Sex and gender-sensitive communication in palliative care/Expert

Information exchange and understanding of the disease

Men and women communicate differently. [1] Female patients participate more actively in medical discussions, ask more questions and show more interest in their condition than male patients. [2] In addition, they address psychosocial issues more often than male patients, disclose more personal information about themselves, are more capable of putting their emotions into words and express their pain more often and more accurately. [3]

Sex and gender-specific communication styles and information exchange can have a significant impact not only on the patient's understanding of the disease, but also on the course of treatment. Communication between physician and patient as well as family members and/or caregivers can often extend over a period of several years. Goals of treatment can change over time and with disease progression may be reduced to palliative care. [4] The focus of palliative care is not on curing the disease or prolonging life, but rather on the best possible preservation of quality of life and the alleviation of pain and other symptoms. An active exchange of information between physician and patient/ family can help to identify and eliminate any knowledge deficits. For example, compared to male patients with end stage terminal disease, female patients are much more likely to recognize they are dying. They are also better able to articulate this in words and discuss their prognosis or life expectancy with their physician. Male patients in the same situation are less likely to understand that healing is no longer the goal of treatment and generally they possess a less concrete understanding of the disease. A similar observation was made regarding the understanding of terminal disease by family members: Female relatives are more likely than male relatives to understand that the treatment of the ill family member is palliative and no longer curative. [5] It is important to note that gender differences in understanding of terminal disease are not only caused by differences in communication style. Physicians also provide more information to their female patients and communicate with them in a more cooperative manner than with male patients. [6]

The knowledge that the patient is in the final stage of disease is essential to reach a joint decision on starting with palliative care. Patients with a terminal illness face a difficult decision regarding continued treatment and medical intervention: Together with the attending physician, they must weigh the benefits of a (limited) prolongation of life against the negative side effects of further treatment. In order to be involved in such decision-making and thus to be able to maintain a certain degree of autonomy, a sound knowledge of treatment measures, but also of the stage of the disease and prognosis on the part of the patient is crucial. Discussions between the physician and patient about their wishes regarding terminal and palliative care are associated with less aggressive medical intervention during the dying process. This means, for example, that artificial respiration or

resuscitation measures are carried out less often. [7] [8] Due to their knowledge deficits, male patients play a more passive role in disease-related decision-making processes and more often leave treatment decisions to their physician. Female patients are significantly more likely to participate actively in such decision-making processes [9] and more often express the desire to be involved in medical decisions. [10]

Although men are less informed and have a poorer understanding of the disease than women, paradoxically they report a greater need for prognostic information: In a sample of patients with cancer, men stated significantly more often than women that they preferred full prognostic openness if their disease progressed further. [11]

Social support

Social support during treatment is an important factor influencing mental well-being in physical illness. Compared to male patients, female patients seek and accept social support more often when offered. In addition, expectations of and preference for the type of social support differ between the sexes. For example, women expect healthcare professionals to provide not only information but also emotional support. Men, on the other hand, often find emotional support from healthcare professionals inappropriate and informative support more helpful in managing their own emotions. Men appear to be generally more satisfied with the social support provided, while women find the time spent by health professionals in providing support to be too short. The actual needs of male patients in terms of social support remain unclear. It is possible that men would perceive and use social support more if it were included as part of a structured care plan (e.g. psychotherapeutic measures during hospitalization). [12]

Literature

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