

What Do We Do When We (or Our Staff) Become the Patient?

BY SHIRRAY GABRIEL, MHA



Cancer doesn't discriminate. It doesn't care about age, gender, sexual orientation, political preference, race, or religion. When someone is diagnosed with cancer, it not only affects their life, it affects everyone around them—their family, friends, and even co-workers. So what happens when someone in your work family is diagnosed with cancer? How will this affect your co-workers, staff, and the organization as a whole? Are you prepared for how a cancer diagnosis will change the workplace?

My Story

I am fortunate to have been healthy all of my life. I am a daughter, sister, mother, aunt, grand-aunt, and cancer program administrator—like many of you reading this article today. In my 32 years in the healthcare field (approximately eight of those in oncology) I never thought that I would become a cancer statistic.

Visualize sitting in a doctor's office during a routine visit. Nothing out of the ordinary—just a simple check-up for tonsillitis. Next, imagine the doctor coming back and telling you he wants a scan done because you might have cancer.

On Oct. 21, 2010 (my 45th birthday), I received that news, and it changed my life—as well as the lives of everyone who knows me—forever. That was the day I was diagnosed with stage IV head and neck/tonsillar cancer. That was the day, I became a cancer patient. Now, I was on other side of the patient-provider equation, experiencing firsthand the patient care my program was delivering. One would think that the

transition from employee to patient would be simple, and it can be. Still, for all involved, it is important to know how to handle this delicate situation. Steps can and should be taken to protect both the employee and the organization.

When someone in your work family receives a cancer diagnosis and transitions from co-worker to patient, colleagues' initial reaction may be one of shock and sympathy. Some key points to keep in mind during this transition are privacy and respect, expectations, employee versus patient, and understanding versus policy and support.

Privacy & Respect

A patient's privacy is extremely important. Because we interact with our co-workers every day, we may tend to forget that this individual is now our patient and, as such, is entitled to and deserving of the same respect, treatment, and privacy as other patients.

There can be a fine line between being supportive and invading someone's privacy. When someone we know has something bad happen to them, our instinct may be to wear our "hearts (and emotions) on our sleeves," conveying our concern and support. Some may want the patient to feel as if he or she can discuss the situation, and start asking questions. Not all patients want to discuss their personal lives, however, so wait until your co-worker wishes to discuss the issue. Depending on your relationship, you may have a sense of how best to approach your co-worker. My advice: do not ask direct questions unless your co-worker approaches you or asks for advice. Answering questions from a co-worker who is now

your patient can be difficult. Do you answer them from a professional point of view or from a friend's point of view? And what is the difference?

When employees receive treatment at the center where they work, co-workers must remember to respect their privacy and not discuss their results with anyone else. Unless we are the treating physician or our co-worker has given specific consent, we cannot review any results or reports—even if the results are sent to us in error.

Workplace Expectations

Now that your co-worker is your patient, should workplace expectations change? From an institutional perspective, they should not. Staff should maintain the same level of professionalism in their work interactions, treating all co-workers fairly and equally—no matter what the illness. In other words, as long as your co-worker is employed, he or she should perform daily job functions, as well as maintain attendance per corporate policy.

Co-Worker vs. Patient

The delineation between these roles seems simple enough, but can be more complicated than it first appears. There are definitive lines for how we treat our co-workers and how we treat our patients. During a cancer journey, the lines may get crossed, and this can be detrimental to both the employee and the healthcare organization.

Staff has access to their co-workers' medical records, so it is important to review and then uphold company policy regarding accessing records. Of course, there are

exceptions. For example, information from the medical records may be needed to complete reports. Even then staff should take great care not to violate company policy. Often administration must make a decision (and communicate to staff) on how your co-worker's medical records will be maintained with the privacy they deserve.

And what about appointments? From a management perspective, are there better (or worse) times for employees to schedule their provider visits and treatment appointments? In the end, employee appointments need to be scheduled and documented just like any other patient. For example, workplace conversations may take place during which the patient's need to see a certain provider may be mentioned. This should by no means be considered "notifying the patient of an appointment." Do not allow co-workers to reschedule appointments to accommodate another patient. If in doubt, ask yourself, would you do the same for any other patient?

Understanding vs. Policy

We empathize with our co-worker, understanding what he or she faces with a cancer diagnosis. We want to help and to accommodate our co-worker's needs during this difficult journey. That said, as professional colleagues working for the same healthcare organization, we must abide by company policies, particularly time off and leave policies.

Encourage your co-worker to speak to the HR department about FMLA (Family and Medical Leave Act) and other types of leave or absence that may be available.

Further, as cancer care providers, we should understand our company's healthcare benefits. For example, if our plan has a high deductible, we need to understand that some of our co-workers may find it difficult to afford treatment. Personally, I was floored when I was told that my co-payments would be between \$250 and \$400 for prescriptions needed every three weeks. It made me wonder how many patients choose not fill their prescriptions and tell the physicians that they do? This perspective encouraged

me to advise my staff to be honest with their physicians. Do not be ashamed to admit if a prescription is too expensive. There may be a more affordable generic version or an alternative.

We should also understand our legal rights. Title I of the Americans with Disabilities Act (ADA) of 1990 prohibits private employers, state and local governments, employment agencies, and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. The U.S. Equal Employment Opportunity Commission enforces the employment provisions of the ADA. Cancer can be considered a disability and is therefore protected under the ADA. Accordingly, cancer program administrators need to ensure they adhere to the guidelines outlined by the ADA. Any wavering from these guidelines could result in a serious fine for the healthcare organization.

Patient Support


Cancer patients rely heavily on their support systems. Support from co-workers can make the workday easier. Co-workers who face cancer need to know that the organization is behind them. Don't assume that your co-worker will know where to go for support and resources. From the moment your co-worker heard the three words, "You have cancer," they went from an employee with years of knowledge and experience to a patient. Educate your co-worker as you would any other patient and provide them with the same tools for this journey.

Reality Check

You may ask why I shared my personal story with cancer. I did so for one simple reason: no matter how much we think cancer will not happen to us or anyone we know, it is a reality I—along with my employers, physicians, and staff—continue to face. It is a reality none of us expected or could have predicted.

Throughout my transition from co-worker to patient, my co-workers have seen firsthand what being diagnosed and treated for cancer has done to me physically, mentally, and emotionally. I freely admit that I count on my co-workers to keep me in check—to make sure I still perform my job as I always have and to the same high standards as I expect from them. And I also acknowledge that I struggled at first with ensuring my office ran smoothly, while not sacrificing my health.

My hope is that this article can help other cancer programs prepare for a similar workplace situation. With in-house training, steps can be taken to protect co-workers who have cancer and their healthcare organization.

Just the other day I read an interesting article entitled, "Would You Want to be a Patient in Your Office?" It caused me to ponder my situation. First, because I never expected to be in this situation; second, because I never had a reason to doubt my cancer program. The reality is that when I became a cancer patient, I had to ask myself these tough questions. Did I really trust and believe in the technology, physicians, and cancer care team I ask my patients to believe in? Did I believe my privacy would be respected and protected? Would everyone in my organization know I was being treated for cancer and would this put my job in jeopardy? I urge you today to ask those same questions of yourself and your staff. If any of your answers are "No," your task should be to identify the reasons for this answer and what you can do to help make improvements to change it. 

ShirRay Gabriel lost her battle with cancer just after her 49th birthday. She was regional administrator, 21st Century Oncology, Inc., Jacksonville, Fla.

References

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