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Prognosis Communication to Patients with Cancer by Chinese and Thai Oncologists

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ABSTRACT. *In order to explore how Chinese and Thai oncologists deliver prognostic information to patients at different stages of cancer in both L1s (Chinese and Thai) and English, this study adopts written discourse completion tasks (DCTs) and semi-structured interviews for analysis. The results reveal that communication predictors adopted by Chinese and Thai oncologists are Optimism about the past or present and Optimism about the future to the patients at early- and advanced-stage cancer, but the predictor of Pessimism about the past or present is used to a patient at advanced stage of cancer by Chinese and Thai oncologists.*

KEYWORDS: *Chinese and Thai oncologists; prognosis communication; communication predictors; discourse completion tasks*

1. Introduction

Illness and the process of being ill are formed and articulated in the physician-patient encounter. The patients' experience of symptoms is interpreted by physicians' medical knowledge, eventually leading to a diagnosis and respective therapeutic intervention (Kalitzkus & Matthiessen, 2009). On the other hand, prognostic information also influences patients' treatment preferences, especially in patients with advanced cancer (Fried, Bradley, Towle, & Allore, 2002; Weeks, Cook, O'Day, Peterson, Wenger, Reding, Harrell, Kussin, Dawson, Connors, Lynn, & Phillips, 1998). Therefore, effective oncologist-patient communication about prognosis is prerequisite to defining goals of care, making treatment decisions, and planning for the future in ways that most accurately reflect patient values and wishes (Robinson, Alexander, Hays, Jeffreys, Olsen, Rodriguez, Pollak, Abernethy, Arnold, & Tulsky, 2008).

With the growth of medical travel, patients travel for medical services to other countries, resulting in intercultural communication in Chinese and Thai hospitals. As medical techniques advance in recent years, China is also listed in one of medical travel destinations of Asia, expecting to attract the "medical tourists" (Cohen, 2012).

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Thailand is one of the leading "medical tourism hubs" in the Asian region with a sophisticated tourism and health care infrastructure, which holds 7 million overseas outpatients and 0.4 million in-patients and requires 200-300 extra specialists to service demand by 2015 (Whittaker & Chee, 2015). The increasing number of international patients in the hospitals of China and Thailand makes English as a means of communication in doctor-patient encounters. However, it tends to be more stressful and challenging when physicians and patients do not share the same language. This barrier may negatively affect patient's care, resulting in worse health conditions, especially in patients with serious illnesses. Patients may not comply with medication or therapy if physicians fail to explain potential side effects (David & Rhee, 1998).

Prognosis is a prediction of the chance of recovery, recurrence, or survival from a disease. Cancer prognosis can depend on the stage of disease at diagnosis, type and subtype of cancer, and the molecular profile of the tumor. Information surrounding the prognosis of cancer is used by patients to make informed health care or treatment decisions, set realistic goals, and experience optimal quality of life. However, most physicians infrequently discuss prognosis because they are concerned that being honest about prognosis may cause patients to abandon hope and lose spirits (Cartwright, Dumenci, Siminoff, & Matsuyama, 2014; Lamont & Christakis, 2001). As a result, prognostic discussion was often brief and vague (Chou, Hamel, Thai, Debono, Chapman, Albrecht, & Eggly, 2017), and estimates of survival were rarely provided (Bradley, Hallemeier, Fried, Johnson-Hurzeler, Cherlin, Kasl, & Horwitz, 2001).

Communication behaviors are observed that discussions of disease-related prognosis occur rarely; more frequently, oncologist statements concerning the patient's past, present, and future disease course are made while discussing test results or treatment (Rodriguez, Gambino, Butow, Hagerty, & Arnold, 2007). Such statements, along with explicit statements about prognosis, influence patient prognostic perceptions. The definitions and examples of oncologists' communication behaviors, including the statements of test results, treatment, and prognosis, are shown in Table 1. Many of these statements could be classified as optimistic, pessimistic, or uncertain. Based on the observations, a code model is developed to quantify statements of optimism, pessimism, and uncertainty made by oncologists during discussions of test results, treatment, and prognosis as shown in Table 2.

