VIEWPOINT

Playing the Waiting Game
Time to Rethink Patient-Physician Communication of Biopsy Results

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Few would disagree that patient-centered care involves asking open-ended questions, acknowledging patient emotions, and engaging in mutual dialogue about decision-making and next steps. When this communication occurs, it is typically during an in-person clinic consultation. Traditional medical education emphasizes this approach to clinical encounters because it is presumed to be more empathetic, especially when disclosing bad news.

Delivering bad news happens every day in oncology practice. Numerous studies demonstrate that patients cope with a range of emotions when receiving bad news.[1] For patients, waiting for in-person communication of biopsy results may lead to apprehension of physicians. Compounding the issue, the ability to acutely process bad news in the office worsens under emotional duress and ensuing medical jargon. If practitioners remain cognizant of the limitations of communicating biopsy results at in-person consultations, their efforts may better support delivery of patient-centered care.

Telemedicine approaches can potentially relieve much of the anxiety associated with in-person consultations while delivering bad news in a timely, compassionate, and patient-centered manner. With increasing clinical time constraints and the shock of hearing a cancer diagnosis in person, telemedicine encounters can facilitate more meaningful future in-person discussions of complex therapeutic options and their adverse effects. Initial telemedicine communication of biopsy results (eg, telephone or video teleconference) can offer patients time to absorb their diagnosis and take greater advantage of their next in-person consultation.

The initial in-person office visit to communicate malignant biopsy results is arguably less interactive than expected. Patients are not only trying to absorb devastating news but also engage in challenging conversations. On the other hand, communication of biopsy results through telecommunication can serve as a buffer to the initial in-person visit and provide time for patients to process the results alone or with family. Furthermore, telecommunication can augment medical decision aids to allow for more meaningful conversations upstream of the office visit.

A number of patient decision aids, such as pamphlets and web-based tools, serve as adjuncts to traditional counseling. In a systematic review of 115 randomized clinical trials, decision aids had the largest and most consistent benefit in increasing patients' knowledge of options and outcomes and helping patients feel more comfortable in their choices.[2] However, patients require time to take advantage of decision aids, and telemedicine consultations can provide this critical interval. Patients can then engage with their physicians at the initial in-person consultation rather than remain speechless on learning their cancer diagnosis.

From a patient's perspective, a number of studies have shown that message content and timeliness are the 2 most important factors involved in relaying biopsy results.[1,3,4] In a commonly cited study, patients with breast cancer thought that the interval between finding a breast lump and cancer diagnosis confirmation was often inappropriately long and the most psychologically stressful part of the experience.[1] In another study, receiving breast biopsy results as quickly as possible was the most important priority for both cancer and benign diagnoses, whereas hearing the results in person was the least important.[3] Physicians could substantially reduce this undue anxiety by offering telemedicine consultations to discuss biopsy results sooner.

In addition to timeliness, message content is the other critical aspect of relaying bad news. A study in a tertiary oncology clinic asked 351 patients how they preferred to be told of their cancer diagnosis. Patients indicated clear preferences for message content, such as "doctor is honest about the severity of my condition," "doctor telling me best treatment option," and "having doctor take time to answer all my questions completely."[4] The lowest-rated measures related to supportive aspects of communication, such as "doctor holding my hand and/or touching my arm when giving news" and "comforting me if I become emotional."[4] In this respect, telemedicine allows physicians to focus on content rather than nonverbal communication that patients may not appreciate at the initial in-person office visit.

There are innovative and robust examples of oncologic services delivered through telemedicine. At the University of Arizona, the Arizona Telemedicine Program developed the Telehealth Rapid Breast Care Process, a rapid approach of relaying breast cancer biopsy results.[5] Using telemedicine (ie, telemammography and telepathology), they streamline breast care services and provide rapid biopsy tissue processing. Patients can receive same-day reports of their breast cancer diagnosis and remain at 1 location throughout the entire process.[5] The Ontario Telemedicine Network (OTN) is another excellent model of telehealth; it is the largest teleoncology service in North America, with more than 1600 sites and 3000 systems.[6] In 2012, the OTN supported over 300 000 physician-patient real-time video consultations in over 40 specialties.[6] The Ontario Telemedicine Network has overcome a number of barriers, including

cost, physician compensation, and resistance to telehealth technology adoption. In fact, telehealth technology is now an everyday part of health care delivery in Ontario.[6]

A potential concern in delivering biopsy information through nontraditional methods is physician discomfort in relaying life-altering news without the familiarity of an in-person visit. This issue likely has more to do with the status quo rather than what patients tend to prefer. With proper training and practice, physicians could become adept at using telecommunication tools. Certain patients may still prefer to have biopsy results delivered through a traditional in-person consultation. To respect individual preferences, oncologists could ask patients at the onset of care if they would prefer the results through traditional means or via telemedicine.

It is also important to align the telemedicine encounter with patient convenience. The timing of the telemedicine consultation could occur at an inopportune time, and missed telephone calls and voicemails could further worsen patient anxiety. However, patient education about how to prepare for physician-initiated phone calls (eg, take the call in a private setting with minimal distractions) and scheduled appointment times can minimize these issues. Patient confidentiality can also be violated when using telemedicine. Therefore, it is essential that physicians begin the consultation by asking patients if they are in a comfortable and secure setting to discuss their private medical information.

We believe that written electronic communication (ie, email and text messages) is inadequate to relay sensitive information such as biopsy results. Patients may have questions or concerns regarding their biopsy results and want to speak with a physician. This may result in confusion, unanswered questions, and further distress.

Finally, payment for telemedicine services varies widely at the payer, state, and even hospital level. While still evolving, physician remuneration continues to increase for telemedicine services, especially in rural settings.[7]

We acknowledge that it is difficult to implement change in medical practice, especially with respect to the profound issue of conveying cancer-related results. Based on the literature, most patients' preferences concerning life-altering news focus on message content and timeliness rather than being told in person. If telemedicine can mitigate a portion of the anxiety associated with a cancer diagnosis, it may allow for improved shared decision making, and patients can make treatment decisions that more closely reflect their own preferences and values rather than just those of their oncologist. For patients, there is comfort in talking to their oncologist in the privacy of their home with family around them rather than waiting to be called into a foreign examination room to hear the bad news.

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