

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 complicated and people will probably hear about it from many health care providers along the journey. Understanding what health care providers are saying can be hard. Some people shut down, and stop talking and stop listening. Effective communication can help in good cancer treatment.

“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

- Health care providers should talk openly, showing respect, but they may not know what makes people uncomfortable or fearful. A provider may ask someone if they understand what is being said about cancer. If that person doesn't say something, the provider may believe the person knows enough about the disease even though they don't quite understand and have questions.
- Many communities have constant changes in their health care, with different providers and new people all the time. This can mean misunderstanding or bad communication when someone returns home to their community. This can hurt that person's cancer journey.

- Health care providers may not know that many First Nation individuals have experienced racism in the health care setting, resulting in fear and mistrust. Providers should listen and respond to these individuals looking for medical help. They should also recognize that it may have taken a great deal of courage just to seek 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?

Suggested Practice: Consider if these would be helpful for a better cancer journey:

1. My health care providers took my family and my culture into account when helping me plan to go to the cancer centre or back to my community.
2. When I left my community or the cancer centre, my health care providers helped me plan who would be involved in my health when I arrived.
3. When I arrived in my community or at the cancer centre, the plan my health care providers helped me with worked out.
4. I believe that the health care providers in my community and in the cancer centre have communicated well.

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.