Table 1 Description of communication behaviors, definitions, and examples

Communication behavior	Definition	Example
Test results statement	MD and patient discuss laboratory testing, pathology, or imaging that gives information about the patient's cancer.	Discussion of new CT scan results.
Treatment statement	MD and patient discuss the	Discussion of whether to

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	effects of treatment, current or future treatment options, or likely outcomes of treatment.	stop current treatment. Discussion of participation in phase I clinical trial.
Prognosis statement	MD makes statement about expectations of the disease that refer to the likely course of the patient's cancer or what the outcome might be.	MD makes a statement about the time frame in which changes in the cancer can be expected to occur. MD makes a statement about the chances of being completely cured.

(Robinson et al., 2008)

Table 2 Description of communication predictors, definitions, and examples

Communication predictor	Definition	Example
Statement of optimism about the past or present	MD makes statement of optimism, praise, relief of worry, or reassurance that emphasizes that treatment of the cancer or the patient's course with the cancer has gone will so far.	"Your scans look great. Everything looks wonderful from that point of view. So put your mind at rest about that."
Statement of optimism about the future	MD makes statement that expresses or implies optimism or encouragement about the future course of the cancer.	"Radiation therapy should do a very good job of taking care of (the tumor) right here." "You know, it could be that you remain in remission for many years."
Statement of pessimism about the past or present	MD makes statement of concern, disappointment, or discouragement that emphasizes that treatment of the cancer or the patient's course with the cancer has NOT gone well so far.	"Unfortunately, it looks like the cancer has grown further, which tells me that the chemo we gave you wasn't of benefit."
Statement of pessimism about the future	MD makes statement that expresses or implies pessimism or worry about the future course of the cancer.	"We recognize that we don't have a lot of good chemo options, and what we do have is more likely to make you sick than to help."

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		"Your tumor is at high risk for relapse."
Statement of uncertainty	MD makes a direct and unambiguous statement of uncertainty.	"No one really knows how quickly this cancer is going to progress." "We don't know very much about the chances of benefit."

(Robinson et al., 2008)

Delivering bad news to cancer patients is an unpleasant task as physicians may have difficulty responding to patient emotions or balancing patient hope with realism. Patients want to fully understand the information related to their diagnosis, treatment plans, side effects, chances of recovery, and prognosis to make better decisions and avoid confusion. There are some studies on how native English oncologists deliver the bad news and how native English patients with cancer perceive the information (e.g., Robinson et al., 2008; Rodriguez et al., 2007), however, there is limited literature on how Chinese and Thai oncologists communicate prognostic information to patients with cancer in L1s (Chinese and Thai) and English. This study aims to explore how native speakers of Chinese and Thai oncologists present test results, treatment, and prognostic information to patients with cancer through written discourse completion tasks (DCTs) by using L1s (Chinese and Thai) and English. This study is designed to identify the communication predictors in L1s and English to deliver prognostic information to patients at different stages of cancer while supporting patients' hope.

2. Methodology

2.1 Participants

Six oncologists (three Thai and three Chinese) were involved in this study. All of the six oncologists had experiences in communicating prognosis to local and overseas patients with cancer before. Written informed consent was obtained from each oncologist prior to the study. The demographic information of the participants is listed below in Table 3.

Table 3 Demographic information of the participants

		Chinese oncologists	Thai oncologists
Age	25-34	1	2
	35-44	2	1
Gender	Male	1	1
	Female	2	2
Years of being an	Mean	9	3.33

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oncologist			
Specialty		Tumor biotherapy, Gynecological tumor, Radiology	Oncology
Years of learning English	5-10	0	0
	10-15	0	3
	15-20	3	0
Self-evaluation of English proficiency	Pre-intermediate	1	1
	Intermediate	2	2
	Upper intermediate	0	0
Received any training program on doctor-patient communication		One received one-day training program	One received two-day training program
Ever lived/studied/ worked in a foreign country		One has been studying in Houston, US for one year	No

2.2 Data collection

Considering patients' privacy and ethics in the clinic, this study adopted written DCT to collect data instead of ethnographic observation. The reason of using the DCT was that it was efficient in terms of research time, research effort and financial resources, as they could be used with a wide variety of people in varied situations on diverse topics. The data from the DCT allowed researchers to make an initial classification of semantic formulae pertaining to the communication behaviors being investigated. The DCT also helped researchers specify the canonical shape of communication behaviors in the minds of oncologists (Beebe & Cummings, 1996). Due to the advantages of the DCT, the present study used a six-scenario DCT questionnaire to elicit how oncologists presented prognostic information to patients with cancer in L1s and English. The DCT was designed with two situations based on the severity of cancer, which meant the hearer in each situation was the patient with cancer at early or advanced stage. Under each situation, there were three scenarios including test results, treatment, and prognosis statements according to the codebook of oncologists' communication behaviors that may affect patient prognostic perceptions (Robinson et al., 2008). Therefore, each participant wrote their own statements of test results, treatment, and prognosis to patients at early or advanced stage of cancer in each situation of the DCT. In total, there were six scenarios for each participant. The DCT is shown in Appendix 1.

