



Patient perceptions of the GP role in cancer management



Caroline Bulsara, BA (Hons), GradDipEd, PhD candidate, is Associate Lecturer, PHCRED, Department of General Practice, University of Western Australia. cbulsara@cyllene.uwa.edu.au

Alison M Ward, BPsych, PhD, is Associate Professor and Director, Primary Health Care Research, Department of General Practice, University of Western Australia.

David Joske, MBBS, FRACP, FRCPA, is Head of Haematology and BMT coordinator, Sir Charles Gairdner Hospital, Perth, Western Australia.

BACKGROUND

During the course of their cancer treatment, patients have to deal with a number of health professionals. We investigated patients' perceptions of the role of the general practitioner, with particular reference to GPs' ability to manage patients' cancer outside of the hospital setting.

METHOD

We took a phenomenological approach, focussing on empowerment, and any central role of the GP. In depth interviews were conducted on the same haematological cancer patients over a 2 year period. Results were analysed for main themes regarding support and management of illness.

RESULTS

Many patients had a long term relationship with an individual GP. They perceived GPs as providing a primarily supportive rather than treatment role outside of the hospital setting, and relied on them for clarification and reassurance.

DISCUSSION

The personal, confiding relationship between the GP and cancer patient might be better exploited by specialists. Patients could feel more empowered in relation to their condition if provided with information by their GP that is more relevant and explicit. For this to occur, specialists must first provide GPs with timely and pertinent information about their cancer management.

Cancer patients are seen by a number of health care professionals during their management. However, patients perceive many of these – particularly specialists and general practitioners – as filling diverse roles, serving very different purposes.^{1,2} The importance of GPs' ability to positively support cancer patients cannot be overstated,^{3–5} especially outside the hospital environment.^{6,7} We examined this particular role of the GP in a study exploring patient empowerment, and how this assists haematological cancer patients develop coping mechanisms in relation to their illness. Crucial to this role is the quality of communication between specialist and GP⁸

Method

We used qualitative phenomenological methods, investigating the experience of subjects through in depth interviews. The reality of an illness was defined by what was consciously experienced by the patient.⁹ In depth semistructured interviews were conducted on a sample of 13 patients with haematological cancer participating in a pilot intervention project based on shared care. Patients assessed their control over the management of their condition and their communication needs. A second set of interviews was conducted with seven of the patients to further investigate patient coping strategies (the remaining six patients could

not be re-interviewed because of ill health, death or relocation).

Ethics approval was granted by the Human Research Ethics Committee at the Sir Charles Gairdner Hospital where patients were receiving treatment.

Transcripts of patient interviews were analysed using QSR Nvivo.¹⁰ Themes and subsequent categories were distilled. The specific role of GPs in the management of their condition was examined from the patients' point of view.

Results

Although patients commented on the roles of different health professionals, here we only report on the role of the GP. Three main themes emerged: patients valued the close relationship, based on trust, with their GP; they relied upon their GP for clarification of information and treatment options provided by the hospital; and they preferred the familiarity of both the surroundings and the trusted relationship with their local GP, ie. they preferred continuity of care with the GP.

Establishing a relationship of trust

Most patients interviewed believed they had a good relationship with their GP in terms of communication and familiarity (*Table 1*). The GP was seen by one as an advocate who could intervene when the patient was unclear or concerned about the result of a hospital visit. However, most preferred

to see specialists regarding any major decisions, believing they were best placed to understand their illness in terms of treatment options and prognosis. This was particularly true of some patients living in rural areas who found it easier to liaise with the local

GP in order to avoid long journeys to the hospital. For patients such as these, a close relationship with their GP was evidently very important in managing their illness.

Providing reassurance and clarifying issues

Patients who were familiar and comfortable with their GP felt they had more opportunities to ask questions and clarify issues with the GP than with the specialist, often feeling that the specialist was 'too busy' to do this. In this way, GPs became facilitators in assisting patient empowerment (*Table 2*). The patients felt more in control due to gaining a greater understanding of their treatment and the management of their condition. Support, in terms of time and clarifying areas of confusion, was interpreted by patients as

demonstrating the concern that GPs had for the patient. Furthermore, patients were very aware of the value of the input of GPs to the management of their condition and this contrasted with the limited time available during hospital visits.

Patients also felt GPs were able to facilitate communication with specialists, which relieved the burden on patients trying to explain their problems. When the patients are alerted to problems they can ask the GP to contact the specialist, who then provides the GP with the necessary information to convey to the patient.

The role of the GP in managing the cancer

Rarely did patients feel the GP had negatively influenced their view of their own ability to manage their cancer. Rather, they emphasised the importance of a supportive GP for encouragement and a sense of wellness – even if, as was the case for two patients, they were aware they were terminally ill. General practitioners had an ability to offer patient psychological support during times of crisis.⁶

Patients who had a long term relationship with their GP viewed greater involvement of the GP in familiar surroundings as an appealing option (*Table 3*). This did not extend to the GPs managing their chemotherapy, for which the majority felt more secure with a specialist.

Discussion

Despite the modest size of this study, and the problems of validity inherent in qualitative research, the results draw attention to the need for optimal communication between GP and specialist. General practitioners cannot maintain an optimal level of support for the patient without access to crucial and timely information regarding a particular patient's condition.

Studies have indicated that although GPs would prefer to be more involved in the care of the cancer patient,¹⁰ the inadequacy of communication between GPs and specialists remains a problem.⁸

Table 1. Establishing trust

Improved levels of communication

'There is good communication between my doctor [specialist] and the [GP] I see in the country. So we all work together'

GP as advocate

'My GP was all for participating and you felt that you knew he would do the best for you'

Table 2. Facilitating communication with specialists

'Any questions, [the GP] would ensure were answered and that we were secure'
'I couldn't understand what [the specialist] was talking about with my protein levels but when I went to my GP, because he had other information ... he was able to explain it to me again'

'The main thing is that she [the GP] can spend a bit more time. She is a very good and caring sort of doctor. Takes a lot of time in explaining everything and explains it very well. If she doesn't know something, she finds out'

'... then go back and have the meeting with the GP, there would be questions that would come up and he would be able to clarify them for us. It wasn't necessarily because [the specialist] couldn't answer it, it was because it didn't occur to us until afterwards'

Table 3. Benefits of greater involvement of GP

Practical for rural patients

'I had to wait longer to see the specialist to do that, and so it has saved me trips to the hospital, probably on half a dozen occasions so far'

Close management of patient condition

'My GP has been excellent. I make a call and he sees me straight away. When I go there he has the procedure in place. He has been excellent throughout'

Ability to deal with psychosocial aspects of patient care

'I don't feel that I have to go to my GP and try to explain the way I understand things. He already knows'

'My local GP is fantastic and has been a tremendous support to me'

Implications of this study for general practice

- The GP occupies a unique role, combining expertise with trust and patient advocacy when needed.
- There is a need for timely and relevant communication from specialist to GP to ensure optimal care for the patient.
- Treatment options could be further discussed between patient and GP if exact information was readily available from specialists.
- Wider utilisation of the shared care model ensures greater GP involvement in patient management. This implies a better quality of communication between the specialist and the GP.

Conflict of interest: none declared.

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Correspondence

Email: afp@racgp.org.au