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Cancer Care and the Primary Care Practitioner:

An Interview with Donna Siegel, PA

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Once a cancer diagnosis is made, patients often turn to oncologists, physicians who specialize in the treatment of cancer. And this is wise, for as specialists, they are up to date on the latest that medicine has to offer for the treatment of cancer. At the same time, however, patients tend to forget about their primary-care practitioners (family doctors, internists, physician's assistants and so on). Perhaps they assume that these generalists would have little to offer when it comes to cancer care. (Generalists are well versed in the basics of many diseases but do not usually have the depth of knowledge that specialists have about particular diseases.)

There are some, however, who think that primary-care practitioners can be very helpful partners on the cancer care team and that more patients should take advantage of what they have to offer. With this in mind, we asked Donna Siegel, a physician's assistant practicing in Kingston, NY, to talk to us about the kinds of cancer-care services primary-care practitioners can offer and, more specifically, about her own approach to cancer care. Although her approach may vary from those of other primary-care practitioners, readers will see here that they have much to contribute.

REVIEW: *How often do primary-care practitioners generally play a role in cancer care?*

DS: After a diagnosis of cancer, patients tend to rely primarily on oncologists for their care and the primary-care practitioner has little contact with them – at least not until initial surgeries, chemotherapy and/or radiation are completed.

REVIEW: *What role can the primary care practitioner play for cancer patients?*

DS: We can and should be just as much, if not more, involved in order to improve the patient's prognosis and quality of life. We can do this by communicating with the specialist; by giving emotional support to patients and their family; by helping them get second opinions; by keeping up with other general medical conditions that may affect the cancer, and by emphasizing pain management. Pain is a big issue because cancer patients are often under medicated.

REVIEW: *What role do you play with your patients who have cancer?*

DS: When tests show that patients have cancer and I tell them this, I say very little because I know the shock will make it difficult for them to absorb what I have to say. I tell them it's a *living* diagnosis, that there is treatment and a plan. I then try to speed up the process of care. I arrange for them to see the oncologist ASAP. Depending upon the situation, I might also order some more tests so that they can bring the results with them

when they see the specialist. Seeing the oncologist and ordering more tests, helps people understand that something can and is being done. I find that when there is a concrete plan, anxiety decreases and the ability to concentrate improves. Patients can then understand better, because their anxiety is more controlled.

REVIEW: *What other things do you do?*

DS: At the same time that I tell patients they have cancer and help them get to the oncologist, I tell them that I want them to come back every two-three months so that I can deal with any other medical factors that may affect the cancer and influence the prognosis. I often help them get second opinions, and even make appointments for them, with oncologists in large teaching hospitals. I also use these visits to help explain and interpret what's happening with the cancer care. And when it's necessary, I can advocate for the patient with the oncologist.

REVIEW: *One of the things you said was that you help interpret and explain cancer care. How do you find out the details of that care so that you can explain it?*

DS: Our practice has worked on forming relation-ships with the area's oncologists so we have good lines of communication with them.

REVIEW: *Is there anything else you do to help with cancer care?*

DS: Yes. Some practitioners will do home visits when patients can't come to the office. That's what I do. Home visits are important because I can see how the family is coping and if there is effective pain relief. Also, from the beginning, I try to set up a support system for the patient and the family by connecting them with a psychotherapist and support groups.

But I try to provide them with emotional support, too. That's something that is emphasized in the training of physician's assistants (PAs). We're trained to spend more time and listen – to make more of an effort to connect emotionally. Because of this, we can help our supervising physicians, who can't always spend as much time with patients as they would like because of the demands of our healthcare system. That's why the relationships we have with our supervising doctors are really important in cancer care. We can spend more time with the patient and make that much-needed connection. □

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