

Cancer vs. COVID: When a pandemic upended cancer care

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An oncologist practices social distancing while talking to a cancer patient. Credit: University of Michigan Rogel Cancer Center

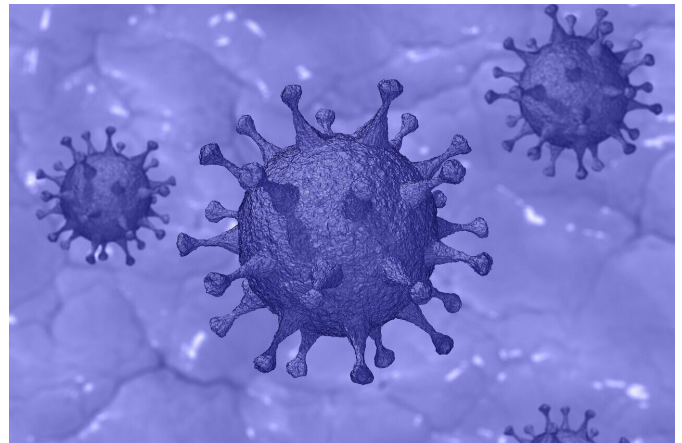
When COVID-19 struck, health care pivoted hard. Any unnecessary procedures or appointments were postponed. For people with cancer, that pivot was particularly shattering.

"COVID-19 changed the face of [health](#) care in the United States virtually overnight. Oncologists were discussing with their patients whether the benefit of coming in for treatment outweighed the risk of being exposed to the virus in the [health care](#) setting," says Laila A. Gharzai, M.D., LLM, a [radiation oncology](#) resident at Michigan Medicine.

"It was a challenging shift for physicians, and we personally wanted some help navigating these conversations," she says.

In response, Gharzai and colleagues interviewed eight physicians to identify specific communication challenges related to COVID-19 and surveyed 48 patients to get their perspective.

They identified three core communication strategies and applied them to eight specific scenarios impacting patients, including concerns around risk of COVID-19, delays in testing or treatment, changes to treatment and follow-up care. Informed by the communication strategies, the team created examples of language that oncologists could use to respond to patients empathetically. Their results are published in *JAMA Oncology*.



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"What impacted me most was hearing just how tough these conversations were. As oncologists, we are used to having tough conversations with our patients. COVID-related conversations took this to a whole other level, by incorporating a new challenge of having to view all of our decisions with a public health lens. This guide was important to give providers a quick resource when they needed it most," Gharzai says.

Patients' concerns ranged from their risk of getting coronavirus to fears that a delayed test could miss a growing cancer. Many patients felt they were being punished or ignored, as if their health needs

were less important. And while the decisions were all made with a view toward keeping patients safe from the greater threat of COVID-19, cancer is not used to taking a backseat.

"Patients are understandably emotional when they receive a cancer diagnosis, even under normal circumstances. This [emotional response](#) was amplified by the stress of changes due to the pandemic," says Reshma Jagsi, M.D., D.Phil, Newman Family Professor and deputy chair of radiation oncology at Michigan Medicine and senior author on the paper.

"The practical language in the guide really helped me to reassure [patients](#) that I recognized their very appropriate emotions, that I care deeply about them, and that I was going to try to help," she says.

The team published their guidelines online in April, when COVID-19 was peaking in Michigan. It remains available to providers.

More information: *JAMA Oncology* (2020). [DOI: 10.1001/jamaoncol.2020.2980](#)

Provided by University of Michigan

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