



What works to involve cancer patients at the meso and micro level

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The story of Andrés



- Prostate cancer survivor
- Wants to make others' experiences better
- How do we help him to achieve this?



Patient involvement as a complex intervention

Multiple components

What makes it work?

Interdisciplinary and cultural approach



A best practice in healthcare

Care considered optimal

Evidence-based

Practices, methods, interventions, procedures or techniques to obtain improved patient and health outcomes

Effective and implementable



Patient empowerment

(Bravo et al 2015)

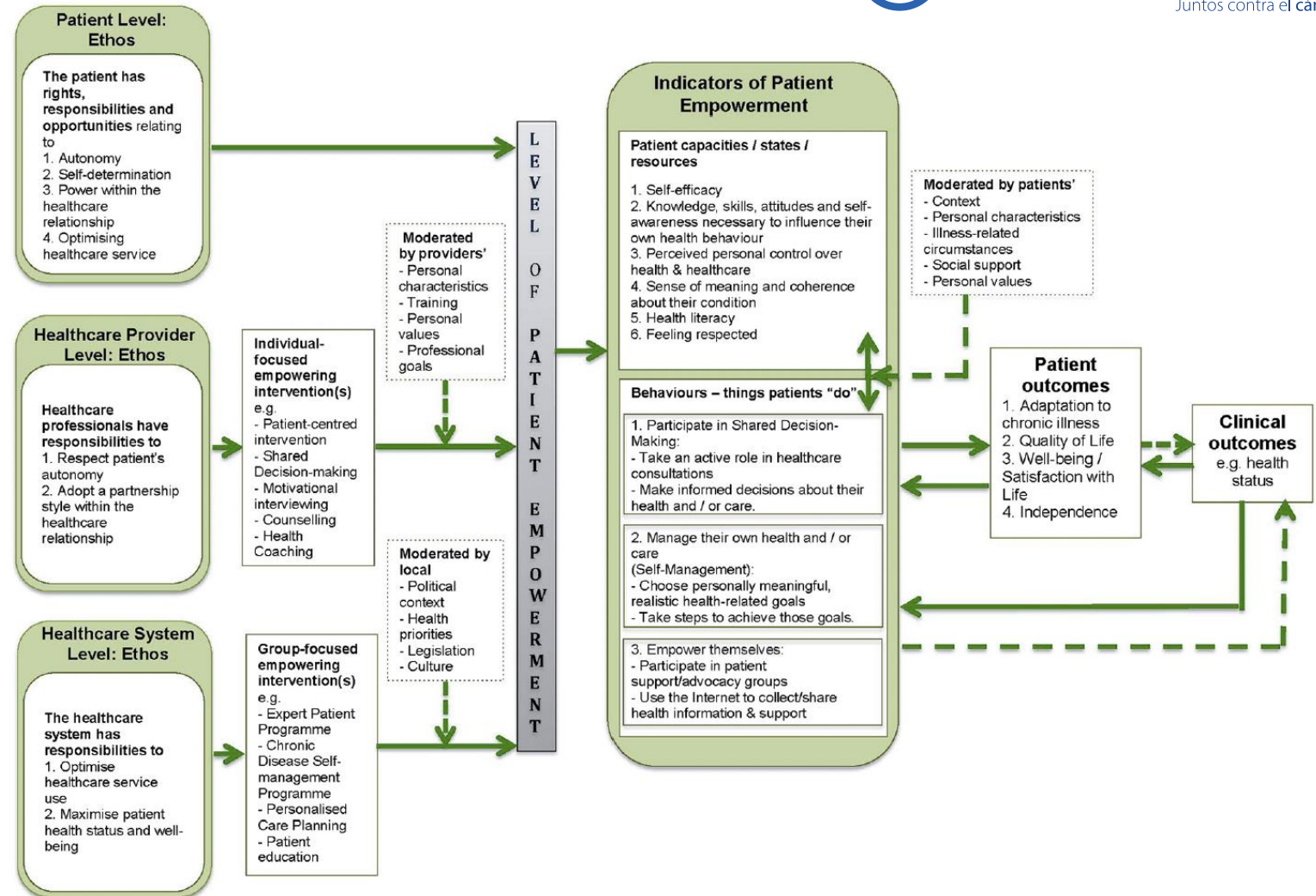
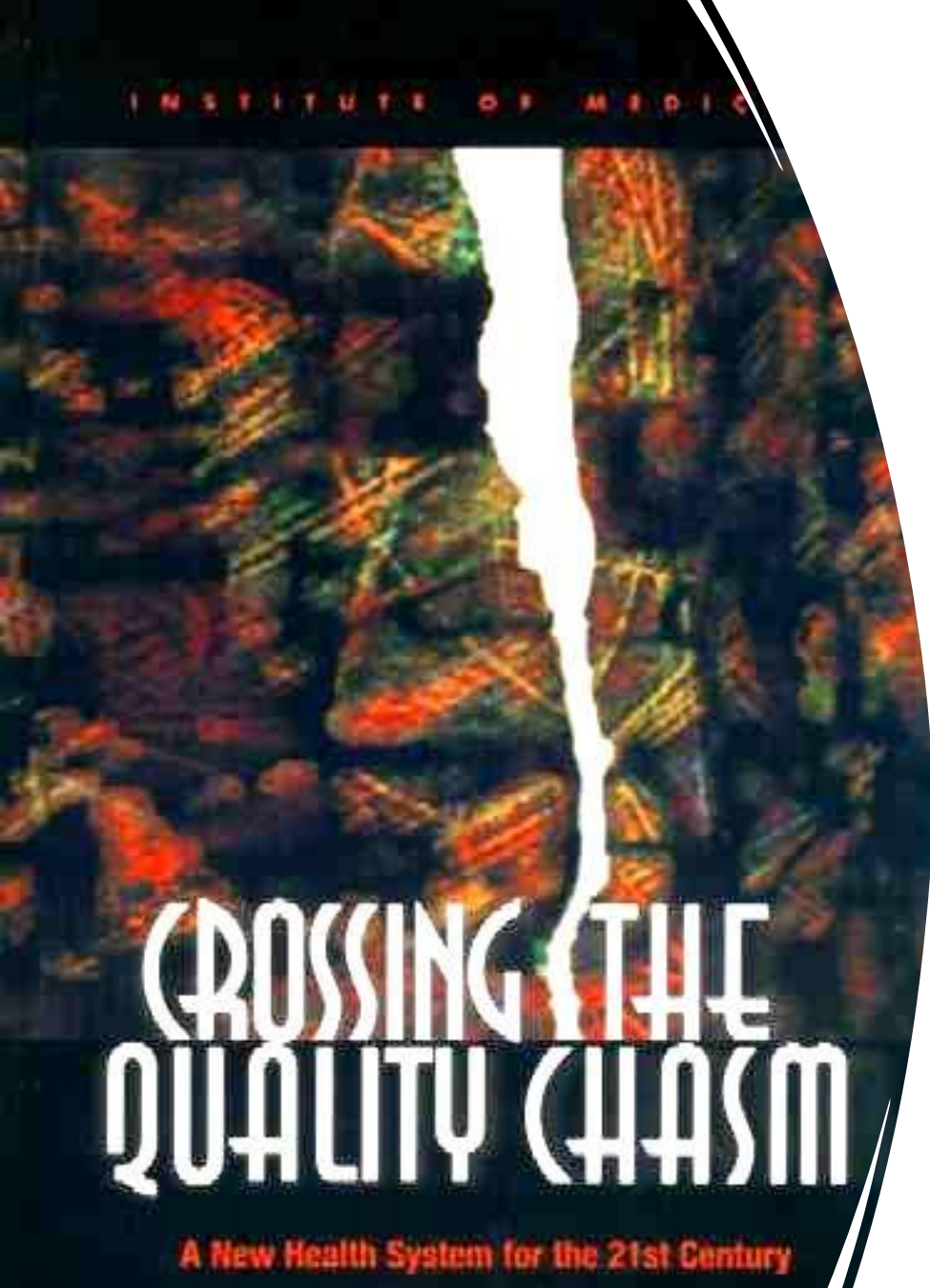


