

Diagnosis and Treatment of Patients with early and advanced Breast Cancer



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Health Literacy and Communication

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- **Versions 2020-2021:**
Bauerfeind / Rhiem / Schmidt / Schütz

- **Version 2022:**
Maass / Schütz



Health Literacy Definition

“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)

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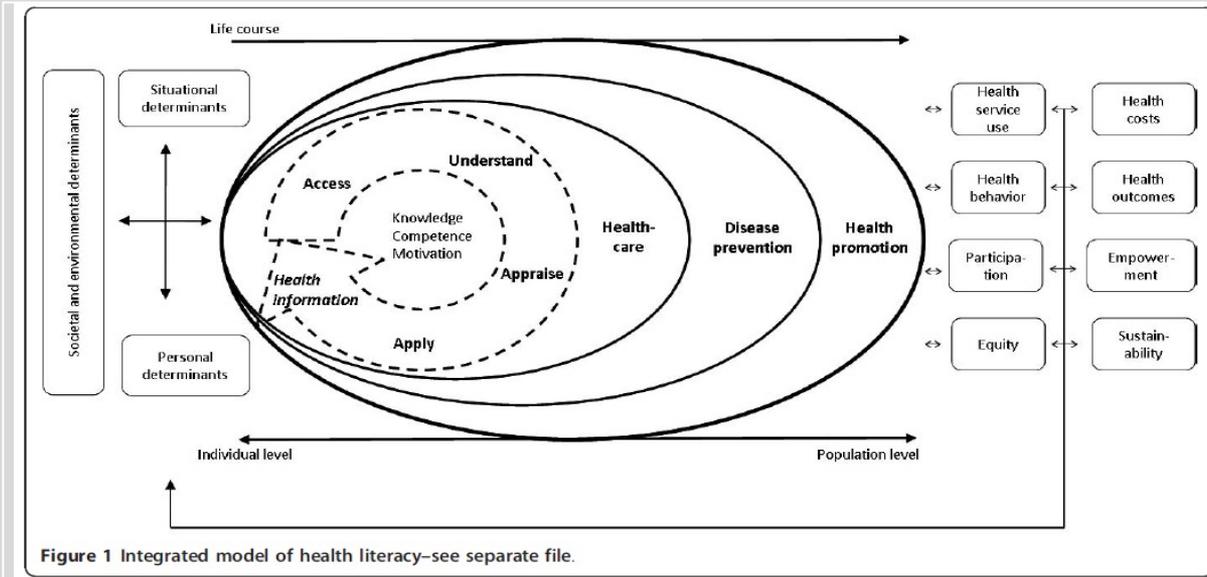
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Health Literacy Model (according to Sørensen)

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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 self-determined 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 patient is

- More autonomous **actor and co-designer**
- The one who takes **responsibility** and an **active role** in medical decisions
- the person who extracts the **individually relevant meaning** from professionally offered information and **behaves in accordance with individual ideas about** certain health situations

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SVR - Council of Experts for the Assessment of Developments in the Health Care System

Health Literacy

Communication

Oxford

| LoE | AGO |
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| 3a | + |

Aim of a physician-patient communication: enable a self-determined decision based on sufficient health competence (Shared Decision Making)

Doctor-patient communication is key for 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



Health Literacy

Basic Principles of Communication

- **Communicate information truthfully and empathetically**
- **Impart medical evidence-based knowledge**
- **Critical debate of pseude-scientific recommendations**
- **Active listening**
- **Showing empathy**
- **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)**

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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 as a discrimination against pseudo-scientific recommendations:

- 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.

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Communication

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

Oxford

LoE

- Reduction of fear 2b
- Trust in treating oncologists is increased 2b
- Treatment satisfaction is increased 2a
- Therapy adherence is increased 2a
- Decision making is improved 2a
- Mental complaints are improved 2a

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Qualified training measures can help to promote communicative skills.

communication training for doctors can e.g.

- | | |
|---|-----------|
| ▪ Enhance empathy | 2a |
| ▪ Extend and enrich communication skills | 2a |
| ▪ Increase patient satisfaction (information, support, consideration of concerns) | 2b |
| ▪ Improve transmission of information | 2b |



Health Literacy

Shared Decision Making - Participatory Decision

Oxford

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| | | |
|-----------|----------|--|
| 1b | A | |
|-----------|----------|--|

- Patients want to be integrated actively into decision making and open discussions about prognosis, treatment options, and quality of life
- Doctors should motivate patients to ask questions, demand clarification, express emotions, opinions, and preferences

| | | |
|-----------|----------|----------|
| 3b | C | + |
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Health Competence Decision Support for Patients

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The use of decision support in the physician-patient communication

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

Oxford

LoE

AGO

+

1a

1a

1a

1a

2b

2b

3a