

# Risks and boundaries: the doctor/patient relationship in cancer

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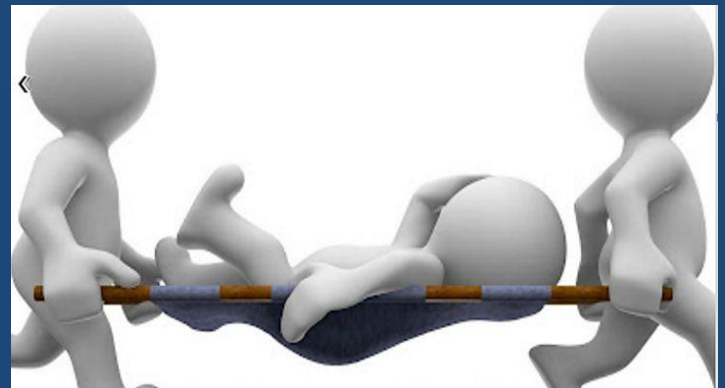


# Disclosures

- I have no disclosures or conflicts of interest associated with this presentation

# Doctors in trouble

- Medicine is a well-respected, well-paid and rewarding job but
  - mental health problems such as depression are common and burnout high
  - suicide at least twice as high as in general population
  - alcoholism high (one study showed death from cirrhotic liver disease higher than in other professional groups)
  - divorce rates high



# Who is at risk ?

- Potentially all of us in caring professions
- Some suggestions more common in early stages of career
- Organisational factors – reward systems, fairness, opportunities to learn, receive feedback, autonomy
- Poor social support and interference with home life
- Those with poor communication and management skills training

# Impact of Burnout

- Impairs quality of patient care
- Increases likelihood of errors, complaints and litigation
- Fuels a lack of harmony and team cohesiveness
- Burnished or burned out ? Good stress/challenges leave you fulfilled with a sense of achievement
- Bad chronic and prolonged stress is physically and mentally debilitating

# Modern day expectations of oncologists

- technically competent
  - scientifically adept and aware
  - active clinical trialists
  - efficient business managers
  - inspiring teachers
  - multi-disciplinary team players
  - good, empathic communicators
- 
- Do oncologists have sufficient training and/or support to fulfil all these roles ?

# Blurring professional boundaries

- Important to develop ability to display empathy and interest in patients; if inappropriate can become confused with personal friendship
- Likely to increase your workload
- Become a shoulder to cry on rather than a professional trying to treat the patient's condition

# Factors to consider

- This is not always a simple area
- Ethical, legal, moral and philosophical perspectives
- Cultural differences
- Personality disposition of both patients and treating physician
- Role expectations

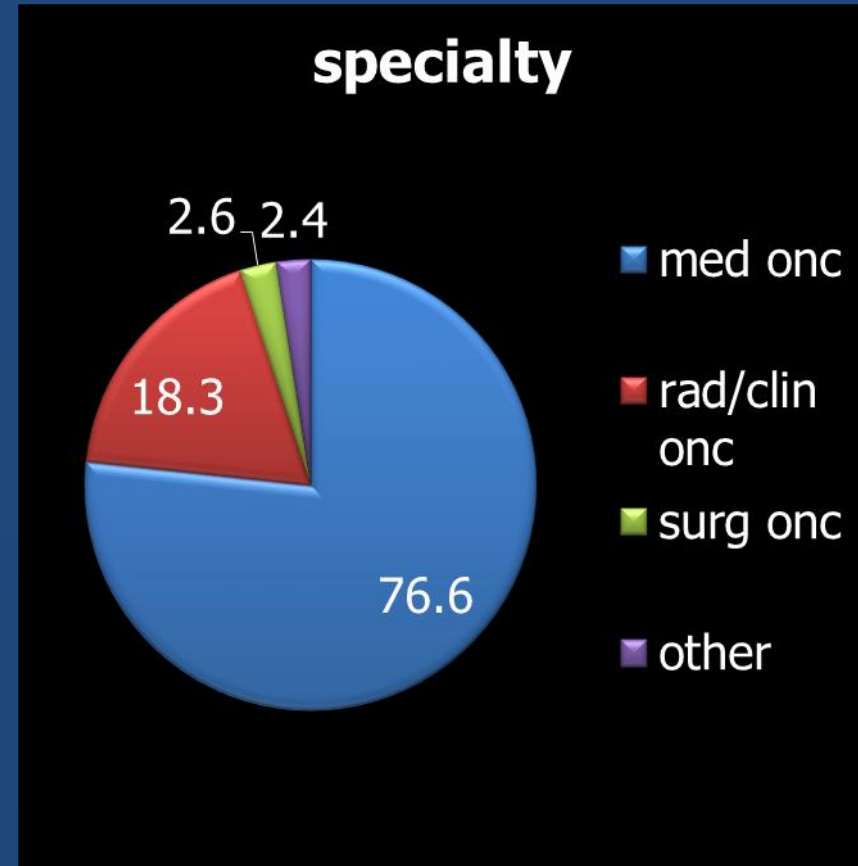


# Young Oncologist's Survey

- Survey sent via email to YOs and link given in ESMO newsletter during August 2014 (anonymous, just basic demographic information)
- 40 statements in 2 sections- 1) general and 2) personal
- Denominator unobtainable but 391 signed into survey
- 373 in 25-45 yr age group;
  - 338 completed general Qs (35 incomplete)
  - 326 completed both general & personal questions (47 incomplete)

# Basic demographics (n=338)

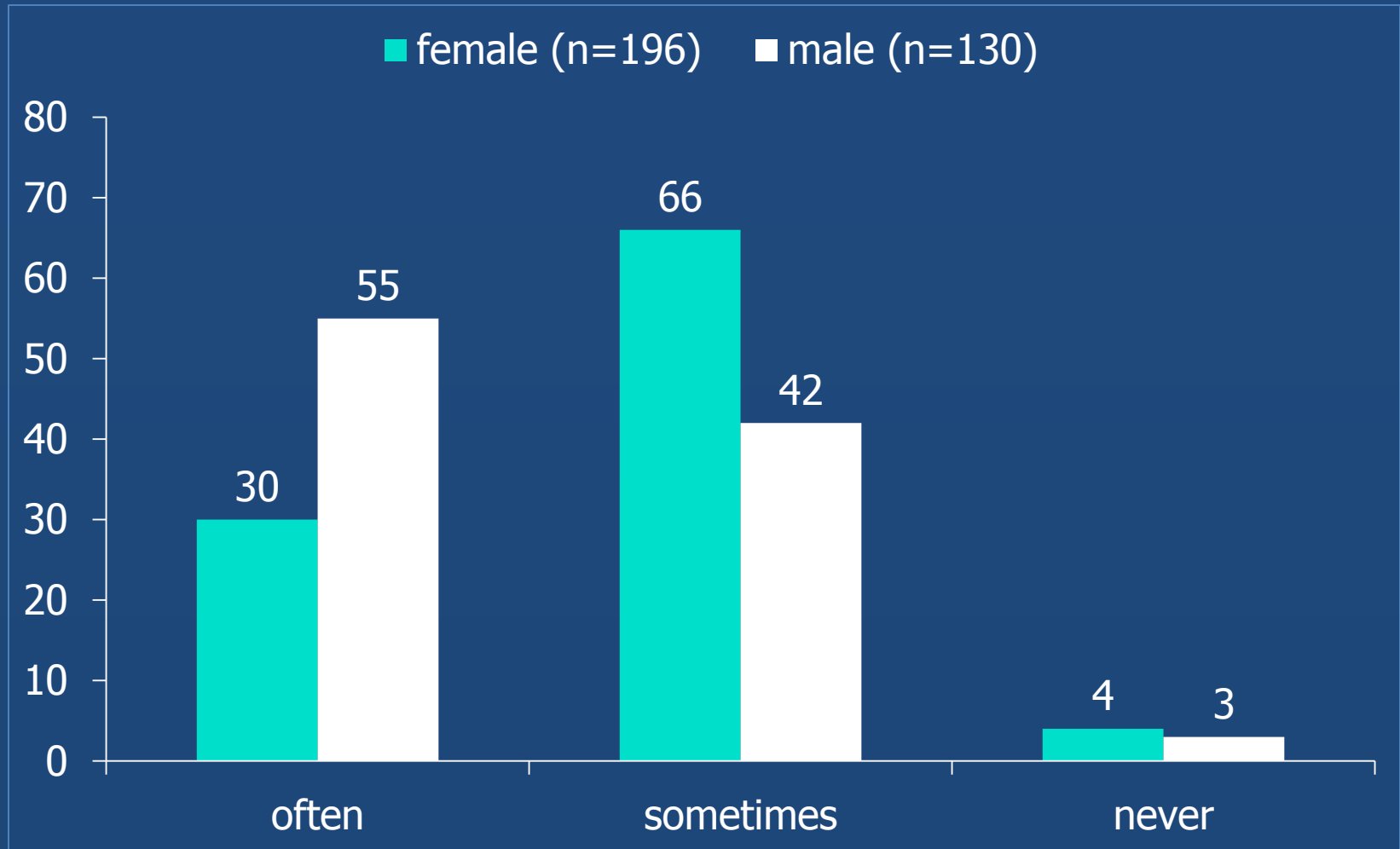
- 56 countries
- 205 (61%) female, 133 (39%) male
- Median age 34 years
- Consultants = 10 (3%)
- SpRs = 192 (57%)
- Research Fellow = 79 (23%)
- Other 57 (17%)
- Majority (60%) university hospital



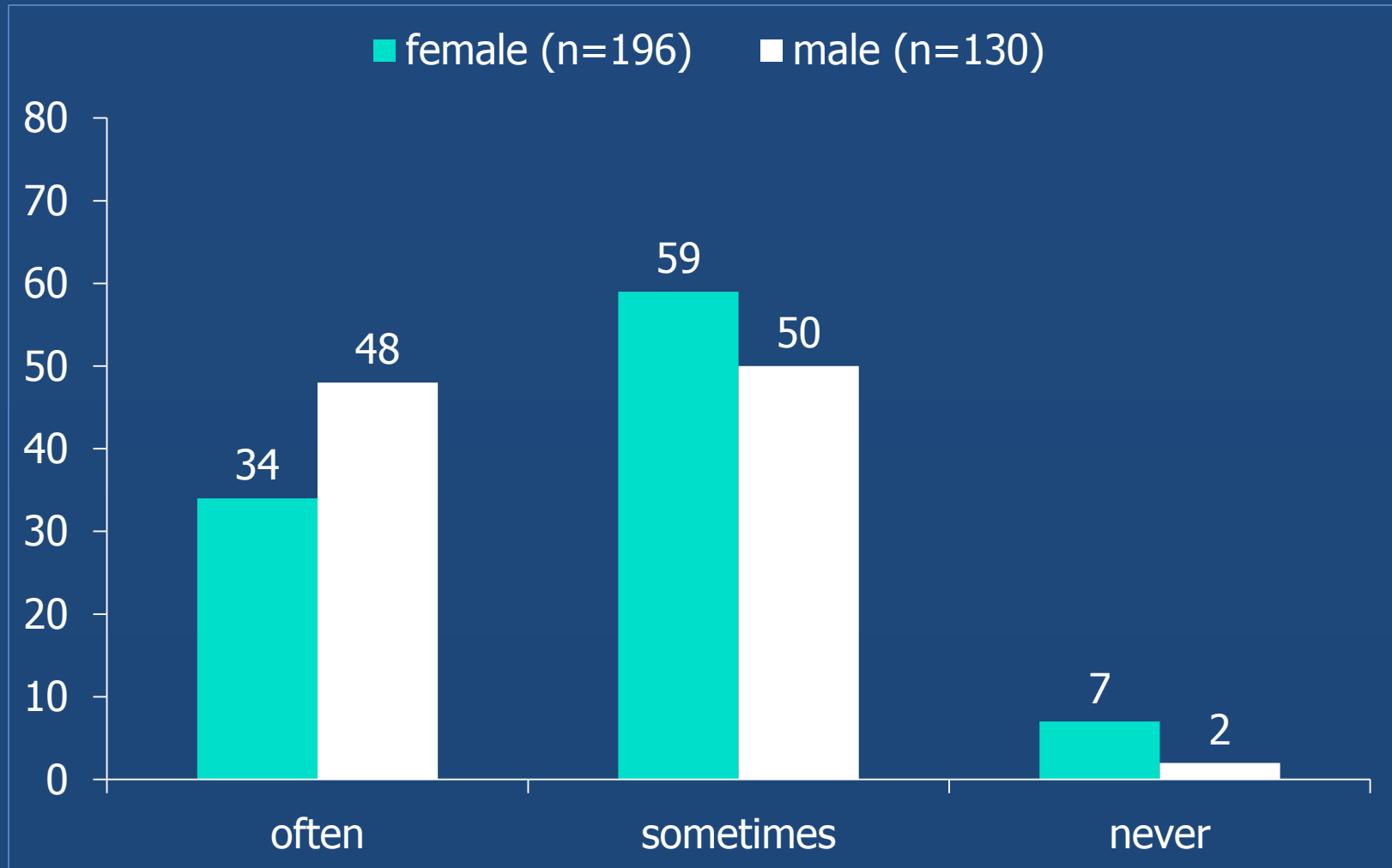
# Displaying empathy

- Empathy and emotion are different
- Empathy requires some understanding of a patient's emotions or state of mind
- Emotions are focussed entirely upon your own feelings
- Consequently it is possible to:-
  - be empathic without showing emotion
  - show emotion but not be empathic

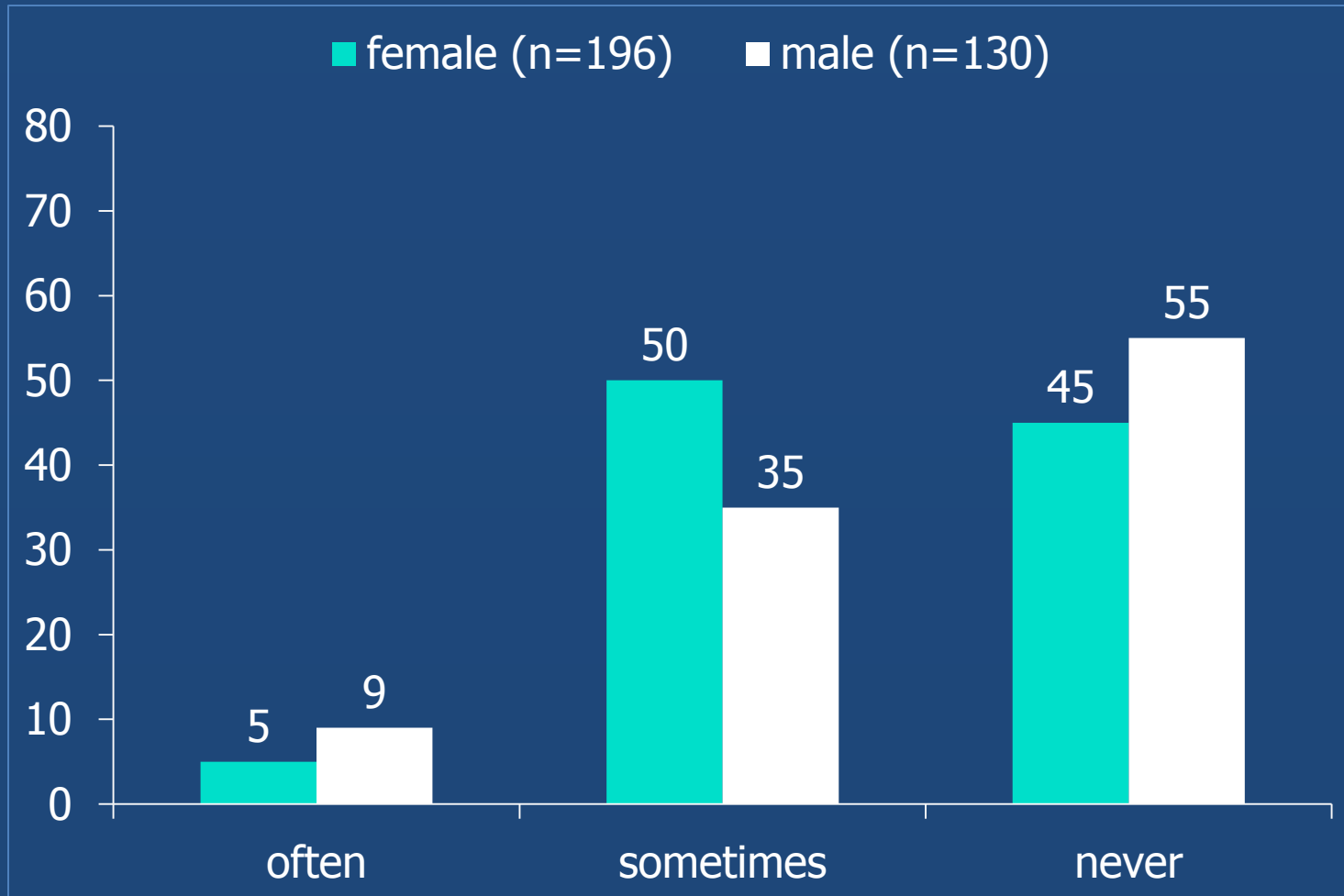
# I remain emotionally detached from patients during consultations



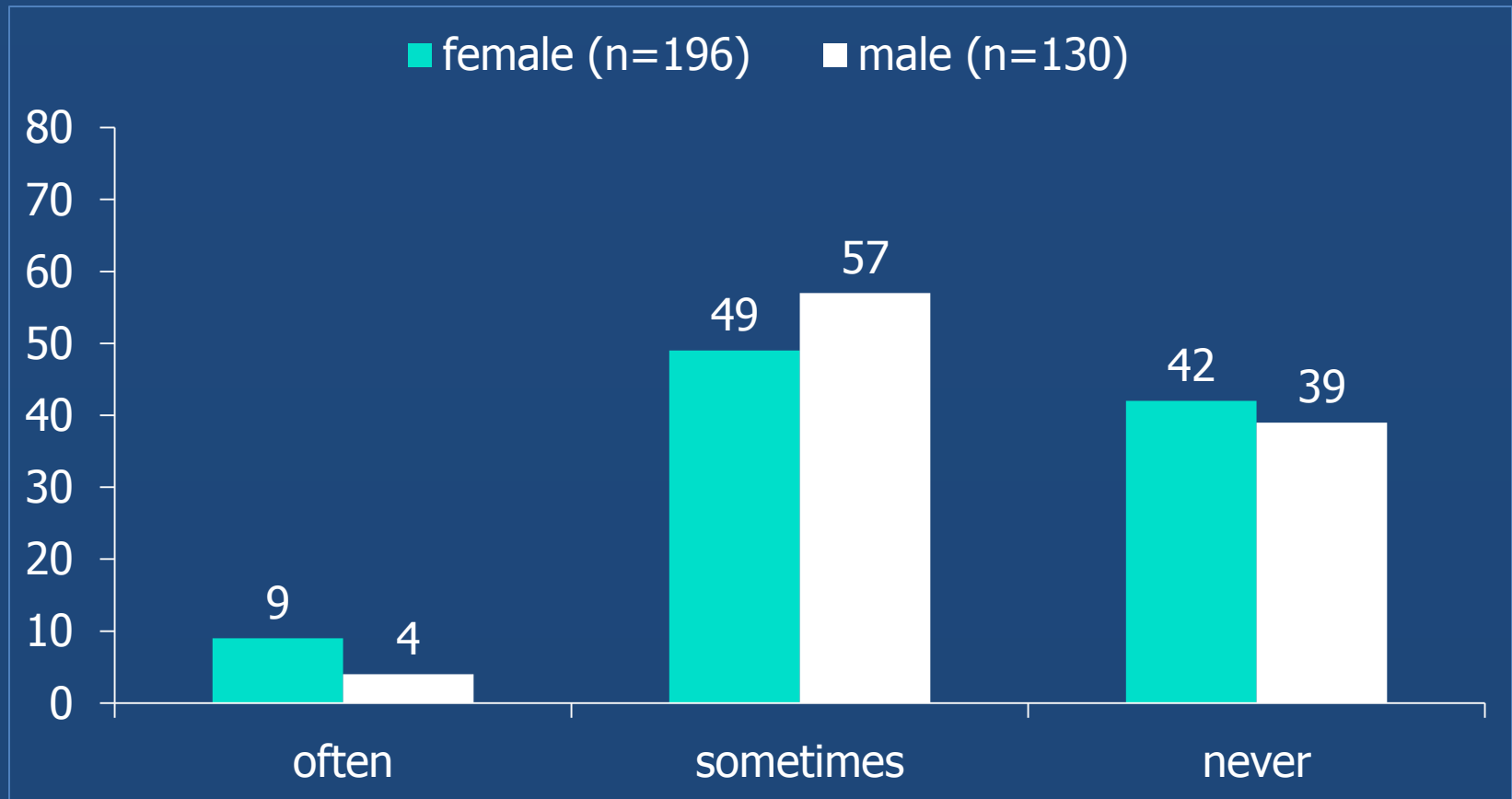
# I try not to show my feelings towards patients