In order to investigate oncologists' communication predictors in L1s and English, the DCT was translated into Chinese and Thai by two researchers, and two more experienced Chinese-English and Thai-English translators checked the translation to

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make sure the accuracy. After finalizing the scenarios used in the DCT, the researchers sent the questionnaire to another one oncologist (not included in the six participants) for a pilot study to make sure the scenarios and questions in the DCT were clear and unambiguous. Then the participants completed the DCT online, firstly native Thai oncologists used English and Chinese oncologists used English to finish the DCT. Seven days later, the same participants of Thai oncologists used Thai language and the native Chinese oncologists used Chinese to complete the tasks.

After the DCTs, semi-structured interviews were conducted. All the participants were selected to be the interviewees.

2.3 Data analysis

The Chinese and Thai versions of the DCT were translated into English by two researchers first. A back-translation was conducted later for accuracy and quality, which evaluated equivalence of meaning between source and target texts. Two more experienced Chinese-English and Thai-English translators performed the back-translation. The accuracy of translation reached 91.2% (Thai-English) and 90.8% (Chinese-English). Disagreements were discussed and final decisions were made by two researchers.

For the analysis of communication predictors in the statements of test results, treatment, and prognosis, the predictors were identified and coded by two trained researchers according to the study of Robinson et al. (2008) as mentioned above. Each researcher coded the predictors in the communication behaviors of three participants of Thai or Chinese including English and L1 (translation) statements separately, and then double-coded the other half. The interrater reliability was 95.1%. Disagreements were discussed and final decisions were made by two researchers together.

In terms of the analysis of the interviews, two researchers transcribed the interviews into texts first. Each researcher coded half of the transcriptions independently, and double-coded the other half. After coding and recoding, the categories were identified and the themes were developed from the interview data.

3. Results and discussion

The following Table 4 shows the results of communication predictors adopted by Chinese and Thai oncologists when giving the statements of test results, treatment, and prognosis to patients at early and advanced stages of cancer.

For Thai oncologists, when delivering the statements of test results, treatment, and prognosis to patients with early-stage cancer, they adopt similar communication predictors both in English and Thai. The frequently used predictor is *Optimism*

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about the past or present in test results, treatment, and prognosis statements (e.g., for test results, *"I'm sorry to say you have early stage lung cancer but it can be cured."* in English, "จากผลการตรวจหมอพบว่าคุณลุงมีก้อนที่ปอดพอตรวจชิ้นเนื้อพบว่าเป็นก้อนเนื้อร้ายเอาออกระยะต้นซึ่งรักษาให้หายขาดได้ คุณลุงไม่ต้อ งกังวล *From test results, I found that you have tumor in your lung. When I analyzed it, I discovered that you have malignant tumor, early stage lung cancer which is curable. You don't have to worry."* in Thai). And *Optimism about the future* is also used in treatment and prognosis statements (e.g., for treatment "*You can cure the cancer after you have complete treatment."* in English, "คุณมีโอกาสหายขาดค่ะ แต่ต้องรักษาให้ครบตามแผนการรักษาและติดตามอาการต่อเนื่องอีก5ปีค่ะ *You have a chance to be cured, but you must complete treatment and have follow-up visits for 5 years.*" in Thai). While communicating with patients with advanced stage cancer, Thai oncologists use *Optimism about the past or present* and *Optimism about the future* as in the early-stage scenario, but *Pessimism about the past or present* is frequently used in test results, treatment, and prognosis statements both in English and Thai (e.g., for prognosis "*You have many sites of tumor. I cannot perform surgery on every site to get rid of the tumors. The surgery on every site is very dangerous and make you die so I cannot sent you to have the surgery*" in English, "แต่ไม่สามารถเอาเนื้อร้ายออกจากร่างกายคุณได้ค่ะเพราะการผ่าตัดเอาเนื้อร้ายออกทุกจุดในร่างกายคุณไม่สามารถทำได้ ค่ะ *...but I cannot remove them from your body because removing tumors from every site in your body cannot be done.*" in Thai). The doctor explains in the interview that, *"Patients should not be given false hope and they need to know the truth. I want be honest with them."* Generally, Thai oncologists adopt *Optimism about the past or present* and *Optimism about the future* in scenarios of early- and advanced-stage, but the predictor of *Pessimism about the past or present* is used to a patient at advanced stage of cancer in English and Thai, for example, "*Due to medical technology and clinical research, I am sorry to say this situation can be cured less than 5%*." in English and "ในปัจจุบันโรคมะเร็งเต้านมระยะแพร่กระจายมีโอกาสหายขาดน้อยมาก *Today breast cancer with metastasis has a very low survival rate*." in Thai.

