

Breast Cancer Sharing The Decision Sharing The Decision Oxford Medical Publications

"Providing comprehensive, current, and reliable information on breast cancer, this book, written by an experienced oncologist, a surgeon, and a breast cancer survivor, informs and inspires readers, wherever they are in the breast cancer experience. Patient stories, essays from medical specialists, and illustrations add clarity and insight"--

Fully updated to include a new introduction by Lynda Thomas, CEO of Macmillan Cancer Support. 'I can't bear not to be with these three most important people in my life. I can't bear not to be there alongside Mark as my children grow up. My bright, funny, affectionate boys who are never embarrassed to say, "love you mummy", and say it ten times day.' Renowned as a much-loved and highly respected BBC journalist, Victoria Derbyshire has spent 20 years finding the human story behind the headlines. In 2015 she found herself at the heart of the news, with a devastating breast cancer diagnosis. With honesty and openness, she decided to live out her treatment and recovery in the spotlight in a series of video diaries that encouraged thousands to seek diagnosis and help. Victoria has kept a diary since she was nine years old and in DEAR CANCER, LOVE VICTORIA she shares her day to day experiences of life following her diagnosis and coming to terms with a future that wasn't planned. From the moment she woke up to find her right breast had collapsed, to telling her partner and children, through to mastectomy and chemotherapy. From wearing a wig to work and hiding it from her colleagues, to the relief and joy of finishing treatment before immediately flying to Glasgow to present a debate on the European Referendum. By sharing her story, she became the person that mums, daughters, sisters, husbands, boyfriends and family members contacted to thank as they tried to find ways to cope with their own and their loved ones' prognosis, and needed to know that they were not alone. Victoria's story is an affecting and at times heart-breaking one but it is so often laugh-out-loud too. Moving, wonderfully heartwarming and ultimately uplifting, this is a powerful account of a brave struggle told with honesty, courage and emotion that gives strength to anyone touched by cancer.

This comprehensive reference delves into the complex process of medical decision making—both the nuts-and-bolts access and insurance issues that guide choices and the cognitive and affective factors that can make patients decide against their best interests. Wide-ranging coverage offers a robust evidence base for understanding decision making across the lifespan, among family members, in the context of evolving healthcare systems, and in the face of life-changing diagnosis. The section on applied decision making reviews the effectiveness of decision-making tools in healthcare, featuring real-world examples and guidelines for tailored communications with patients. Throughout, contributors spotlight the practical importance of the field and the pressing need to strengthen health decision-making skills on both sides of the clinician/client dyad. Among the Handbook's topics: From laboratory to clinic and back: connecting neuroeconomic and clinical measures of decision-making dysfunctions. Strategies to promote the maintenance of behavior change: moving from theoretical principles to practices. Shared decision making and the patient-provider relationship. Overcoming the many pitfalls of communicating risk. Evidence-based medicine and decision-making policy. The internet, social media, and health decision making. The Handbook of Health Decision Science will interest a wide span of professionals, among them health and clinical psychologists, behavioral researchers, health policymakers, and sociologists.

An ongoing objective in healthcare is the development of tools to improve patient decision-making and surgical outcomes for patients with

breast cancer that have undergone or plan to undergo breast reconstruction. In keeping with the bioethical concept of autonomy, these decision models are patient-oriented and expansive, covering a range of different patient decision-makers. In pursuit of these goals, this dissertation contributes to the development of a prototype shared decision support system that will guide patients with breast cancer and their physicians in making decisions about breast reconstruction. This dissertation applies principles in decision analysis to breast reconstruction decision-making. In this dissertation, we examine three important areas of decision-making: (1) the options available to decision-makers, (2) the validity of probabilistic information assessed from reconstructive surgeons, and (3) the feasibility of applying multiattribute utility theory. In addition, it discusses the influences of breast aesthetics and proposes a measure for quantifying such influences. The dissertation concludes with a fictional case study that demonstrates the integration of the findings and application of decision analysis in patient-oriented shared breast reconstruction decision-making. Through the implementation of decision analysis principles, cognitive biases and emotion may be attenuated, clearing the decision-maker's judgment, and ostensibly leading to good decisions. While good decisions cannot guarantee good outcomes at the individual level, they can be expected to improve outcomes for patients with breast cancer as a whole. And regardless of the outcome, good decisions yield clarity of action and grant the decision-maker a measure of peace in an otherwise uncertain world.

Shared decision-making is increasingly advocated as an ideal model of treatment decision-making in the medical encounter. To date, the concept has been rather poorly and loosely defined. This paper attempts to provide greater conceptual clarity about shared decision-making, identify some key characteristics of this model, and discuss measurement issues. The context for our discussion is life-threatening medical problems such as breast cancer where shared decision-making is important to address because several treatment options exist with different possible outcomes and substantial uncertainty. We argue that informed decision-making does not necessarily lead to shared decision-making, and that strategies designed to increase the former may not increase the latter. We also suggests as key characteristics of shared decision-making 1) that at least two participants physician and patient be involved; 2) that both parties take steps to build a consensus about the preferred treatment; 3) that information is shared and 4) that an agreement is reached on the treatment to implement.

This ebook outlines some of the ways you can find out about treatment options and discusses some of the things that may help in making decisions.

