

Communicating A Diagnosis Of Mesothelioma: findings from the RADIO MESO study and implications for practice

Tod AM¹, Ball H², Darlison L, Stanley H², Taylor B¹, Warnock C³.

1. University of Sheffield, 2. Mesothelioma UK, 3. Sheffield Teaching Hospitals NHS Foundation Trust

Background

Malignant pleural mesothelioma (MPM) is an aggressive cancer of the lining of the chest wall and lung, its aetiology lies in asbestos exposure. With over 2,500 people diagnosed each year, the UK has the highest incidence of mesothelioma in the world. There are no current curative treatments for mesothelioma.¹

There are specific psychological challenges for people with MPM.² 90% of cases of MPM are linked to asbestos exposure often through a number of occupations, e.g. shipbuilding, railway engineering, and construction trades. There is a 20-50 year lag between exposure to asbestos and the development of MPM. The nature of a MPM diagnosis creates unique challenges in terms of communication.

Breaking bad news (BBN), such as communicating a diagnosis of MPM, is a complex and highly skilled activity.^{2,3,4,5} If done badly 'it can cause long lasting distress, confusion and resentment'.^{4,5} There is a lack of evidence focusing on the nursing contribution to breaking bad news, the role of the Lung Cancer Nurse Specialist (LCNS) and the unique challenges of communicating a diagnosis of mesothelioma.²

AIM

The Receiving A Diagnosis Of MESOthelioma study (RADIO MESO) aims to identify ways to improve the patient and family carer experience of receiving a diagnosis of mesothelioma by generating evidence based recommendations for practice.

This poster presentation will focus on the findings that inform nursing practice

METHODS

A qualitative study using Individual interviews, group interviews and consultation methods (electronic surveys).

Individual interviews:

- Patients (n=6)
- Carers (n =9)
- Health professionals (14 x Lung Cancer Nurse Specialists (LCNS), 1 x support worker, 1 x consultant physician)

Framework analysis⁶ was used to identify key themes and issues related to mesothelioma diagnostic experience.

Implications for nursing practice

By exploring patient, family carer and staff perspectives of the delivery of information regarding MPM diagnosis, the study identified a number of patient centred themes that influenced experiences. The related implications for nursing practice are summarized below.

- Provide consistency and continuity in terms of who the patient sees and what is said.
- Have the right specialist knowledge and skills i.e. of both mesothelioma and communication.
- Be patient-centred when communicating a diagnosis
- Balance what information to give and when.
- Plan and prepare as a team, and with the patient, before communicating a diagnosis of mesothelioma.
- Have access to a quiet and private environment to facilitate communication
- Allocate sufficient time to communicate a mesothelioma diagnosis and address patient and family concerns.
- Be direct and honest whilst maintaining hope where possible.
- Involve the Clinical Nurse Specialist throughout, starting as early as possible in the diagnostic pathway.
- Have access to the necessary expertise and resources. No single clinician should carry the responsibility of communicating a diagnosis on their own.
- Maintain effective partnership working with different services (e.g. Asbestos Support Groups)
- Have access to quality resources (e.g. written and online literature and graphics) to explain the diagnosis.

“Make the patient feel like the most important person in the room, and at the centre of the communication process”

“Although it was devastating it was actually told to us very well”.
(Daughter of man with MPM)

“You have to go at the pace that the patient wants to know, and maybe not to tell everything that first visit. Like I say, it can be an ongoing kind of thing. Listen to the patient”. (LCNS)

“It’s about making sure the patient comes in and they go away with a plan” (LCNS)



Shock
“they’re just in complete shock and they don’t really know what to ask” (LCNS)

“I certainly didn’t understand mesothelioma at all really....although I was going to say I looked it up on the internet, initially I don’t think I did anything because I was a little bit taken aback and there was quite a bit of shock and upset and we didn’t know really what to do, if the truth is known. And that’s unusual for me because I would normally grasp it right away and be in control of it, but I wasn’t”. (Man with MPM1)



“So she was able to explain a lot of it and she used drawings and pictures and things to show me because I hadn’t even got a clue, I didn’t know anything about lungs”. (Daughter of man with MPM)

Next Steps

- A consultation on the recommendations for practice is being conducted through Mesothelioma UK in April 2018.
- The recommendations will be launched in May

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