

## OP28.2

### **GP-perceived barriers for discussing existential issues with cancer patients – a focus group study.**

*Elisabeth Assing Hvidt(1), J Søndergaard(1), D Gilså Hansen(1), F Olesen(2), L Bjerrum(3), J Ammentorp(4), C Timmermann(4), H Timm(5), T Palshof(6), S Pedersen(7), NC Christian Hvidt(1)*

*(1) Research Unit of General Practice, University of Southern Denmark, Odense, Denmark*

*(2) The Research Unit for General Practice, Aarhus University, Aarhus, Denmark*

*(3) Section for General Practice, University of Copenhagen, Copenhagen, Denmark*

*(4) Health Services Research Unit, University of Southern Denmark, Vejle, Denmark*

*(5) National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark*

*(6) Former chairman of The Multidisciplinary Cancer Groups, Gentofte, Denmark*

*(7) Department of Psychology, University of Southern Denmark, Odense, Denmark*

*Corresponding author: Dr Elisabeth Assing Hvidt, Research Unit Of General Practice, University Of Southern Denmark, Department Of Public Health, Odense, Denmark. E-mail: ehvidt@health.sdu.dk*

**Background and Aim:** Research studies demonstrate a wish among cancer patients to communicate with their GP about existential concerns. However, substantial GP-perceived communication barriers are reported in international studies. The aim of this study was to explore Danish GP-perceived barriers related to existential communication with cancer patients. The study forms part of a larger research study in which a training course in existential communication targeting Danish GPs is developed, implemented and evaluated.

**Method:** GPs from two Danish regions participated in seven focus group interviews. The final sample consisted of 31 GPs between 36 and 68 years of age. Data were analysed in keeping with core principles of a thematic analysis approach.

**Results:** GPs described several communication barriers related either to the GP him/herself, the patient, the GP-patient interaction or society. A vague religious or spiritual belief was perceived as constituting a barrier leading to feelings of incompetency. Patient-induced barriers comprised lack of illness acceptance, low abstraction level, being of young age, and skewed expectations towards GP competency. Barriers related to the GP-patient interaction comprised discontinuity and non-familiarity as well as poor mutual communication. Lastly, context-induced barriers comprised lack of time resources, a biomedical focus and general shyness concerning existential, religious and spiritual themes.

**Conclusion:** Findings point to multi-level barriers that hinder the communication about existential issues between GPs and cancer patients. Communication training in existential communication should incorporate a focus on individual, inter-subjective and societal factors in order to increase the efficacy of the training course.