Figure 2 A conceptual model of patient empowerment



Patient-centred care

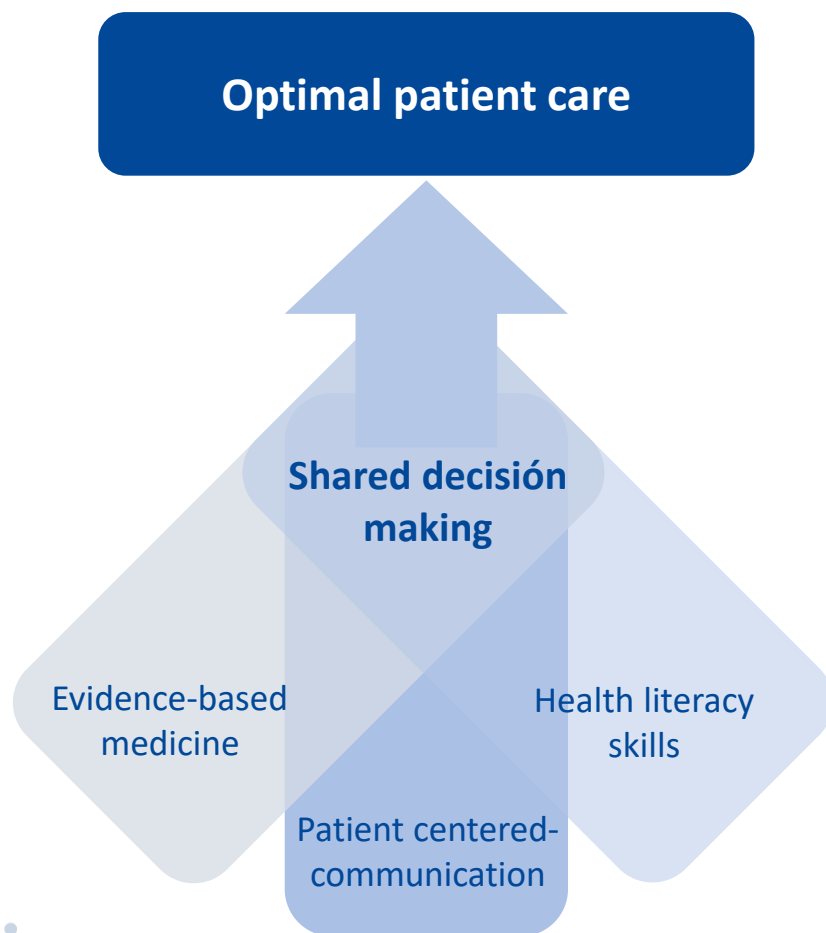
“Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.” (IOM, 2001)



Involving patients in the decision-making process as a best practice in cancer care



Shared decision-making (SDM)



“ An approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences

Elwyn et al 2010

Why do we need to practice SDM?



Ethical imperative



Cost control



Reduces inequalities



Improves safety



Frosch y Carman, 2016

What the evidence says...



Decision Quality

- Better knowledge
- More understanding of risk perception
- Decision aligned with patient values



McAlpine et al, 2018

What the evidence says...

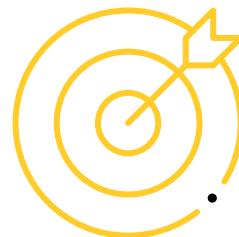


Decision-making process

- Lower decisional conflict
- Reduced clinician-controlled decisions
- Fewer indecisive patients



McAlpine et al, 2018



But we have some challenges...

An issue of power imbalance

- Paternalistic approach: the “God-tor”
- Authority by expertise
- Lack of training

(Bravo et al, 2022; Hernández, Perestelo y Bravo, 2021)



Respectful and Compassionate care

- Greetings and visual contact
- Genuine interest
- Active listening
- Comprehensive language
- Opinion and preferences
- Exclusive time use

(Dois y Bravo, 2019; Bravo et al, 2018; Dois, Bravo y Soto, 2017)

