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Development of a tool facilitating existential communication between general practitioner and cancer patients – a multi-phased development procedure.

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Background and Aim: WONCA Europe's definition of the speciality of general practice stresses the importance of integrating the existential dimension into patient care. However, GPs report substantial barriers related to communication about existential and spiritual issues. The aim of this study was to develop a tool facilitating existential communication between GPs and cancer patients.

Methods: A multi-phased development procedure was carried out. In phases one and two, a draft of the tool was developed on the basis of a literature review and 13 focus group interviews with GPs (n=31) and cancer patients (n=24). In phase three, 13 experts were invited to a workshop in which the tool was discussed and evaluated. An edited draft of the tool was rated for its relevance by the panel in two subsequent email-rounds. Consensus for inclusion of tool items was reached if $\geq 75\%$ of experts scored the item ≥ 3 on a 5-point Likert scale, ranging from 1 (= completely disagree) to 5 (= completely agree). Furthermore, experts added explanatory free text and/or suggestions for alternative items and wording.

Results: On the basis of the collected data, a low-structured "question bank" was drafted comprising 24 items grouped into seven themes. Seventeen items received more than 75 % expert consensus in the first email-round. A revised version was rated in a second email round (100 % response rate was achieved), resulting in a tool containing suggestions for 10 main questions and 13 sub-questions grouped into four categories: "Introduction", "Identification of patient's problems", "Identification of patient's resources" and "Conclusion and action plans".

Conclusion: This study resulted in a tool serving as inspiration and help to GPs when communicating with cancer patients about existential problems and concerns. This assessment tool may qualify general practitioners' assessment of existential distress and help deepen the GP-patient relation and trust.