# If I am too empathic I cannot make objective decisions



# It is difficult for me to be truthful about prognosis with patients I like

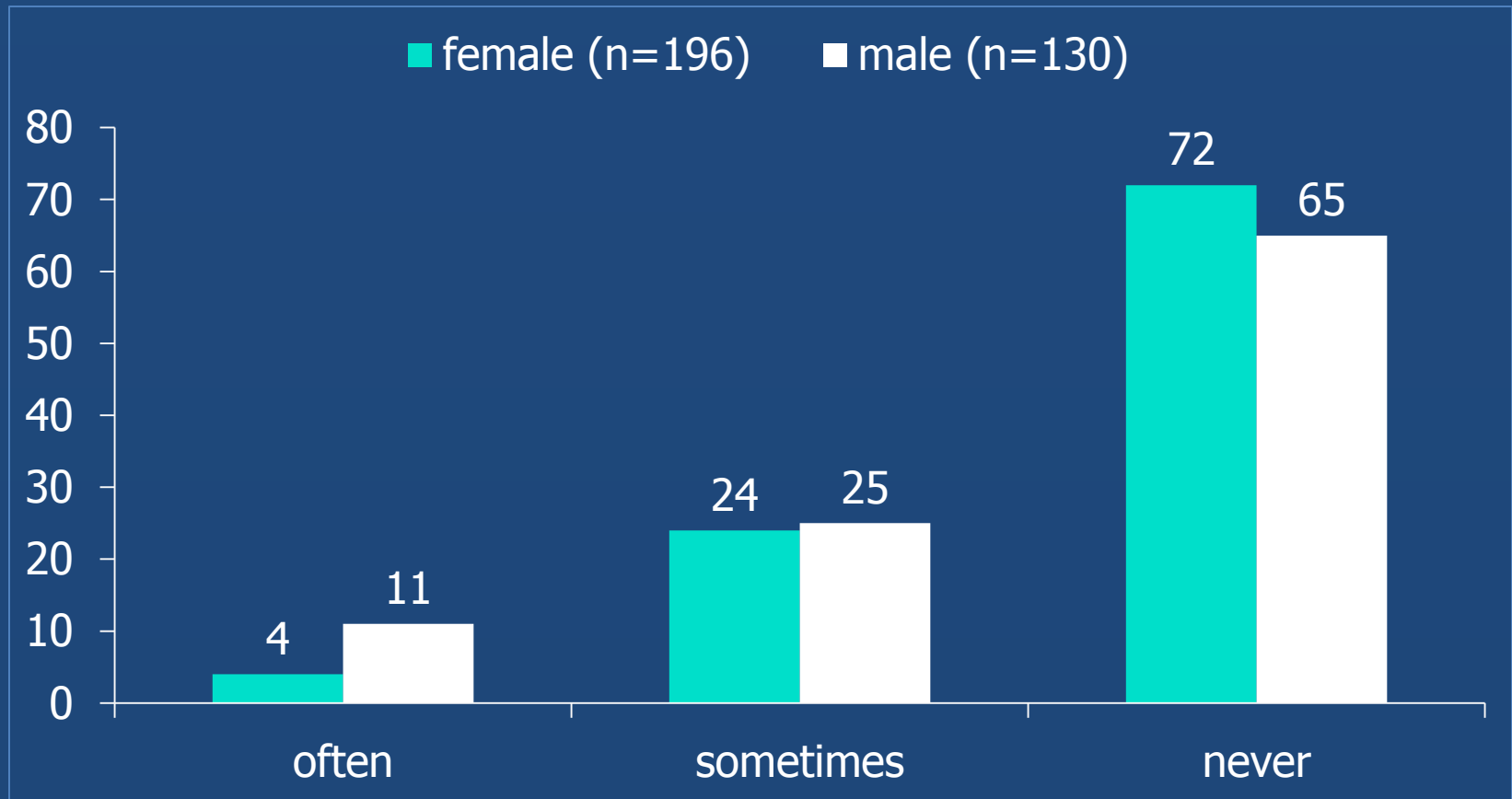


# Prognostication

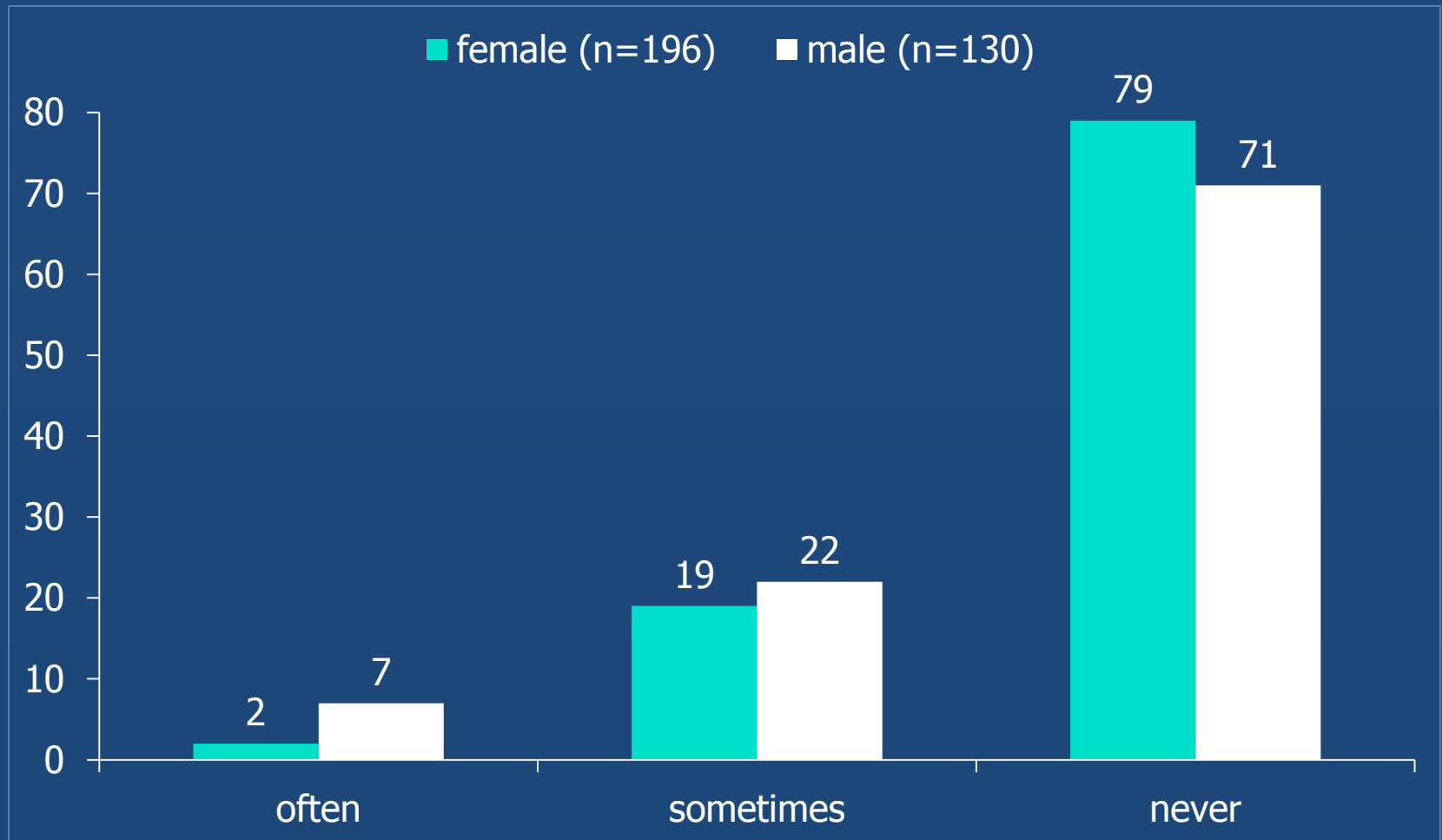
- Failure to prognosticate not just unpredictability
- Prediction accuracy poor, direction of error (90%) in the overly optimistic direction
- Better doctor knows patient, length and intensity of contact more likely to overestimate survival (Christakis, BMJ, 2000)
- Patients become 'twice removed' from prognosis as:-
  - foreseeing – (unexpressed cognitive estimate about survival) likely to be optimistic
  - foretelling - communication of it subject to conscious and unconscious ambiguity or deliberate evasion



## I have treated friends who have cancer



# I have treated family members who have cancer

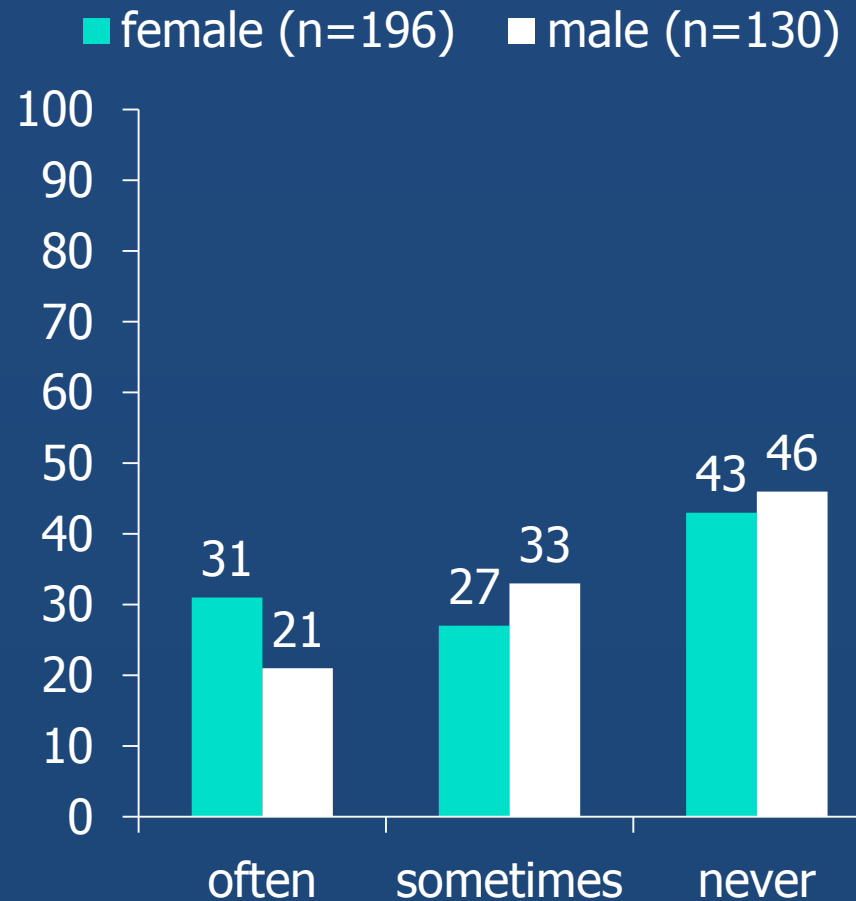
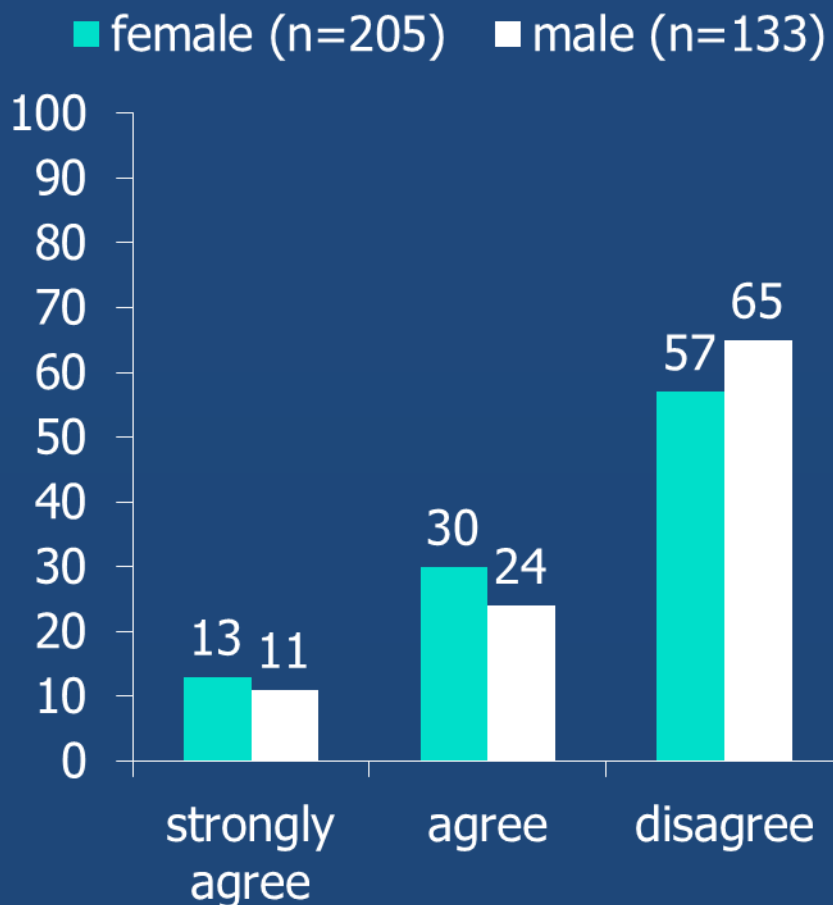


# Maintaining appropriate boundaries

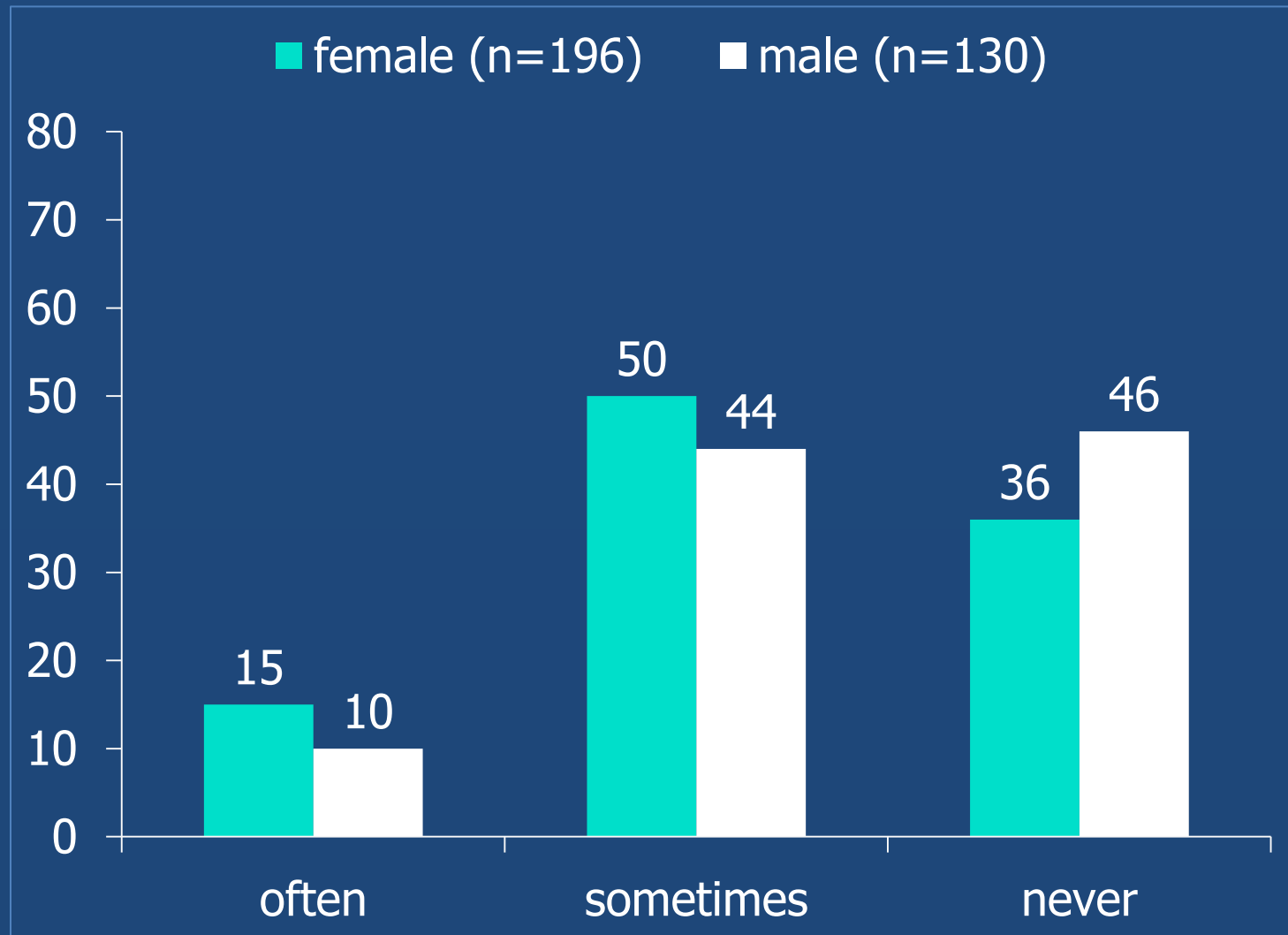
- You are a professional trying to do the best for your patient using your knowledge, skills and expertise
- Professional consultations are not therefore a substitute for a social encounter for either the oncologist or patient
- This does not mean total avoidance of a little social enquiry to relax the patient, appear human and interested in them as a person

