing empathy, ensuring the patient has a support system around them and developing a follow-up plan.

"Anytime you break bad news, [patients](#) only hear a fraction of what you tell them," Long said. "So, that's where the follow up is really important."

"This patient-centered approach to notification shows we are leading the next generation of physicians," McElroy said "When we looked at how other hospitals are confronting this dilemma, we realized we're on the forefront of this discussion by training our [medical students](#) before they have to deliver difficult diagnoses as physicians."

In addition to McElroy, the study authors include Christine Proulx, Ph.D., associate professor of human development and family science; Emily Albright, MD, assistant professor of clinical surgical oncology and Jamie Smith, MA, research analyst at the MU School of Medicine. Other authors include LaShaune Johnson, Ph.D., assistant professor in the master of public health program at Creighton University in Omaha, Nebraska; Katie Heiden-Rootes, Ph.D., Saint Louis University; and Maria Brown, Ph.D., assistant research professor at Syracuse University in New York.

The study, "Breaking Bad News of a Breast Cancer Diagnosis over the Telephone: An Emerging Trend," was recently published in *Supportive Care in Cancer*.

More information: "Breaking Bad News of a Breast Cancer Diagnosis over the Telephone: An Emerging Trend," *Supportive Care in Cancer*,

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