

# Diagnosis and Treatment of Patients with early and advanced Breast Cancer

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Guidelines Breast  
Version 2020.1

## Health literacy and communication

# Health literacy

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- **Version 2020:  
Rhiem / Schmidt**

# Health literacy

## Definition

e.g.\*

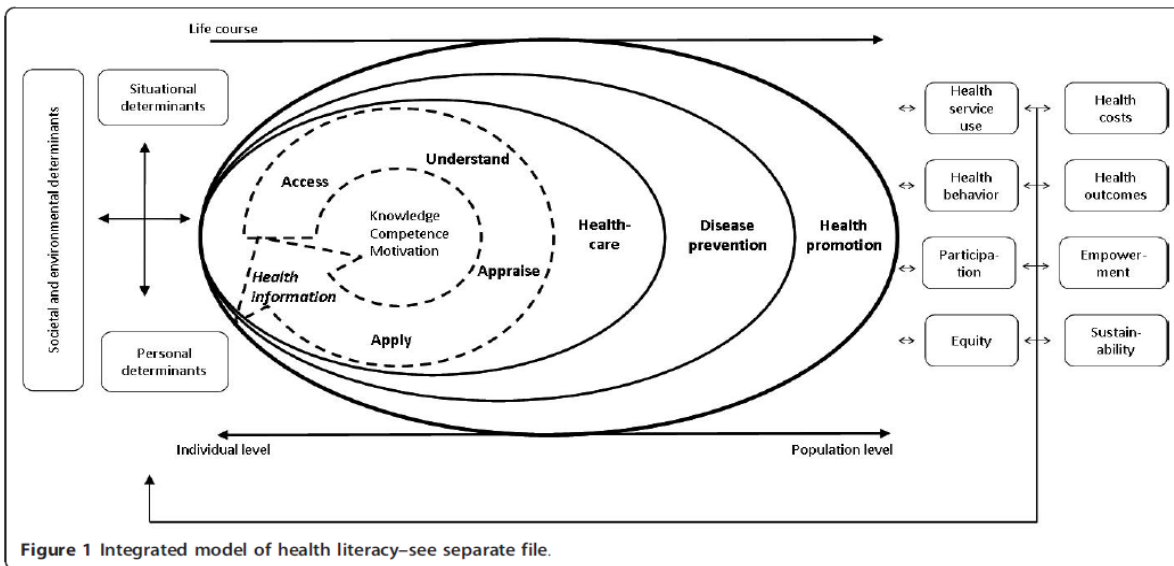
**“Health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.”**

***Sørensen et al., (2012)***

- \* further definition, e.g.: The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives used this working definition of health literacy for 2030: “Health literacy occurs when a society provides accurate health information and services that people can easily find, understand, and use to inform their decisions and actions.”

# Health literacy model

(according to Sørensen)



## Competencies

**Access:** seek, find, obtain health information.

**Understand:** Understanding the health information received

**Appraise:** Interpret, select, assess, review health information

**Apply:** Use health information to make decisions that support and improve health

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- The more developed health literacy is, the better a person can **inform** himself or herself about health (e.g. prevention, therapy) in everyday life, **form** an **opinion** and **make self-determined decisions** that maintain or improve the quality of life and health throughout the course of life.
- However, the extent of health literacy of a person depends not only on his or her individual prerequisites and acquired competencies, but especially on the **professional quality, appropriateness, comprehensibility, form of communication and availability of the information provided.**

# Health literacy

## User participation

**Reasons cited for overuse, underuse and misuse in the health care system include the weak position of patients (SVR 2001).**

In the context of health literacy, the individual is

- more **actor and co-designer** and less passive carrier of risk factors
- **autonomous actor** who takes **responsibility** and an **active role** in medical decision-making processes
- the person who extracts the **individually relevant meaning** from professionally offered information and **behaves in accordance with individual ideas about** certain health situations

# Health literacy

## Communication

**Doctor-patient communication is a central means of acquiring health competence. It is the basis for successful oncological treatment and support. Core elements are, for example:**

- **Non-directive communication** - i.e. those seeking advice have the right to choose their own goals in life, even if they contradict generally accepted, even evidence-based, recommendations after well-founded consideration.
- **Comprehensible communication** - i.e. geared to the level of knowledge, reception habits, competence requirements and preferences of the different patients.

