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The Routine Assessment of Unmet Needs in Individuals with Advanced Cancer and the Discussion of Psychosocial Concerns.

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Abstract

Background
Assessing the psychosocial needs of individuals with advanced cancer and their caregivers has become a vital component of care in this stage of the cancer journey. This study explored the modes of administration of a needs assessment tool in oncology consultations, including whether its administration altered the nature and quality of the communication and length of consultations.

Methods
A qualitative analysis was undertaken of audiotaped, outpatient consultations with 20 individuals with advanced cancer and their caregivers who participated in an interrupted time series study of the impact of systematic utilisation of the Palliative Care Needs Guidelines and Palliative Care Needs Assessment Tool (PC-NAT). Across participants, 48 consultations were audiotaped, including 13 baseline recordings where no routine needs assessment was completed and 35 that included completion of the PC-NAT. Audio-tapes were analysed using NVivo and SPSS was sued to calculate impact of using PC-NAT on consultation length.

Results
The routine needs assessment tool was delivered without an explanation of the function of the assessment and in jargonistic terms, and tended not to be integrated into the consultation. The majority of the content of interactions related to physical health issues; however, the number of both physical and psychosocial concerns raised by patients increased from the pre-assessment to post-assessment sessions. The range of empathic responses given by the oncologist in regards to patient and caregiver concerns ranged from low
(denial/disconfirmation) to very high (confirmation), though psychosocial concerns were more often dismissed or not pursued, compared with physical concerns. There was no significant increase in consultation time when the routine needs assessment was included.

Conclusion

There are some differences in the way that physical and psychosocial needs are addressed by oncologists in consultations with individuals with advanced cancer and their caregivers. This difference primarily relates to the expression of empathy by the oncologist in relation to either physical or psychosocial concerns.

Clinical Implications

These results have implications for the training of medical staff in their understanding and the rationale for the use of routine needs assessment tools and how space is created in consultations for the discussion of psychosocial issues.