

Original article

Quality of physician-patient relationships is associated with the influence of physician treatment recommendations among patients with prostate cancer who chose active surveillance

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Abstract

Objective: With growing evidence that some men with prostate cancer (PCa) may be overtreated, clinicians need greater knowledge of the factors that influence uptake of treatment recommendations in general, and specifically, uptake of active surveillance in patients for whom this is an appropriate treatment option. The objective of this study was to test the role of the quality of the physician-patient relationship in the choice to be followed by active surveillance, rather than receive definitive therapy (e.g., surgery and radiation). We hypothesized that patients would have been more influenced by their physicians' treatment recommendations to the degree that they held more positive perceptions of their relationship with their physicians, independent of treatment recommended.

Methods and materials: Patients with PCa ($n = 120$) being followed with active surveillance at a comprehensive cancer center completed self-report assessments of their treatment decision-making process. Generalized estimating equations were used to model the association between participants' perceptions of their relationships with their physicians and influence of these physicians' recommendations on their treatment decision.

Results: After controlling for the type of treatment recommended, Gleason score, and education, 3 predictors, trust in the physician, perceived closeness with the physician, and the degree to which the physician shared control over treatment decision making, were associated with greater influence of physician's treatment recommendation. Receiving a recommendation for active surveillance, compared with definitive therapy, was also associated with higher perceived trust, closeness, shared control over treatment decision making, lower likelihood of having been treated poorly by a physician, and greater influence of physician's treatment recommendation.

Conclusions: There is increasing concern that patients with relatively less aggressive PCa, older age, or serious comorbidities are being unnecessarily treated with surgery or radiation, putting them at risk for side effects, and contributing to high health care costs. When active surveillance is an appropriate course of treatment, the quality of patients' relationships with their physicians may be a determinant of following a recommendation for active surveillance. Results may have implications for treatment uptake in general, indicating that the quality of the physician-patient relationship, including trust, closeness, shared decision making—all elements of patient-centered care—may be important motivators of treatment adoption and adherence. © 2014 Elsevier Inc. All rights reserved.

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1. Introduction

Historically, fewer than 10% of patients with prostate cancer (PCa) have been followed with watchful waiting or active surveillance, rather than being treated with definitive therapy (typically prostatectomy, external beam radiation,

or brachytherapy) [1,2]. There is growing consensus that this number is inappropriately low as evidence indicates that some patients with PCa have been overtreated, resulting in unnecessary decrements in the quality of patients' lives and increased financial cost [1–4].

The reasons for overtreatment may be many. Owing to lack of adequate clinical or molecular markers for differentiating indolent and aggressive cancers [5] and high-quality evidence on which to evaluate alternative

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treatments, clinical care has tended to err on the side of aggressiveness [6]. It is also speculated that financial incentive to health care providers and systems may also play a role in recommending surgery or radiation [6]. However, overtreatment may, in part, be motivated by patient preferences that are not based on accurate understanding of the risks and effect of treatment side effects [7] and dramatically overestimate the benefits of definitive therapy for survival [8]. Indeed, patients have been found to choose aggressive treatment with little regard for trade-offs [9].

There is increased interest in identifying factors that increase the likelihood of patients choosing active surveillance when it is clinically appropriate and consistent with their values and preferences [9,10]. Physician recommendations have been identified as the strongest predictor of treatment choice among patients with PCa [7,10], including among men on active surveillance [11]. The purpose of the present study was to examine qualities of the physician-patient relationship associated with greater influence of physician treatment recommendations among patients with PCa who ultimately chose active surveillance.

Multiple factors likely determine the influence of physicians' treatment recommendations, including characteristics of the physician (e.g., specialty and reputation); characteristics of the care process (e.g., number of different specialists consulted); characteristics of the patient (education, health literacy, and decision-making preferences); and quality of the physician-patient relationship, the focus of the present research. A growing body of literature indicates that patient-centered care, including patient involvement in information sharing, and other aspects of shared decision making, physician empathy, and physician responsiveness are important for promoting treatment adherence [12–14]. We hypothesized that patients with PCa would be more influenced by their physician's treatment recommendation to the degree that they trusted their physician, felt close to their physician, perceived their physician shared decisional control, and did not perceive that they were treated poorly by their physician.

2. Methods and materials

2.1. Procedure

Study procedures were approved by Institutional Review Boards at each of the authors' affiliated institutions, and participants completed a written informed consent. Patients with PCa with clinically localized disease being followed with active surveillance at a comprehensive cancer center were approached and consents were acquired between July 2010 and June 2012 at routine follow-up visits. We approached all previously diagnosed patients being followed with active surveillance at the facility. Overall, 126 participants consented to participate (refusal rate, 25.4%).

Participants completed 2 self-report paper and pencil questionnaires about their treatment decision-making process and personal characteristics either in clinic or at home. Responses were dropped for 6 individuals who did not complete both questionnaires, yielding a final sample of 120 individuals.

2.2. Measures

2.2.1. Predictor variables

As patients with PCa often consult more than 1 physician before making their treatment decision, we asked participants to rate their relationships with up to 5 physicians (2 urologists, 2 radiation oncologists, and 1 primary care physician), depending on how many they had consulted. They filled out the same set of retrospective ratings for each physician. For each physician, they rated how much they trusted the physician using Kao et al.'s [15] patient trust in physician scale and the degree to which the physician shared control over treatment decision making on the 3-item participatory decision-making scale [16]. The participatory decision-making scale is typically scored out of 100. We have retained the original scaling in the presentation of descriptive and bivariate results for ease of comparison with other studies, but for the multivariable generalized estimating equations (GEE) models, divided scores by 10 to facilitate interpretation of results. Participants rated perceived closeness with each physician using an adapted inclusion-of-other-in-self scale in which participants chose between degrees of relationship closeness represented by 2 increasingly overlapping circles identified as the patient and the physician [17]. To assess whether participants perceived that they had been treated poorly by their physicians, they were asked for each physician if, "thinking about your experiences with this doctor, did you feel uncomfortable or were you treated badly? (yes/no)." For those who indicated that they had, a follow-up question asked, "do you think you felt uncomfortable or were treated badly because of (health or disability/sexual orientation/race or ethnicity/height or weight/income level/age/other)?"

2.2.2. Outcome variable

2.2.2.1. *Influence of treatment recommendations.* The extent to which a given physician's treatment recommendation influenced a participant's treatment choice was assessed with the item "how much was your decision influenced by the urologist's/radiation oncologist's recommendation? (not at all/a little/quite a bit/very much)."

2.2.3. Covariates

2.2.3.1. *Treatment recommendations.* Participants were asked to indicate, with respect to each physician from whom they had received a treatment recommendation, the treatment recommended (active surveillance/surgery/external beam radiation/brachytherapy/cryotherapy). Only 1 participant received a recommendation for cryotherapy;

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