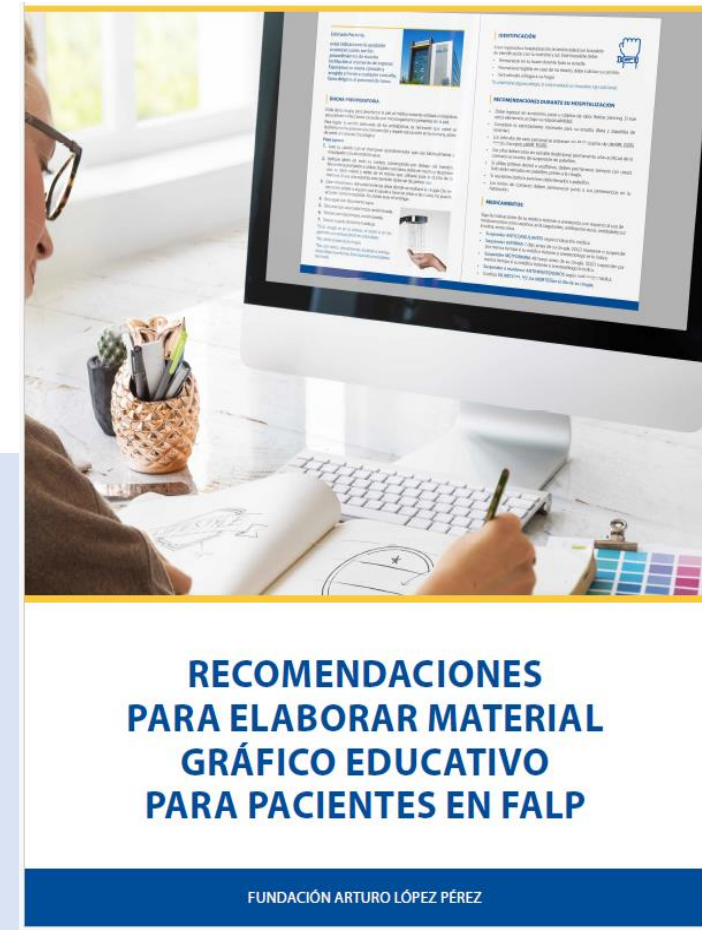


What we can do *(and what we are doing)*



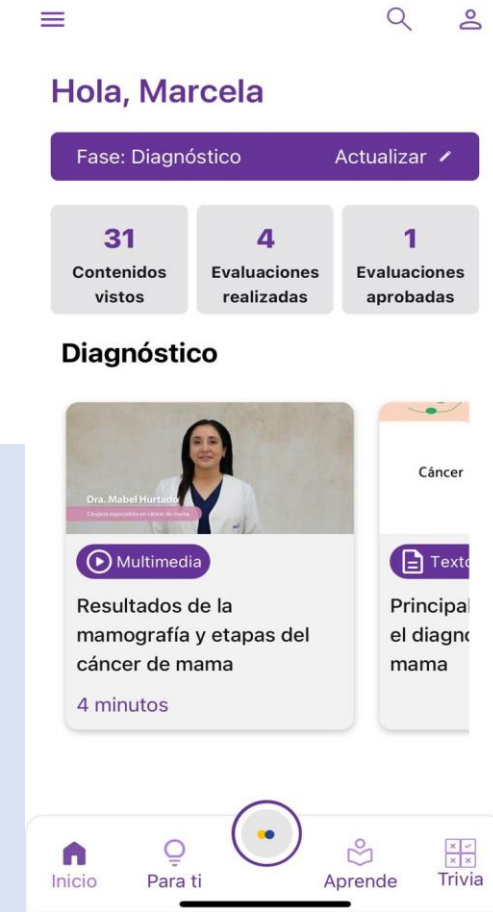
Literacy-friendly cancer centre

- Train staff in health literacy and dialogue education
- Use plain language policies
- Improve written material (e.g. consent forms)



Promotion of patient health literacy

- Assess literacy
- Use visuals and simplified summaries
- Use of multimedia/digital tools



Implementing SDM

- Understand the issue (exploratory studies)
- Use decision aids
- Plain language
- Encourage questions: Ask 3 Questions method
- Tailored, empathetic communication



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El cáncer transforma vidas.
El apoyo lo transforma todo.



Challenges for an effective strategy

Digital divide and access issues

Cultural and language barriers

Risk of tokenism

Need for interpreters and inclusive design



Key Takeaways

SDM and health literacy are essential for patient involvement

Meso structures must support micro interactions

Inclusivity and cultural sensitivity are crucial

Empower patients to co-lead the care process





Thank you

FUNDACIÓN ARTURO LÓPEZ PÉREZ