The uses of predictors in English and Thai show that *Optimism about the future* is more frequently used in English than in Thai while delivering prognosis to the patient with early-stage cancer, for instance, "*Due to clinical trials of early stages lung cancer, your 5-year survival rate after complete treatment is about 70-80%*." But to a patient at advanced stage, *Optimism about the past or present* is adopted in prognosis more often in Thai than in English, for example, "แต่อย่างไรก็ตามโรคที่คุณป้าเป็นก็มีการรักษาที่มีประสิทธิภาพดีหลายทางเลือกผล ข้างเคียงจากการรั กษาก็น้อยช่วยให้คุณป้ามีอายุขับที่ยืนยาวขึ้น มีคุณภาพชีวิตที่ดีขึ้น *However, for the disease that you are having, there are many cancer treatments that are effective with fewer side effects which prolongs life and improves quality of life*." During the interview, the doctor reveals, *"I'd like to say nice things and comfort patients in English, but I don't have a lot of vocabulary and I'm afraid of using wrong words. So, I try to be brief and just say what the patient needs to know."*

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Table 4 Communication predictors used by Chinese and Thai oncologists in statements of test results, treatment, and prognosis

Severity of cancer	Communication behavior	Communication predictor	Thai oncologists		Chinese oncologists	
			English	L1 (Thai)	English	L1 (Chinese)
Early stage	Test results statement	Optimism about the past or present	2	2	3	3
		Optimism about the future				1
		Pessimism about the past or present				
		Pessimism about the future				
		Uncertainty			1	1
	Treatment statement	Optimism about the past or present	3	2	2	2
		Optimism about the future	1	1	1	1
		Pessimism about the past or present				
		Pessimism about the future				
		Uncertainty			1	
	Prognosis statement	Optimism about the past or present	1	1	2	1
		Optimism about the future	3	1	3	3
		Pessimism about the past or present				
		Pessimism about the future			1	
		Uncertainty				
Advanced stage	Test results statement	Optimism about the past or present	2	1	1	2
		Optimism about the future	1			1
		Pessimism about the past or present	3	3	2	1
		Pessimism about the future				
		Uncertainty			1	1
	Treatment statement	Optimism about the past or present	2	2		2
		Optimism about the future			3	1
		Pessimism about the past or present	1	2		
		Pessimism about the future				
		Uncertainty			1	1
	Prognosis statement	Optimism about the past or present	1	3		
		Optimism about the future	1	2	2	3

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		Pessimism about the past or present	3	3		
		Pessimism about the future				2
		Uncertainty			1	1

