

The Challenge of Communication

(Although the Storywork and Dialogues videos and guides were developed with First Nations people, they may also resonate with experiences of Inuit and Métis people.)

Cancer is a complicated disease that often requires communication with multiple health care providers along the journey. Understanding what health care providers are saying can be overwhelming and can lead to shutting down communication from the individual with cancer. Effective communication can be a key factor in the successful treatment of cancer.

“You don't know who to turn to anymore. The only ones that you can talk to is the doctors and the doctors are not telling you very much. For me, it is not much information that he is telling me because I am seeking a lot more, to tell a lot more about what is really going on down there, I want to know.” – Elsie, Chipewyan Prairie First Nation

“One of the other challenges is the inconsistency of physicians. We have such a high turnover of physicians. Our clients will get used to dealing with one physician and feel really comfortable of disclosing the symptoms that they are experiencing and then all of a sudden that physician is gone.” Rose, Gitksan Territory

“But we know, that together, we can work at improving our relationship and our listening and meeting your needs, so you are able to have all the information that you need to make the decisions to improve your life to live as long as possible without symptoms to lower your, to lower your pain and to have the well-being needed to look after your family, your children and your grandchildren as well.” – Dr. Kerba, Edmonton

“How do I support them through their journey if I don't know what the issues are that are important to them? ... how would I tackle that? I, I'd love some help from their community in terms of understanding that better.” – Dr. Peters, Yellowknife

What you should know

- An important part of providing culturally safe care is an open communication approach that recognizes and respects that the individual with cancer may experience barriers that would limit communication. For example: you may ask the individual if they understand what is being said about the disease and they may not say anything or acknowledge you. Don't assume this means that they understand and don't have any questions.
- It is important to understand that many communities experience fragmented health care, with inconsistent providers and constant turnover. This can be a key factor in the misunderstanding or

miscommunication individuals with cancer experience when returning to their home communities. This can have a negative impact on health outcomes.

- Health care providers should be aware that many First Nation individuals have experienced racism in the health care setting, which has resulted in a stigma of fear and mistrust. It is important to listen and respond to individuals when they are seeking medical intervention and recognize that it may have taken a great deal of courage just to take that step in seeking medical help.

To think about and act on

- What was interesting about the video and this discussion?
- Do the stories and reactions reflect what you already know from your primary care or oncology practice?
- What ideas are in the video to help communicate with a person and families better?
- Are other ways communication with people and families should be helped?
- What could you do to communicate better with a person? What could your primary care or oncology practice do?
- Who else could make things better where you are?

Wise Practice: How primary care and cancer care organizations can make sustainable changes to improve cancer journeys

- **National Health Service Sustainability Model:** <http://online.ideasontario.ca/wp-content/uploads/2015/08/NHS-Sustainability-Guide.pdf>

Suggested Practice: Consider including this check list when a person's transition to a cancer centre or back home occurs

1. I took my patient's family and culture into account when helping him/her plan to go to [the cancer centre/his or her community].
2. When my patient left [the community/the cancer centre], I helped him/her plan who would be involved in my health when I arrived.
3. When my patient arrived [in the community/at the cancer centre], the plan I helped him/her with worked out.
4. I believe that I communicated well with my patient's health care providers in his/her community and in the cancer centre.

About the Transition Support Resources

Eight Transition Support Resources were produced to promote dialogue and discussion about the cancer journey by families, communities, primary care providers, and cancer care providers in cities. They come from stories from 28 individuals representing the First Nations patient and family perspective and from responses from 17 primary and oncology care providers in British Columbia, Alberta, Manitoba, and Northwest Territories.

About the project

The Government of the Northwest Territories Department of Health and Social Services and Cancer Control Alberta, Alberta Health Services, were the lead implementing partners working with CancerCare Manitoba, the British Columbia Cancer Agency Centre for the North, and Saint Elizabeth Health Care, as well as First Nations communities in the Northwest Territories, British Columbia, Alberta, and Manitoba. The project was funded by the Canadian Partnership Against Cancer.