

## 2. CONSULTATION: DIAGNOSIS

### CONVEYING A DIAGNOSIS OF A BREAST DISEASE, A RECURRENCE OR METASTASES, TO A WOMAN

*Reference: Psychosocial Clinical Practice Guidelines (1999), pp.9-11.*

*NB: Psychosocial Clinical Practice Guidelines, "Recommended steps for telling a woman she has breast cancer, a recurrence or metastases", Table 2.2. p.11.*

#### EVIDENCE

- The way in which a diagnosis is delivered affects a woman's understanding of her illness & also her long term psychological adjustment (Level III).
- Diagnosis of recurrence of cancer is associated with high rates of psychological distress (Level III).

#### OBJECTIVE

When conveying a diagnosis, a recurrence or metastases of breast disease, ensure that the woman has adequate understanding of her illness and treatment options, and is well informed and supported in her care.

## CHECKLIST

- Follow best practice standards for any consultation (section 1.2).
- Provide a comfortable, private environment.
- Identify chosen support person & encourage their presence during consultations.
- Tailor information to meet the individual needs of the woman & support person. Consider:
  - language barriers
  - literacy barriers.
- Provide information simply & honestly, in lay terms.
- Provide access to further information, as required.
- Ask the woman to verbally summarise her understanding of her:
  - condition
  - choices of treatment.
- Inform the woman that she will have the final decision regarding her care.
- Assess the level of assistance required for transport, accommodation and social needs.
- Gain the woman's permission for the Breast Care Nurse to be present at consultations.
- For the provision of ongoing support, provide the contact details of the Breast Care Nurse.
- Collect and update all information.
- Forward relevant information to multidisciplinary team members (in a timely manner).