Patients should be allowed  
to call drs by their 1st name

I allow patients to call me by  
my first name



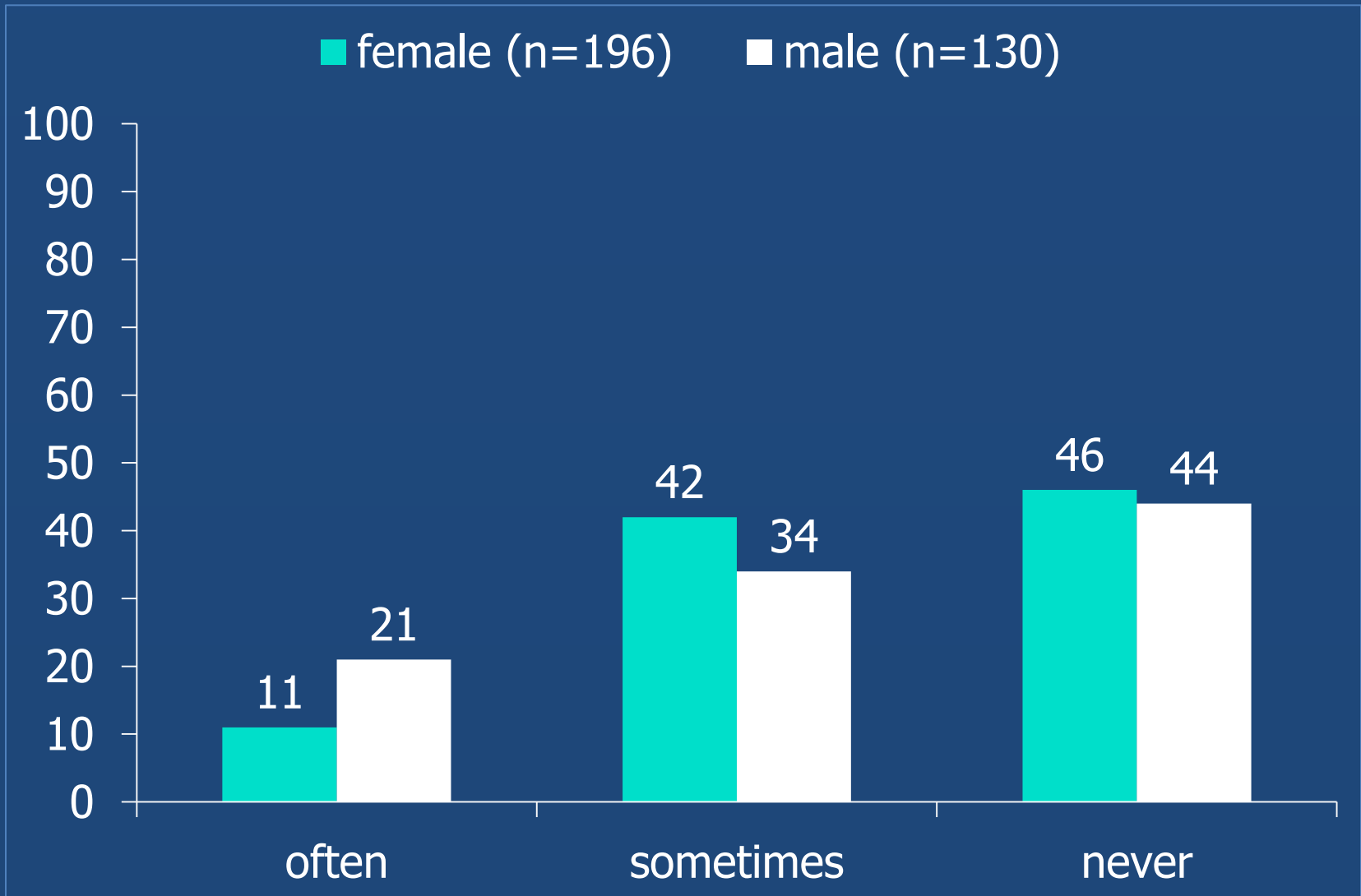
# I allow patients to hug or kiss me when greeting or saying goodbye



