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Medication Risks Communication in Middle East Cancer Patients

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Background

Cancer treatments are frequently associated with adverse effects, but there may be a cultural reluctance by care providers to be forthcoming with patients regarding these risks for fear of promoting non-adherence. Conversely, research in a number of countries indicates high levels of patient desire for this information. We sought to pharmacist and nurse views and experiences in educating patients regarding their treatment safety and tolerability as well as the roles of other professions in this regard and to explore cancer patient experiences, satisfaction, and preferences for medication risk communication in this Middle East care setting.

Design

In this mixed methods study, six focus group discussions of nurses and pharmacists were conducted were conducted at the National Center for Cancer Care and Research (NCCCR) in Qatar during 2015. Additionally/secondly, a 10-item questionnaire (Arabic, English) was developed and administered to a convenience sample of consenting adult patients receiving treatment at NCCCR. Ethics approval was obtained from both Hamad Medical Corporation and Qatar University Institutional Review Boards.

Results

Focus group

Eleven pharmacists and 22 nurses providing direct patient care participated. Concepts related to three key themes were drawn from the seeding questions and included factors for determining the level of risk they communicated: the specific treatment regimen in question; the patient; and their assessment of the patient. Patient-related

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considerations arose from additional subthemes; both nurses and pharmacists described aspects related to the perceived psychological health status of the patient, as well as anticipated comprehension, as ascertained by demonstrated education and language abilities. In all discussions, it was noted that physician and family non-disclosure of cancer diagnosis to the patient profoundly influenced the nature of information they provided. While a high level of cohesion in safety communication prioritization among these two health disciplines was found, a number of pharmacists asserted a more formal role compared to informal and repeated teaching by nurses.

Survey

One hundred and forty three patients were interviewed (15 of whom were Qatari). Most (88%) stated the level of side effect information they received was sufficient, with physicians (86%) followed by pharmacists (39%) as the preferred sources. The majority (97%) agreed that knowing about possible side effects would help them recognize and manage the reaction and 92% agreed it would help them understand how to minimize or prevent the risks. Overall, eighteen percent indicated this information would make them not want to take treatment, but some regional differences among patients emerged (37.5% Gulf Coast Country-origin vs 15.8% Middle East North Africa-origin, p=0.029, vs 12.1% Phillipines, p=0.030) Two-thirds (65%) had previously experienced intolerance to their cancer treatment regimen.

Conclusions

Nurses and pharmacists in this Middle East healthcare environment were not reluctant to discuss treatment side effects with patients and draw on similar professional judgements in prioritising treatment risk information. We found that they did not always recognise each other's informal educational encounters and that there are opportunities to explore increased collaboration in this regard to enhance the patient care experience.

Most patients surveyed expressed preference for the details of possible side effects they may encounter in their treatment. However, one in five considered such information a factor for non-adherence indicating the need for patient-specific approaches when communicating medication risks.

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