Patient-Centered Care - Beyond the Buzzword

Conversation led by Dr Maryam Lustberg with Dr Jyoti Bajpai, Dr Manpreet Kohli, and Trisha Marsolini. March 2022

KEY DISCUSSION POINTS

- Patient-centered care revolves around the principles of personalized care, having an open dialogue, patients advocating for themselves, and shared decision making between the patient and clinician
- Clinicians are there to inform and guide the patient through the treatment and care processes, ensuring that they can make informed decisions both during their cancer treatment and into survivorship
- Holistic care takes into account the multidimensional needs of a patient as a person, balancing clinical practice with respecting their decisions, even if it challenges the clinician's experience

Patient-centered care is a highly used term - particularly within the oncology sector - but what does it actually mean to provide true patient-centered care? Often considered a signifier of excellence and best practice within primary care, how challenging is it to remain true to patient-centric care, as healthcare systems continue to remain under pressure from rising diagnosis numbers, and continued challenges due to the COVID-19 pandemic?

With modern cancer care focusing on treating the person and not just the cancer, and enabling patients to make informed decisions, the question is: how do busy centers evolve this from theory into practice?

'THE BROADER THEME OF PERSONALIZED CARE IS GOING TO BE THE NEXT FRONT – CAN WE HAVE CONSISTENT DELIVERY OF EVIDENCE-BASED CARE? CAN PATIENTS REALLY BE AT THE TABLE WITH US ENGAGING IN THESE DIALOGUES?' – *Dr Maryam Lustberg*

Patient-centered care works on the principle that the patient and the clinician are a team, who will work together for the best possible outcomes within both the patient's treatment plan and their overall wellbeing. However, this can be challenging, as no two patients are the same, and require individualized approaches and the ability to have open dialogue with their clinician at any given time. Cancer care is stepping aware from treating just the disease and acknowledging the importance of the patient's needs as a person - this precision approach is the most effective path to the highest standards of care.

The age of the internet has enabled patients to approach self-advocation with greater ease and more confidence. However, it also exposes them to a vast quantity of information that isn't created equally and can prove overwhelming. When they bring this information into the oncology office, taking the time as a clinician to put fears to rest, dispel misinformation, and to understand the patient's priorities can be challenging, especially when time is such a precious commodity at busy cancer centers. It is now argued that this time, no matter how small, has to be prioritized and offered to the patient. Side effects are often high on the list of patient concerns and when managed appropriately, with additions to treatment such as scalp cooling, can be the difference between a patient accepting or rejecting chemotherapy.

'I ALWAYS TELL MY RESIDENTS THIS MIGHT BE THE HUNDREDTH PATIENT OF THE DAY, AND YOU ARE TIRED AND YOU WANT TO GO HOME, BUT FOR THAT PATIENT IT IS THE FIRST TIME IN THEIR LIFE THAT THEY ARE GETTING THIS KIND OF DIAGNOSIS' – *Dr Jyoti Bajpai*

Acknowledging diversity plays a large role in ensuring nuanced approaches for individual patients – family dynamics, complexity of diagnosis, a patient's ability to process their diagnosis, financial limitations,

WE ALL ARE IN IT FOR THE SAME REASON, WE WANT TO TAKE GOOD CARE OF PATIENTS, WE WANT TO GET THEM THROUGH A REALLY DIFFICULT TIME, WE WANT TO SET THEM UP FOR A SUCCESSFUL FUTURE LIFE AND SURVIVORSHIP AND IT TAKES SO MUCH TIME TO ADDRESS ALL THE DIFFERENT COMPONENTS THAT COME IN TO THAT – *Dr Manpreet Kohli*

education or literacy levels, and cultural or religious beliefs, can all have an impact on the care that a patient will need. This highlights the importance of integrated oncology care teams where there are multiple layers of support, from oncologists to nursing teams, to psychologists and dermatologists - capturing the patient at every point in their treatment journey and supporting their needs.

'ALL OF US HAVE GAPS IN HOW WE DELIVER PATIENT CENTRIC CARE, BUT HAVING IT ON OUR RADAR AND STRIVING TO DO BETTER WITH EACH EXCHANGE, I THINK THAT'S AN IMPORTANT GOAL AND WILL ONLY IMPROVE CARE' – *Dr Maryam Lustberg*

There is no doubt that exercising patient-centered care can have its challenges, particularly when patients go against clinician advice, but at these times keeping the door open and encouraging dialogue is essential for patient trust and the best possible outcomes. The panel at the Summit agreed that sometimes, clinicians need to take a step back and let people make their own decisions. Clinicians know what has worked before and can present the evidence, with advice and the available options, but if a patient goes against this advice, that is their choice. It is important not to allow frustration to take over and become adversaries with the patient, which makes it difficult to remain patient-centric. It is important to leave the door open, acknowledge their choice and allow for follow ups. Considering where the patient is at in their acceptance of both their diagnoses and the point they're on in their treatment pathway is also important – it can be difficult for patients to make good decisions and this is where counseling is essential.

Scan to watch the opening discussion key points

Similarly, it is essential that value judgements, such as hair loss not being a big concern, are not made, as this can alienate a patient. Give and take within tangible constraints create a complex, but worthwhile, path.

As cancer centers get busier with higher rates of diagnosis, extended survivorship, and the resulting growing patient panels, patient-centered care inevitably becomes more challenging. But with a focus on accessible and digestible education, open and honest conversation, and respect between clinician and patient, the highest quality of care is possible.

FURTHER READING

Paterson C, et al. *Identifying the supportive care needs of men and women affected by chemotherapy-induced alopecia? A systematic review.* J Cancer Surviv. 2021 Feb;15(1):14-28.

Lemieux J, et al. *Chemotherapy-induced alopecia and effects on quality of life among women with breast cancer: a literature review.* Psychooncology. 2008 Apr;17(4):317-28.

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