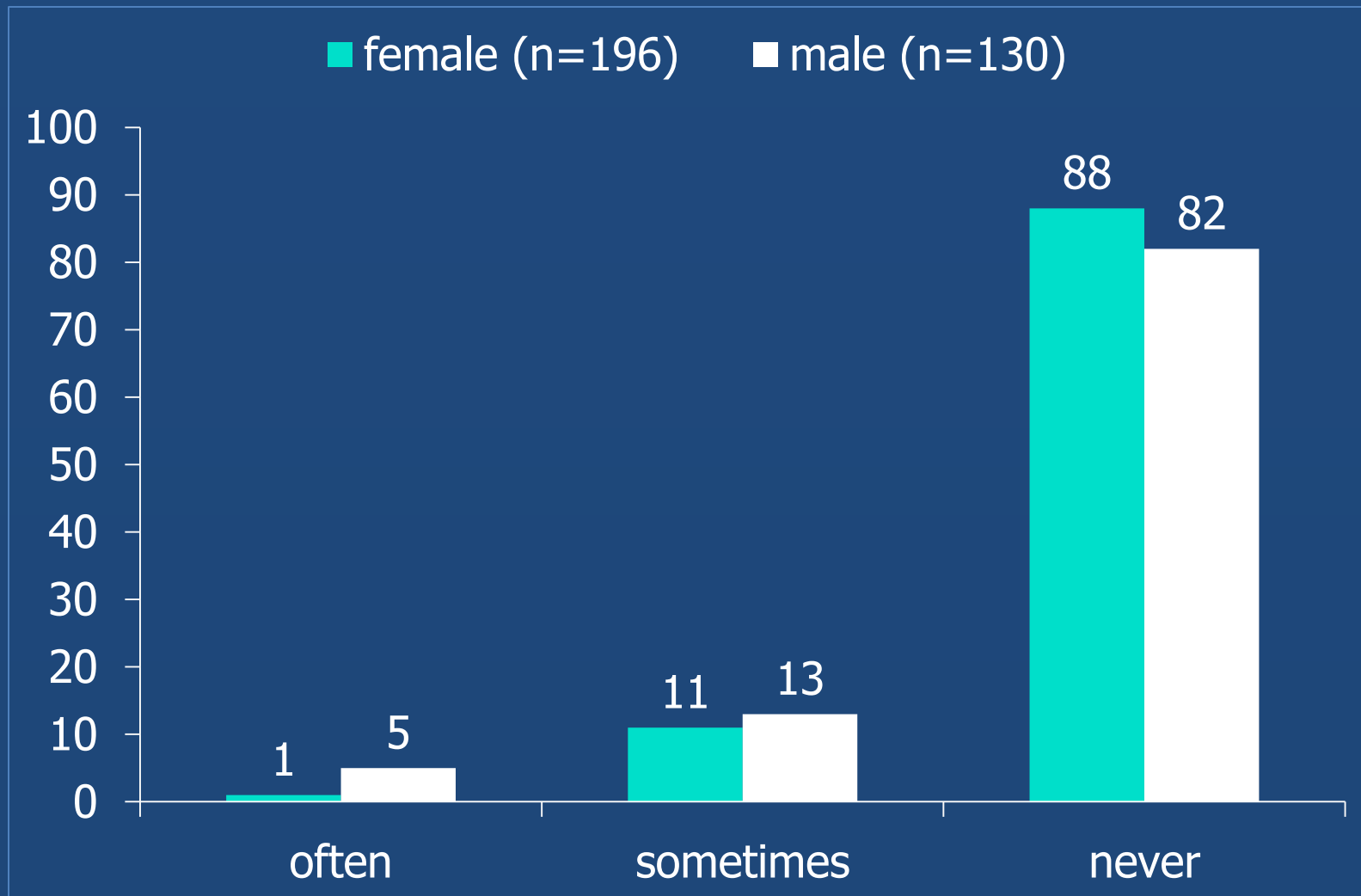
# Social media

- Inappropriate use of social media could damage patients trust in you and society's trust in general of medical profession
- Contact, being 'friends' through Facebook or Twitter, may be misconstrued by patients as being a closer relationship than is either comfortable or appropriate on professional level

# I have given patients my mobile phone number



# I have accepted patients as "friends" on Facebook

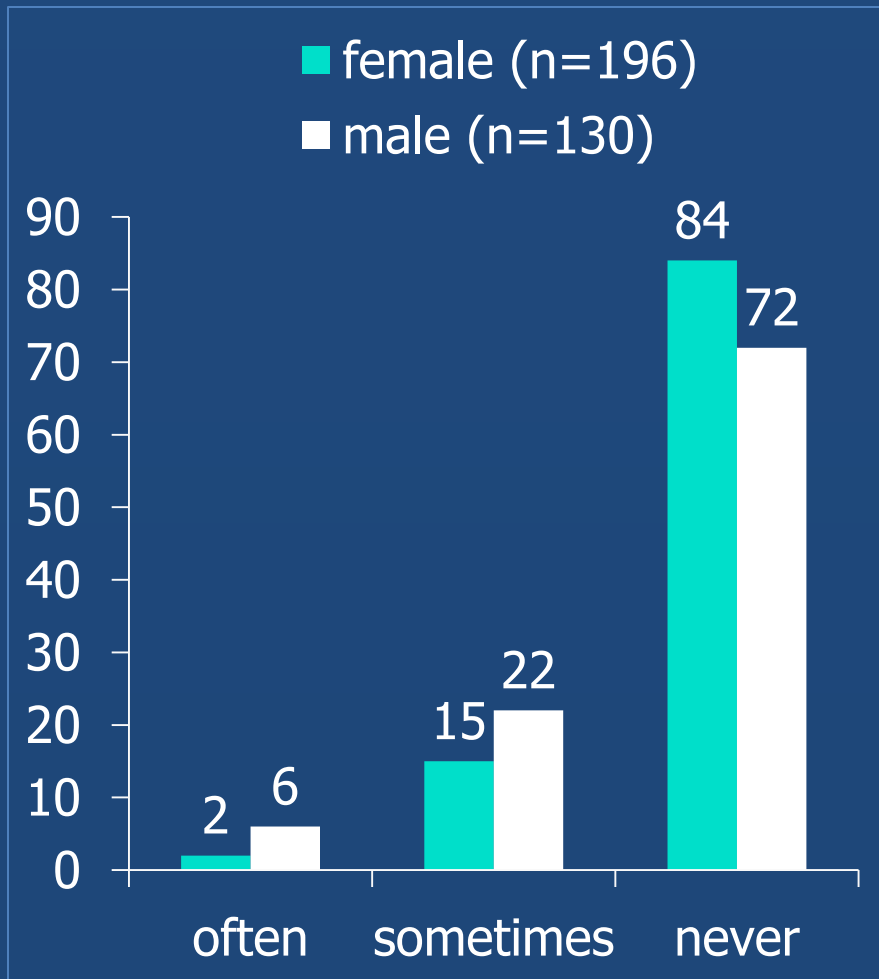




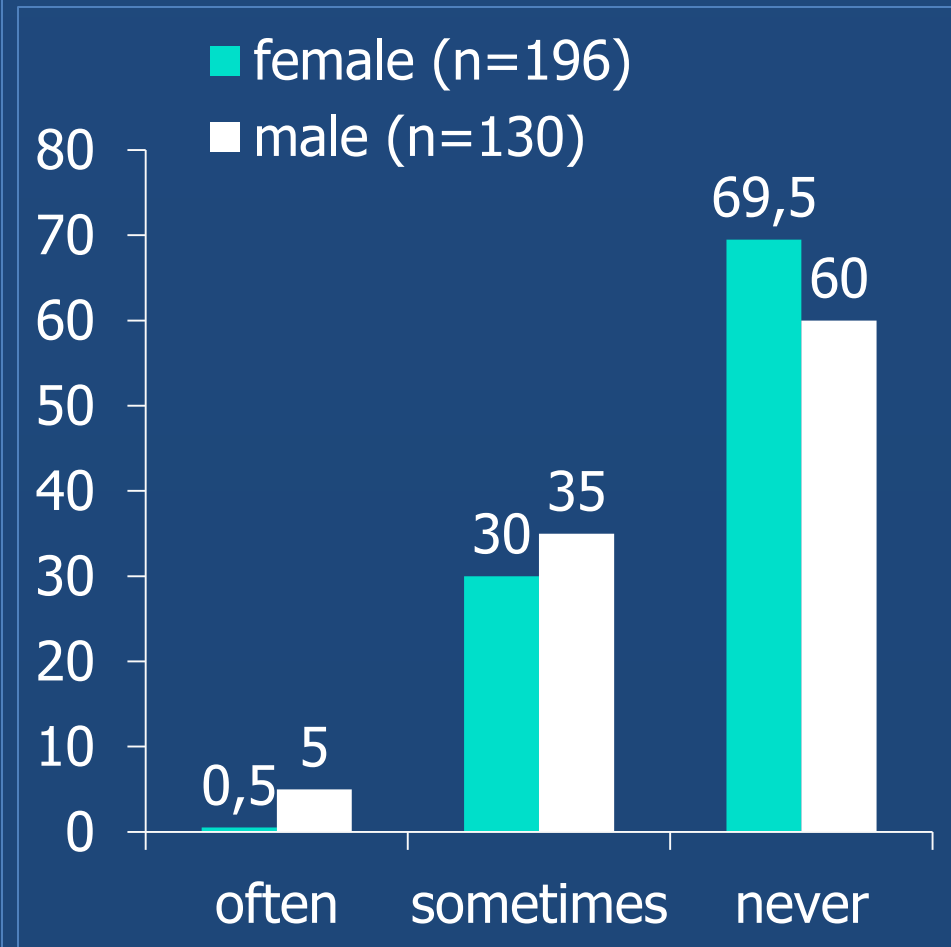
# Vulnerability

- Some patients more vulnerable than others – those with life-threatening disease especially so
- Is it more of an abuse of power to engage in relationship with them ?
- When does a patient with cancer you treated several years ago cease to be vulnerable ?