Goal: Enabling a "**self-responsible**" decision based on sufficient health literacy.

# Health literacy

## Basic principles of communication

- **Communicate information truthfully and empathetically**
- **actively listening and expressing empathy**
- **Find out if and how the patient wants to be informed about his/her situation**
- **use understandable language avoiding or explaining technical terms**
- **Continuously improve understanding through e.g. repetitions, breaks, summary, comprehensible information material**
- **Encourage asking questions and expressing feelings**
- **Identifying individual stresses, problems and needs**
- **Motivating self-determination and personal activities ("empowerment")**
- **Giving hope for healing and relief**
- **Offer further assistance (e.g. psycho-oncology, self-help)**



# Health literacy

## evidence-based information

**Evidence-based information in health care should be used to answer patients' questions in an understandable way. They are based on the current state of knowledge and are free from influence:**

**requirement for evidence-based health information:**

- The information on services or products may not be used directly or indirectly for marketing purposes.
- The systematic search corresponds to the questions relevant to the target group.
- The selection of evidence suitable for the research question is justified.
- An undistorted presentation of the results relevant to the patients (e.g. mortality, complaints, complications, health-related QoL) is available.
- The presentation of uncertainties is appropriate in terms of content and language.
- The presentation of results is clearly separated from the derivation of recommendations.
- Consideration of current evidence to communicate figures, risk information and probabilities.
- there must be sufficient time for the decision.
- The possibility that the measure may be refused must not be a reason for withholding information.

# Health literacy

## Communication

**Non-directive and evidence-based doctor-patient communication that is geared to the current needs, values, problems, resources and preferences of patients has beneficial effects.**

- Patients feel less anxious
- Trust in treating oncologists is increased
- Treatment satisfaction is increased
- Therapy adherence is increased
- Decision making is improved
- Mental complaints are improved

**Oxford**

**LoE**

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**2b**

**2b**

**2a**

**2a**

**2a**

**2a**

# Health literacy

## Communication

**Qualified training measures can help to promote communicative skills.**

**communication training for doctors can e.g.**

- Enhance empathy
- Extend and enrich communication skills
- Increase patient satisfaction (information, support, consideration of concerns)

Oxford		
LoE	GR	AGO
2a		
2a		
2b		

# Health literacy

shared decision making - participatory decision

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**The vast majority of patients want to be actively involved in decisions about their care.**

	Oxford		
	LoE	GR	AGO
■ Patients want open discussions about prognosis, treatment options and quality of life	<b>1b</b>	<b>A</b>	
■ Doctors should motivate patients to ask questions, demand clarification, express emotions, opinions and preferences	<b>3b</b>	<b>C</b>	<b>+</b>

# Health literacy

## Patient decision aids

**Patient decision support tools are tools that help people to participate in decision making by making the decision to be made explicit, providing information on options and outcomes, and clarifying personal values. They are intended to complement, not replace, the advice of a doctor.**

- **Patient Rights Act (2013) stipulates that information must be understandable for patients**
- **National Cancer Plan (2015) "Roadmap - informed and participatory decision-making by 2020**

### Decision support

- **clarify the decision on**
- **describe the available options**
- **help patients to view these from a personal point of view**
- **should be evidence-based = evidence-based health information (EBGI)**
- **bring patients: more knowledge about options, more accurate risk perception, more satisfaction and that decisions are more in line with their values**

# Participatory decision making

(PEF, English Shared decision-making, SDM)

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FORSCHEN  
LEHREN  
HEILEN

## The use of decision aids (EH)

Oxford

LoE

- |   |    |
|---|----|
| ■ improves knowledge about treatment options                            | 1a |
| ■ reduces the decision conflict   | 1a |
| ■ improves the level of information                                     | 1a |
| ■ increases the feeling about the clarity of personal values            | 1a |
| ■ encourages a more active role in decision-making                      | 2b |
| ■ improves risk perception  | 2b |
| ■ improves the match between the chosen option and the patient's values | 3a |