EDITORIAL

Communication between radiologists and patients with cancer

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The constant increase in lifespan, in the incidence of certain cancers and therapeutic progress mean that the number of patients treated and followed for the disease increases. The imaging examinations are numerous and repeated during the course of the disease and radiologists are often confronted with the patient's anxiety and the need to break bad news.

In our experience and that of our colleagues, we have noted that with certain patients and in certain circumstances, difficulties are sometimes encountered in establishing a relationship of quality, with a great risk of inappropriate responses which can have a profoundly damaging effect on the patient's state of mind. Even if we have the best of ideals and intentions, there is a great need for us to examine and improve our modes of interaction. The doctor–patient relationship has changed with the evolution of our society, the medical practice and the patient's need for information. More often today, the patients, better informed by the media, Internet or associations, want to understand, to know about their diseases and to reach a more balanced relationship with their doctor.

The evolution of cancer is monitored by a range of imaging examinations causing stress for the patients, because of the act itself (injections, pain, claustrophobia) but especially because of the result, an immediate verdict on which depends the treatment and even the patient's life. The radiologist is in the front line; he often discovers the anomalies and must find the first words, without having the therapeutic 'card' allowing him to partially attenuate the anguish of the patient. The task is all the more difficult since he does not receive any specific training either in psychology, or for the management of such difficult situations.

In very anxiogeneous situations, like the fortuitous discovery of metastases, there is a great risk of inappropriate responses and unsuitable attitudes. After a radiological examination, the relationship is short, sometimes only a single meeting; the radiologist does not know the somatic or psychic state of the patient precisely. He does not always know what the patient has already been told about his disease; he must adapt 'case by case' but there is no method that is valuable in all cases.

The radiologist possesses technical know-how, but technique alone is not enough; the right amount of information, based on clinical competence, is required and so is empathy towards the patients, and respect for their wishes and rights. The empathy consists of an attitude of relational opening and not of the expression of our own emotions. It must be a voluntary, systematic and professional attitude, making it possible to control personal feelings of sympathy. We must think about our practices and learn about a number of bases of the doctor–patient relationship and how to break bad news, a problem that is the subject of an important literature. The attitude of the radiologist consists of an acceptance of the dialogue leaving the patient free to express himself and ask questions, by looking at him frankly and by listening to him without going beyond requests. If the patients feel that the doctor is available, they use this occasion to speak, and to ask questions they never raised before.

The radiologists cannot take refuge behind the technicality of their speciality when they are confronted with dialogue with patients with cancer. In an imaging department, for multiple reasons, the risk of psychological aggression is important, but it is also different from other consultations. When the patients meet another

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doctor, with whom they are often alone, they have an opportunity to speak about themselves, their disease, their sufferings or anything else. For us, listening and dialogue require a personal effort, which is not easy, but which is really worth the effort. With the evolution of the patients'

rights, their requests, their relationship with the medical profession, listening and information became a duty. Even if the medico-legal aspect gains ground, it cannot be the only motivation for us to evolve our relational mode with the patients with cancer.