I accept social invitations  
from patients I am still  
treating



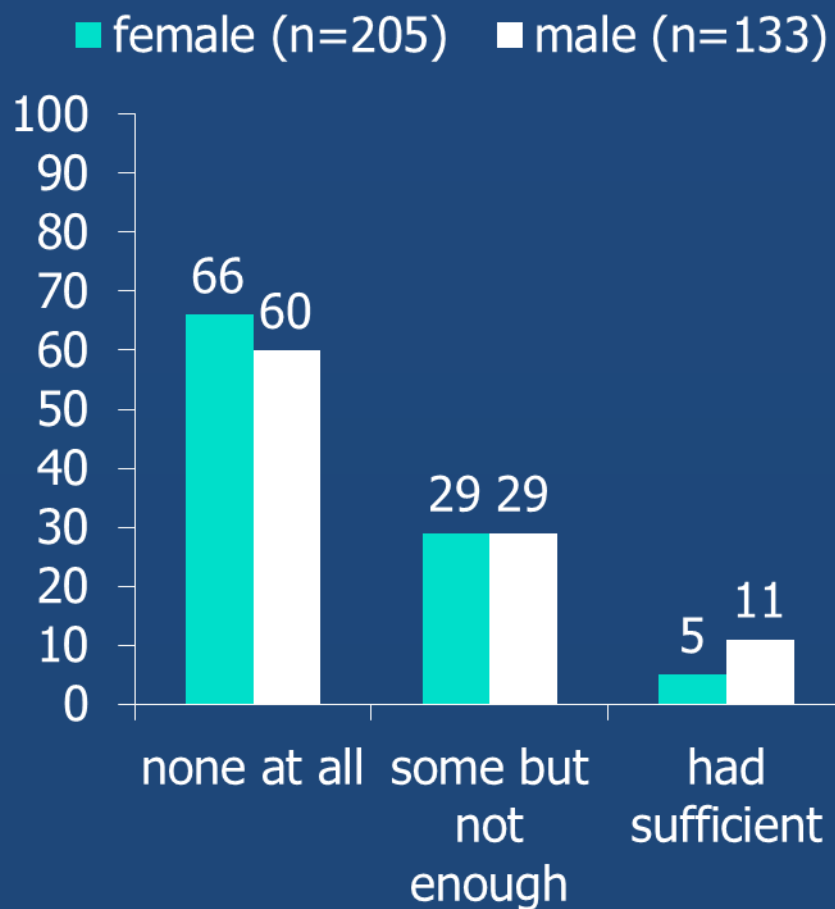
I accept social invitations  
from patients if I am **no**  
longer treating them



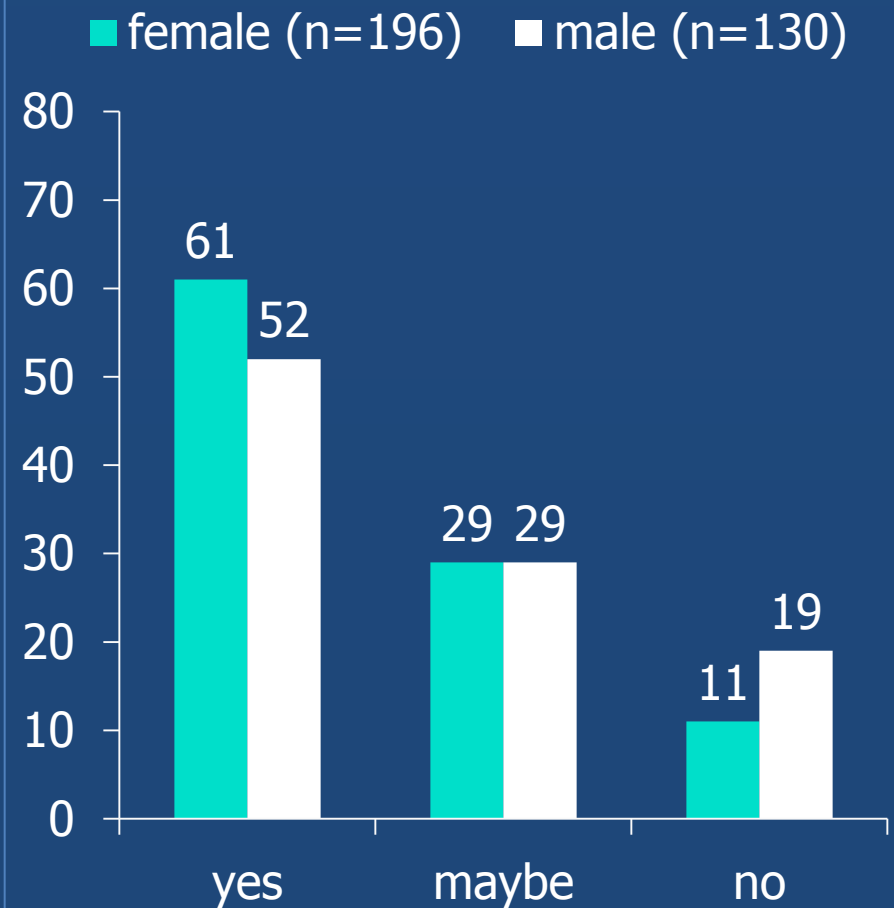
# Ending professional relationships with patients

- General Medical Council (2013) *Ending your professional relationship with a patient* London, GMC.
- General Medical Council (2013) *Good medical practice* London, GMC.
- General Medical Council (2013) *Doctors' use of social media* London, GMC.

Have you ever had any specific training about handling risks and boundaries in the dr/pt relationship?



Would you like (more) training about how to handle any of these?



# Some areas YO's want help

- How to deal with patients:-
  - you dislike
  - who become overfamiliar and make you feel uncomfortable during consultations
- Discussing:-
  - prognosis
  - social media invitations
- How to deal with:-
  - death of a patient to whom you've become attached
  - relatives of patients wanting 'social' relationship
  - my emotions especially with young patients

# What to do if things out of hand

- Talk to colleagues, or your defence union for advice
- Trainees should seek help early on from mentors, supervisors, and colleagues
- Avoid giving out personal contact details to patients
- Recognise inevitability that sometimes you will feel overwhelmed by distressing situations, and seek support
- Try to maintain a work-life balance – being an oncologist should be what you do, not define who you are

## Final word from YO

*'I try not getting involved, but it is very difficult at times. Especially since I do not believe being distant towards our patients is a good thing since the majority have incurable disease and need a doctor who is somewhat close and understands them. I assume with time we learn to manage this emotional package, but at present I do find it a little difficult. Since starting my residency in oncology I have managed to keep up, especially in front of my patients but afterwards I break down. So I would like to know how and if it is possible to be there for our patients and at the same time keep our emotions in place in order not to overcharge ourselves and end up burning out'*

# Acknowledgements

- Lone Kristoffersen, Katharine Fumasoli and colleagues at ESMO
- Valentino Guarneri
- Mehmet Akif Ozturk
- Valerie Jenkins

