RESEARCH IN COMMUNICATION

K. Mystakidou MD, PhD, E. Tsilika BSc, MSc Health Psychologist, E. Parpa BSc, MA in Clinical Psychology.

School of Medicine, University of Athens, Areteion Hospital, Athens, Hellas.

At the terminal phase of care medical treatment is mainly palliative. The patient and the family are considered integral parts of the palliative care team. They depend on each other for information, assistance and co-ordinated function. Although research in cancer communication has produced information applicable to clinical practice, there is little evidence that the new knowledge has led to any significant improvements in the communication of patients and their families. Disclosing or not information emerges when the patient is found to be suffering from an illness for which there is no known care and only a limited prognosis. Concordance between disclosure of information and the patient's ability to deal with this would be ideal. The griefing experience can be much easier if the patient is informed of the illness, and therefore be able to talk together with the relatives about their feelings and worries. Although most patients rely to their relatives for support, they often find it difficult to talk with them about the illness. However, they express a clear wish for frank communication with the team. Effective communication is the cornerstone of excellence in patient care. In addition, functional communication helps families and patients to cope with disease progression. Problems which may arise-communication barriers, role changes, sexual dysfunction-are often faced by the families. Ensuring good communication will facilitate care, and avoid ethical problems. As professionals in Palliative Care, these are all issues and attitudes that we have to face and resolve in our everyday practice.