



## “Ask Me” — Addressing Patients’ Psychosocial Needs

by Deborah Craig-Claar, Ph.D.

“I wish my oncologist would talk with me about how I’m doing emotionally,” is a comment I hear frequently, both in my yearly study of patient-oncologist communication behavior and as a breast cancer survivor who faithfully attends her monthly support group. “Have you brought this issue up with your oncologist?” I asked one distraught woman. “That’s the trouble,” she sighed. “I wish *he* would ask *me*.”

Meeting patients’ psychosocial needs is a challenging, and at times frustrating, endeavor. Faced with limited time and crowded agendas, medical and radiation oncologists may devote their consultations exclusively to the physical concerns they are uniquely qualified to treat, reasoning that patients have other sources of emotional support available to them. Patients, however, often consider their oncologists to be their major source of psychological support and feel their care is compromised when psychosocial issues are neglected.

I discovered this divergence between physician and patient expectations after conducting surveys and interviews with 273 patients with breast cancer and 32 medical and radiation oncologists. The vast majority (87 percent) of patients agreed or strongly agreed with the statement, “It is my doctor’s professional responsibility to address my emotional needs as well as my medical needs.” More than 90 percent of the oncologists surveyed agreed with this statement as well; but roughly one-third of the oncologists also agreed with the statement, “I would prefer to focus on my patients’ medical needs and let other professionals handle their emotional needs.” When surveyed, only 14 percent of patients said that they wanted caregivers other than their physicians to address their emotional concerns.

Although more than 70 percent of the oncologists surveyed said they

routinely asked patients about their emotional well-being at each consultation, only 43 percent of the patients said their oncologists made such inquiries.


There may be a number of reasons why oncologists don’t routinely initiate psychosocial discussions with their patients, including the ephemeral and less than clinical nature of the emotional state, lack of time, and being wary of appearing too forward or personal, especially if the clinical relationship is a new one. With the current financial pressures exerted by managed care organizations, a doctor’s caseload often increases at the expense of quality time. “We barely cover medical concerns,” lamented a veteran medical oncologist. “Most of our schedules cannot accommodate lengthy discussions of an emotional nature.”

Finally, many oncologists simply don’t believe they’ve been prepared to deal with their patients’ emotional issues. Less than half (46 percent) of the oncologists surveyed said they had “received adequate training to handle their patients’ emotional needs.” Although some reported that they had filled the gap with workshops and on-the-job experience, the widespread consensus was that their formal medical training had not addressed the psychosocial domain.

Oncologists and their patients are not alone in their concerns about unmet emotional needs. The cancer care community is developing new screening tools to help identify cancer patients who are at risk for psychosocial morbidity, and many facilities have initiated multidisciplinary care teams that include psychologists and other mental health professionals. Medical schools are adding instruction in psychosocial care to their curriculums, using role-playing and patient interviews as instructional techniques, and have behavioral scientists or clinical psychologists

team teach courses with oncologists.

We must never allow the escalating biological progress in the treatment of cancer to overshadow the critical psychosocial dimensions of the disease. Patients have known the importance of treating emotional needs for a long time, and now physicians are catching on as well. When oncologists were asked the open-ended question, “In what area of patient communication do physicians need the most improvement?” the most frequent response was addressing patients’ emotional needs.

The easiest way to begin is by asking. 

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### Resources

Physicians who would like to attend workshops, participate in continuing education courses, or receive instructional materials on physician/patient communication may contact the following organizations:

- The American Academy on Physician and Patient (AAPP)  
703.556.9222  
[www.physicianpatient.org](http://www.physicianpatient.org)
- Bayer Institute for Health Care Communications  
800.800.5907  
[www.bayerinstitute.org](http://www.bayerinstitute.org)
- Foundation for Medical Excellence Northwest Center for Physician-Patient Communication  
503.636.2234  
[www.tfme.org/nwppc.htm](http://www.tfme.org/nwppc.htm)