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For Chinese oncologists, similar to Thai doctors, *Optimism about the past or present* and *Optimism about the future* are more frequently adopted in test results, treatment, and prognosis statements for the early-stage scenario in English and Chinese, for example, for test results *"Fortunately good new is for you it's at early stage. I bless you come early."* in English, and "*但是还好,发现的比较早,局部的病灶比较小,没有转移扩散,只要您积极的治疗,我相信治疗的效果是不错的.But it is OK, since it is detected at an early stage, and local lesions are relatively small and no metastasis. As long as you actively receive the treatment, I believe the treatment effect is good.*" in Chinese. It is worth noting that one oncologist use *Uncertainty* in giving test results and treatment plan to the patient, for instance, *"Maybe you have gotten lung cancer, but fortunately at an early stage."* in English, and "*目前检查结果提示你可能患有肺癌.The current test results show that you may have lung cancer.*" in Chinese. The doctor states later in the interview, *"Because this is the first time for the patient to hear about this disease happening to him, I want to ease the shock by using uncertain expressions."* When giving the statements to the patient with advanced cancer, doctors tend to use *Optimism about the past or present* and *Optimism about the future* in L1 and English, which is similar to Thai oncologists. For instance, *"I also met lots of patients with advanced breast cancer being cured after treatment. So let's face it and defeat it together."* in English, and *"我们会尽全力,应用现在最好的治疗设备和最先进的抗癌药,争取能够控制您的病情,再一点点把癌细胞消灭.We will do our best to use the currently best treatment facility and the most successful anti-cancer drugs to try to control your condition and destroy cancer cells little by little."* in Chinese. And *Pessimism about the past or present* is also used in test results statement in English and Chinese (e.g., *"Unfortunately I need to tell you the truth that you are at advanced stage of breast cancer according to the current results. I hope that you could be in hospital immediately and accept treatment."* in English, and *"肝上发现有散在的转移病灶,所以是一个临床晚期的乳腺癌.The metastatic lesions spread to the liver, so it is advanced breast cancer."* in Chinese). Interestingly, it is different from Thai doctors delivering prognosis, Chinese doctors also use *Uncertainty* in the advanced-stage scenario in English and Chinese, for example, *"The patient's condition is different from each other, we will re-evaluate yours based on the treatment results, and if possible, we may remove the tumor"* in English, and "*但是鉴于您现在肝上有转移病灶,治疗效果可能没有早期的乳腺癌好.But since you have metastatic lesions in the liver, the therapeutic effect may not be as good as early breast cancer.*" in Chinese.

In terms of the predictors used in English and Chinese, *Pessimism about the future* appears in L1(Chinese) when delivering prognosis statement to advanced-stage patient, *"不好意思,据目前数据显示完全治愈可能性不高.I'm sorry. According to the current data, the possibility of complete cure is not high."* It is also unusual that one Chinese oncologist uses *Pessimism about the future* by saying *"...but there are rare cases that exist reoccurrence probability"* in prognosis of early-stage cancer in English. During the interview, the doctor states, *"For some patients with early stage cancer, they may underestimate the severity of their disease. I give the medical fact to arouse his attention, and I assume the foreigners can accept the directness."*

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4. Conclusion

This study adopts written DCTs and semi-structured interviews to identify Chinese and Thai oncologists' communication predictors in L1s (Chinese and Thai) and English when delivering test results, treatment, and prognostic information to patients at different stages of cancer. The results of communication predictors show that Chinese and Thai oncologists adopt *Optimism about the past or present* and *Optimism about the future* to deliver information to patients at early- and advanced-stage cancer, but the predictor of *Pessimism about the past or present* is used to a patient at advanced stage of cancer by Chinese and Thai oncologists. Interestingly, Chinese doctors also use *Uncertainty* to the patient with early- and advanced-stage cancer in English and Chinese.

Based on the findings, Chinese and Thai oncologists share similar communication predictors, and perceive death as a taboo subject to avoid providing survival predictions to their patients in L1s and English. This indicates that miscommunication between the two groups is unlikely to occur when bad news is delivered. However, informing patients full information is expected in English speaking countries while withholding bad news is common in Asian countries (Hagerty et al., 2005). Misunderstanding may occur when Chinese and Thai oncologists refrain from disclosing diagnostic and prognostic information to Western patients who prefer to be informed both good and bad news. To ensure that Chinese and Thai oncologists do not offend Western patients, educators should raise their cultural awareness in communicating with patients whose language and culture are different. It is important to train oncologists to be culturally aware toward the disclosure of information in English to reduce misunderstandings and complaints. In short, oncologists should respect patients' right to be fully informed of their conditions, meanwhile, consider the cultural factor influencing patients' perceptions of the bad news. Finally, the study suggests developing oncologists' empathy that requires the doctors to be emotionally engaged and to experience the patient's attitudes as presences, rather than as mere possibilities (Spiro, 1992; Pellegrino, 1986). As one participant talked about the importance of empathy in the interview, *"Empathy is the most important thing in my work. For some patients at the final stage, the treatment they need and I perform is 'verbal' therapy rather than chemotherapy."*

This study used written DCTs as a main research tool that might produce data different from naturally occurring data. Oral data and ethnographic observation should be included as supplement for a better understanding of doctor-patient communications on delivering cancer information in natural settings. Furthermore, the level of severity of cancer stages was the only factor observed in this study. Other possible variables such as age, gender, and social status should be investigated to see how they affect communication of prognosis. Additionally, the study collected data from the doctors, but there was a lack of information regarding patients' perceptions. Further studies may obtain data from local and overseas patients to establish cross-cultural interpretations regarding doctors' statements of prognosis and the perceptions of death.

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