

UNIVERSITY
of
OTAGO



Te Whare Wānanga o Ōtāgo

NEW ZEALAND

PATIENT CANCER TREATMENT CONSULTATIONS: DO THEY CONTRIBUTE TO INEQUITIES IN CANCER TREATMENT AND OUTCOMES?"

ADDRESSING INEQUALITIES IN CANCER CARE FOR INDIGENOUS PEOPLE IN AUSTRALIA AND NEW ZEALAND

WORLD CANCER CONGRESS, MELBOURNE, AUSTRALIA, 2014

Presenter: Jeannine Stairmand, University of Otago

OVERVIEW

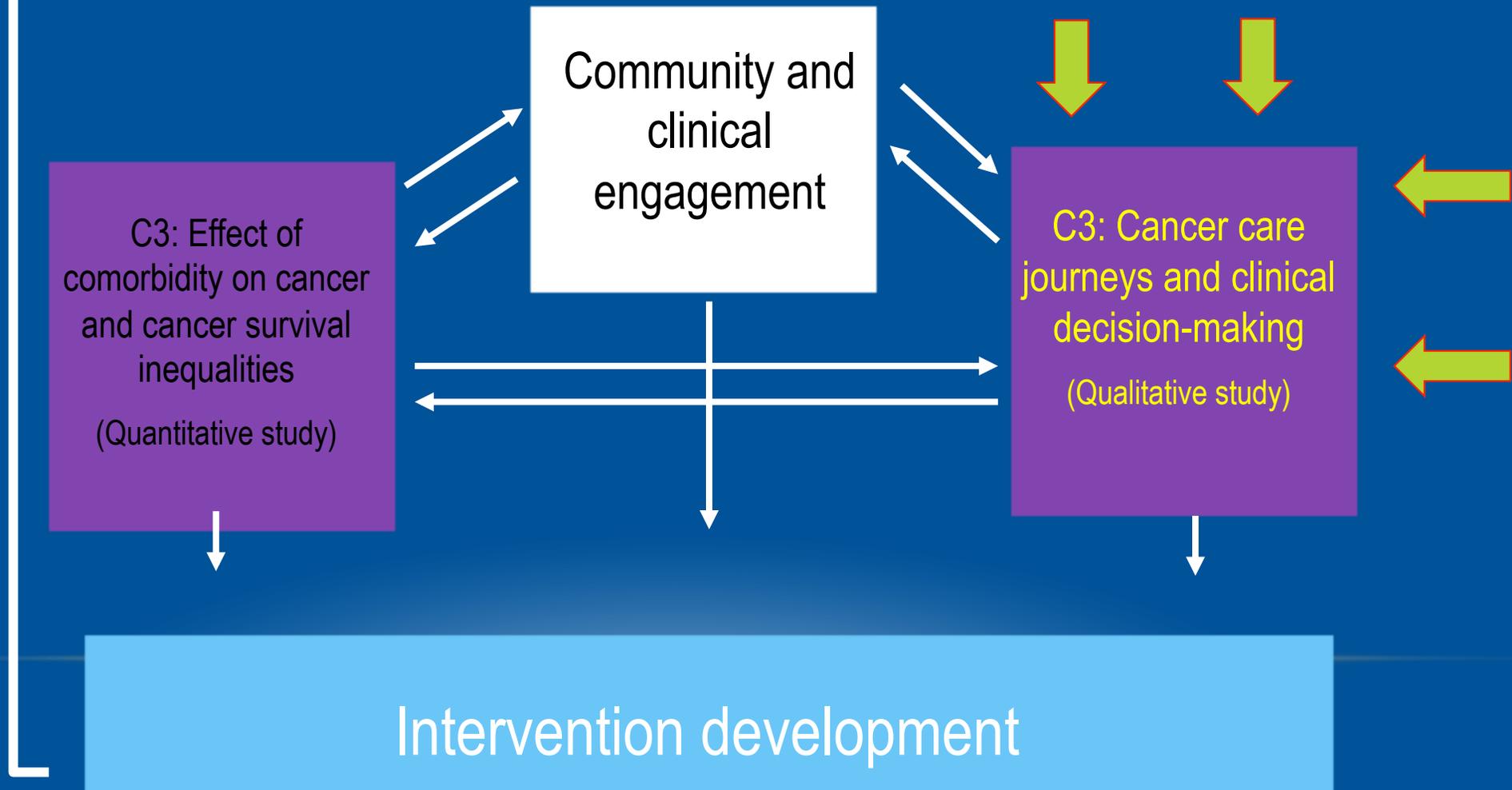
- Background
- Phase 2
- Initial findings:
- Learnings & next steps



INEQUITIES IN CANCER OUTCOMES



Improving cancer survival and reducing inequalities between Māori and non-Māori



C3: Cancer care journeys and clinical decision-making

Pilot Qualitative Study

Phase 1: Clinical decision making in the context of Multi-disciplinary teams

Phase 2: Patient/whānau & clinician response to clinical consultations

Phase 3: Patient understandings of their journey

Phase 4: Intervention development

METHODOLOGY & METHODS

METHODOLOGY: Qualitative research, Maori centred

METHODS:

- Ethics: multi-region ethics committee, Ngai Tahu & localities
- Recruitment of clinicians & eligible patients
- Purposeful sampling - patients
- Patient & clinician consent and demographics; recorded consultation; interviewed patient & whanau after; doctor debrief; field notes
- Transcribed audio-files, thematic analysis (parallel)
- Narrative literature review
- 18 patients participated, 13 NZE & 5 NZM
- Specialty areas: Surgical, medical oncology and radiation oncology
- 3 New Zealand hospitals



5 MĀORI PARTICIPANTS

- 3 female, 2 males
- Age range: 32-74 years
- Cancers: Lung, stomach, prostate, breast
- Comorbidities/health conditions: COPD, arthritis, gout, cardio-vascular diseases & anaemia.
 - Also taking prophylactic medications
- Consultation types: 3 radiation oncology, 2 medical oncology

13 NZ EUROPEAN PARTICIPANTS

- 6 female, 7 males
- Age range: 32-83 years
- Cancers: Breast, lung, bowel/rectal, prostate, skin & testicular
- Comorbidities: arteriosclerosis, CVA, hypertension, diabetes, CHF, CVD...
 - Also taking prophylactic medications
- Consultation types: radiation oncology, surgical, medical oncology



WHĀNAU/SUPPORT PARTICIPANTS

- NZE:
 - Spouses/partners/ex-partners
 - Daughter
 - Sister
 - 3 attended alone
- NZM:
 - Partner
 - Sisters
 - Granddaughter
 - Nurse: Maori health provider

CLINICIAN PARTICIPANTS

3 male, 5 females

Specialities:

Radiation oncology

Medical oncology

Surgeon – breast

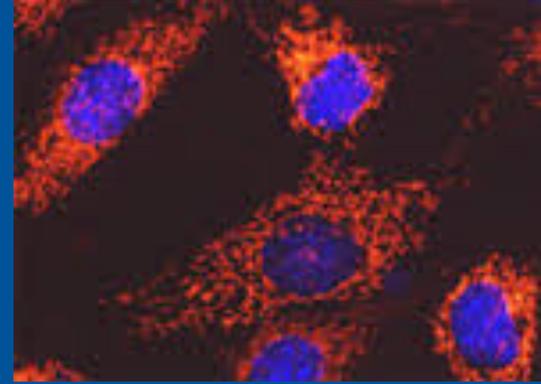
Surgeon - colorectal

Other health professionals attending
consults: 6 nurses & 1 registrar



EMERGING THEMES – MĀORI DATA

- Comorbidities
- Whānau
- Prior decision-making
- Complementary & alternative medicines
- Clinician recommendations
- Age
- Transport
- Finance/employment
- Communication & information



COMORBIDITY

- *And also I got a um what do you call it? ...what's that thing? ... Ulcer....I don't know whether it's the same thing or whatever.... and I know that it was just explained to me that to get to that cancer to cut it out it was impossible, because of my heart problems* (Waitā, consult).
- *... And probably when you were on Warfarin you did have the bleeding, and that's why you had to come in and all that sort of thing. So it'd be nice to see you, to see if we can give some radiotherapy. It won't get rid of the cancer, but it might heal the ulcer temporarily, and um let you go back on the Warfarin for some time.'* (MS1, Waitā, consult)

WHĀNAU



...I was on the other side, and I was reliving everything that my husband went through. Same place, same doctor, same flipping...but he died. So I just thought well that might be what's compromising me [her decision-making]. Because I said "oh, I'm not so sure I want to have this chemo" (Tupu-a-Nuku, IV)

...I want to talk to my girls about it...see where they're at with it [treatment decision] (Waiti, IV)



PRIOR DECISION-MAKING



P1: I've got me wig.

MS: You've got a wig already?

P1: No, I've got it all ... Picked me hat.

NRS: And she's had a haircut. She's been in preparation for this.

(Waipuna-a-Rangi, con)

Oh a friend of mine has. ... she was she was all for ... having a lemon tea. You know, and it's... apparently it's more stronger than chemo, I think (Tupu-a-Rangi, IV).

WHAT THE CLINICIAN RECOMMENDS MATTERS

'...like you [the clinician] say, "Is that what you want?" I said, "Want?" I said "Do what you want." I said, "You're the expert." I'm you know, I don't know how it works, but whatever you say and you know...' (Waita, interview)

Whatever you [the doctor] say is the best option, we're going with that. (Sister, Waipuna-a-Rangi, interview)



POTENTIAL INTERVENTIONS...

'...like so cancer has its own language, but I don't know anything about that language. But if I did, it'd probably be a lot different.... like a double mastectomy. What does that mean?' (Waipuna-ā-rangi, interview)

- The health system and medicine have their own language and dialects.
- How do patients, whanau (partners, friends and supporters) learn this language?
- What can the system, services, health professionals and researchers do to communicate effectively?



STUDY LIMITATIONS & NEXT STEPS

- Design
- Finalize analysis
- Interventions
- Disseminate findings

ACKNOWLEDGEMENTS

MIHI AROHA:

- Participants: Particularly the patients & whānau
- DHB/Cancer Centres: Clinicians, nurses, research co-ordinators and administrators
- C3 Advisory Group

For further information please contact: Jeannine.Stairmand@otago.ac.nz

Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa