

Did you know that your communication could unintentionally harm – seriously ill – patients and their family caregivers?



Results of a systematic review on harmful communication in oncology. Poster series 'Harmful communication in oncology' version 2.0. See QR-CODE for version 1.0 (survey study).

Analysis of the literature revealed themes of harmful communication behavior according to cancer patients and their informal caregivers:

2. Lack of tailored decision making

The decision-making process can harm from patient exclusion, to sole patient responsibility, and haste.

examples

Excluding patients from the decision making process (e.g. pushing towards treatment).

Leaving the treatment decision completely to the patient (e.g. lack of advice).



4. Lack of feeling held and remembered

A lack of feeling held (lack of care continuity and time) and remembered (forgotten agreements) can harm.

examples

Lack of feeling held: Insufficient continuity of care and (existential) support (e.g. "there is nothing more we can do for you..").

Lack of feeling remembered: Excessive waiting (e.g. for important test results beyond the agreed time).



Scan this QR code for a link to the scientific study.

1. Lack of tailored information provision

Information provision can harm from too little to too much information, poorly timed, contradictions and jargon.

examples

Lack of information about treatment consequences (e.g. fertility consequences).

Inconsistent information (e.g. different clinicians providing different information).



3. Lack of feeling seen and heard

A lack of feeling seen as a human being, and feeling heard regarding concerns and emotions can harm.

examples

Lack of feeling seen: A rushed attitude, no interest in someone's life besides the disease and not taking into account the role of family caregivers.

Lack of feeling heard: A lack of validation of, or not responding to, patients' concerns and emotions (e.g. "Luckily you have the 'good' cancer").

