

Taping outpatient consultations: a survey of attitudes and responses of adult patients with ocular malignancy

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Abstract

Purpose To study the attitudes and responses of cancer patients to audiotaped consultations as a communication aid in an ophthalmic clinic.

Methods Ninety-four patients attending an ocular oncology clinic were given an audiotape of their initial consultation. They were then administered a structured interview with questionnaire regarding their views on the tape when they attended an outpatient clinic for follow-up after surgery or radiotherapy.

Results 91% of patients had listened to the tape at least once, often prior to their treatment or follow-up visit. Most patients had shared the tape with immediate relatives, including their spouse (58%) or other family members (45%). Of those who had listened to the tape, 94% described it as very useful or quite useful in helping them understand their condition. The majority had found it valuable in helping them understand their treatment and its side-effects, in reducing their fears and anxieties and in their emotional and psychological adjustment to their illness. Most commented on the tape as a valuable communication aid to the consultation process.

Conclusions Taping of the consultation as a method of improving communication is popular among cancer patients. The vast majority benefit greatly from being able to hear their consultation again in their own time.

Key words Doctor-patient relationship, Communication aid, Tape, Satisfaction

One of the commonest complaints made by patients about the medical profession is that they are not given adequate information about their illness and treatment.¹ The reasons for dissatisfaction can be numerous and include inadequate communication skills,² lack of time during the consultation process, differences

between doctors' estimates and patients' levels of medical knowledge³ and poor recall of information. Among cancer patients, deliberate attempts may be made at withholding information considered detrimental to the patient's welfare.⁴ Moreover, it is not uncommon for patients to complain that being given a diagnosis of cancer so shocked them that they were incapable of taking in information from the rest of the consultation. Inability to pass on information to relatives may further increase dissatisfaction with the consultation process.

Various methods have been suggested to improve the consultation process with cancer patients, ranging from the provision of information leaflets, general audio or video tapes, personalised letters⁵ and psychosocial care⁶ to greater emphasis on patient-centred consultations.⁷ Taping of the consultation has been suggested as an effective method of improving communication.^{8,9} At the Ocular Oncology Service of St Paul's Eye Unit in Liverpool, we have routinely been providing patients with an ocular malignancy the opportunity to take home an audiocassette tape recording of their initial consultation. In this study, we set out to assess our patients' attitudes and responses to these tapes as a communication aid in our clinic.

Materials and methods

Informed oral consent was obtained from the patient for the recording of the initial consultation. A standard questionnaire was designed to include specific questions and general comments about the use of the tape (Appendix). A total of 94 consecutive patients attending a follow-up outpatient appointment after surgery or radiotherapy for an ocular malignancy were interviewed regarding their views on the tape of their consultation. These comprised 44 men and 50 women, aged between 29 and 83 years (median 58 years).

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Eighty-two were being followed-up after treatment for uveal melanoma, 8 for conjunctival melanoma, 1 for conjunctival squamous carcinoma and 3 for choroidal metastasis. The time interval from treatment to interview ranged from 6 weeks to 10 months (median 5 months).

Results

Eighty-six patients (91%) had listened to the tape, on average 2.7 times (range 1–6 times). Eight patients had not listened to the tape. Three patients felt no need to listen as they thought the initial consultation had been adequate and 2 patients could not face being told of the diagnosis again. Two patients mentioned lack of access to a tape recorder and one to mislaying the tape as reasons for not listening. Forty-six patients (49%) had listened to the tape prior to undergoing surgery or radiotherapy, and 58 (62%) prior to their follow-up visit. Sixty-seven patients (71%) stated that they had listened to the tape when discussing their condition with their relatives and 14 patients (15%) had done so with their general practitioner.

When asked about who else had listened to tape, 55 patients (58%) mentioned their spouse or partner and 42 patients (45%) mentioned other family members. Many patients had also played the tape to friends (30), to their general practitioner (14), to an optometrist (5) or to a social worker (2).

Patients who had listened to the tape were asked how helpful they had found it with regard to various aspects of their care. The vast majority of patients had found the tape very useful (87%) or quite useful (7%) in helping them understand their condition. As regards helping them understand their treatment and its side-effects, 79 patients (92%) described the tape as very useful (81%) or quite useful (11%). Although the tape tended to contain potentially distressing information, 77% of patients who had listened to it felt it had helped to reduce their fears and anxieties. Only 3% of patients thought it had actually increased their fears and anxieties. Indeed, most patients (83%) had found the tape of some benefit in helping them adjust emotionally and psychologically to their illness.

Our study demonstrates that most cancer patients benefit greatly from being able to listen to their consultation again in their own time. Most patients commented favourably about the tape. One remarked:

When I got home I was so stunned that I had forgotten most of what had been said, except that I had cancer. It was very helpful to listen to the tape in my own time. I was able to have a clearer understanding of my condition and treatment.

Another patient commented:

Communication backed up by tape is a very good idea. It is only on playback that you realise how much you don't take in.

The vast majority of patients had played the tape to at least one family member. The ability to share the consultation with other family members was greatly appreciated by many patients.

It was very reassuring to have my family with me to listen to the tape. We were able to discuss the various aspects of my illness together in an open manner.

The tape was a very good idea. My family found it very informative and comforting.

Many patients felt the tape gave them confidence and reassurance about their illness. Over three-quarters thought it decreased their fears or anxieties.

It's a very effective way of communicating, especially at such a stressful time. It personalised both the relationship and understanding with the doctor and gave me more trust and confidence. It should be introduced in other hospital departments.

Listening to the tape was very comforting. The more I listened, the more relaxed I felt towards my operation.

Some patients preferred not to play back the tape for fear of increasing their anxieties. However, despite its potentially upsetting content only a small minority found that listening to the tape had actually increased their anxieties.

I didn't play back the tape because I could not face being told of the diagnosis again.

However, another patient remarked:

I thought the tape was a good idea. Although it increased my anxieties, I feel that this was better than being ignorant of my condition.

Discussion

In a 1980 report, Cassileth *et al*¹⁰ found that 85% of cancer patients in a North American study wanted all information, whether good or bad, and that many wished to be involved in decision making. More recently, in 1996, Meredith *et al*.¹¹ reported on 250 cancer patients in west Scotland and noted that 79% wanted as much information as possible with 96% wanting to be told specifically of a diagnosis of cancer. Additionally, almost all wanted to know about prognosis and side-effects of treatment, while those receiving radical treatment also wanted to know more about treatment options.¹¹ Among cancer patients, however, the emotional shock of being told of the diagnosis, combined with poor assimilation or recall of information, can often result in poor understanding and dissatisfaction with the consultation process. Taping of the consultation has been suggested as a method of improving communication.^{8,9} In our unit, an initial trial of taping proved so popular that we now offer it routinely to all our patients who have an ocular malignancy. Our study demonstrates that most patients benefit greatly from being able to listen to their

