Objective: Patients with advanced cancer and their caregivers face many serious decisions. Oncologist communication helps or hinders decision-making. None has examined decision-making among oncologists, patients, and caregivers in an Asian country. We present data from a communication study conducted in Singapore. Singapore represents a rapidly aging, ethnically diverse culture in which communication patterns likely differ from encounters in Western countries. Given no shared-decision making protocols have been validated in Asian countries, in this paper, we describe the pattern of decision-making conversations using qualitative data analysis and highlight unique features that differ from Western conversations.

Method: We audio recorded, transcribed, and coded 100 encounters among oncologists, patients with advanced cancer, and their caregivers in two cancer centers in Singapore. We used inductive grounded theory to identify themes involved in decision-making. The team who conducted the analyses represent a health services researcher, an oncologist, a palliative researcher, and a social scientist with expertise in qualitative data analysis. Once we developed codes, two independent coders assigned the codes to the transcripts. We then collated these codes into overarching themes.

Results: We found four unique themes from these conversations. First, we identified acts of collusion among oncologists and caregivers that excluded patients from decision-making (i.e., spoke English when talking to the caregiver and Chinese when talking to the patient). Oncologists did not discuss preferences for collusion with patients or caregivers. Second, we discovered that most conversations included a discussion of cost and how that affected treatment decisions. Patients and caregivers most often initiated these cost discussions. Third, many of the conversations included complementary medicine. Patients and caregivers again most often initiated these discussions. Lastly, patients and caregivers directly expressed concerns about clinical trials and their fears of the experimentation aspect.

Conclusion: This was the first examination of oncologist-patient-caregiver conversations in Asia. Some aspects of the conversations could be improved, such as openly discussing preferences for excluding patients in the decision-making, how best to discuss cost, and how to discuss clinical trials. These findings can inform interventions to help improve these discussions and help patients and caregivers make decisions that are best aligned with their goals.