This book provides a comprehensive overview of brain metastases, from the molecular biology aspects to therapeutic management and perspectives. Due to the increasing incidence of these tumors and the urgent need to effectively control brain metastatic diseases in these patients, new therapeutic strategies have emerged in recent years. The volume discusses all these innovative approaches combined with new surgical techniques (fluorescence, functional mapping, integrated navigation), novel radiation therapy techniques (stereotactic radiosurgery) and new systemic treatment approaches such as targeted- and immunotherapy. These combination strategies represent a new therapeutic model in brain metastatic patients in which each medical practitioner (neurosurgeon, neurologist, medical oncologist, radiation oncologist) plays a pivotal role in defining the optimal treatment in a multidisciplinary approach. Written by recognized experts in the field, this book is a valuable tool for neurosurgeons, neuro-oncologists, neuroradiologists, medical oncologists, radiation oncologists, cognitive therapists, basic scientists and students working in the area of brain tumors.

Breast Cancer Screening: Making Sense of Complex and Evolving Evidence covers broad aspects of breast cancer screening specifically focusing on current evidence, emerging evidence, and issues that will be critical for future breast screening practice such as tailored screening and shared decision-making in breast screening. The scope of the book is relevant to a global audience. This book provides

balanced perspectives on this increasingly controversial topic, using scientific evidence to explain the evolution of knowledge relating to breast cancer screening. Breast Cancer Screening covers the key points related to this debate including the context of increasingly complex and conflicting evidence, divergent opinions on the benefits and harms of breast screening, and variability in screening practice and outcomes across settings around the world. Explains complex and evolving evidence on breast screening with a balanced approach Provides balanced information and up-to-date evidence in an increasingly complex area Addresses emerging topical issues such as screening trials of digital breast tomosynthesis, tailored breast screening, and shared decision-making in breast screening Assists academics and researchers in identifying areas needing further research

After learning that she inherited a BRCA2 genetic mutation that put her at high risk for breast and ovarian cancer, Kim Horner's doctors urged her to consider having a double mastectomy. But how do you decide whether to have a surgery to remove your breasts to reduce your risk for a disease you don't have and may never get? Horner shares her struggle to answer that question in *Probably Someday Cancer*. The mother of a one-year-old boy, she wanted to do whatever would give her the best odds of being around for her son and protect her from breast cancer, which killed her grandmother and great-grandmother in their 40s. Which would give her the best chance at a long healthy life: a double mastectomy or frequent screenings to try to catch any cancer early? The answers weren't that simple. Based on extensive research, interviews, and personal experience, Horner writes about how and why she ultimately opted for a double mastectomy—the same decision actress Angelina Jolie made for a similar genetic mutation—and the surprising diagnosis that followed. The book explores difficult truths that get overshadowed by upbeat messages about early detection and survivorship—the fact that screenings can miss cancers and that even early-stage breast cancers can spread and become fatal. *Probably Someday Cancer* is about the author's efforts to push past her fear and anxiety. This book can help anyone facing hereditary risk of breast and ovarian cancer feel less alone and make informed decisions to protect their health and end the devastation that hereditary cancer has caused for generations in so many families.

For women diagnosed with breast cancer, this book provides inspiration and insight for handling the emotional pain of diagnosis and treatment without fear or anxiety.

From an expert in the field comes the definitive guide to managing breast cancer in the information age—a comprehensive resource for diagnosis, treatment, and peace of mind. The breast cancer cure rate is at an all-time high, and so is the information, to say nothing of the misinformation, available to patients and their families. Online searches can lead to unreliable sources, leaving even the most resilient patient feeling uneasy and uncertain about her diagnosis, treatment options, doctors, side effects, and recovery. Adding to a patient's anxiety is input from well-meaning friends and family, with stories, worries, and opinions to share, sometimes without knowing the details of her particular case, when in reality breast cancer treatment has gone well beyond a "one size fits all" approach. Elisa Port, MD, FACS, chief of breast surgery at The Mount Sinai Hospital and co-director of the Dubin Breast Center in Manhattan, offers an optimistic antidote to the ocean of Web data on screening, diagnosis, prognosis, and treatment. Inside you'll discover

- the various scenarios when mammograms indicate the need for a biopsy
- the questions to ask about surgery, chemotherapy, radiation, and breast reconstruction
- the important things to look for when deciding where to get care
- the key to deciphering complicated pathology reports and avoiding confusion
- the facts on genetic testing and the breast cancer genes: BRCA-1 and BRCA-2
- the best resources and advice for those supporting someone with breast cancer

From innovations in breast cancer screening and evaluating results to post-treatment medications and living as a breast cancer survivor, Dr. Elisa Port describes every possible test and every type of doctor visit, providing a comprehensive, empathetic guide that every newly

diagnosed woman (and her family) will want to have at her side. Praise for *The New Generation Breast Cancer Book* “One book you need . . . If you’re considering your options for treatment or know someone who is, this step-by-step guide, *The New Generation Breast Cancer Book*, is essential reading.”—*InStyle* “Elisa Port, M.D., is the doctor every patient deserves: brilliant and compassionate. Her book will be a sanity saver and, quite possibly, a life saver.”—Geraldyn Lucas, author of *Why I Wore Lipstick to My Mastectomy* “As up-to-date as one can get, with lots to offer people facing a cancer diagnosis or hoping to support someone with the disease.”—*Library Journal* (starred review) “*The New Generation Breast Cancer Book* helps you sort through all the information you’ve gathered, clarify the terminology, consider the options, and make the right decisions for your unique case.”—Edie Falco “A lifeline for many women in need of today’s most up-to-date choices for treatment . . . Everyone should read this book for themselves, their mothers, grandmothers, daughters, and friends.”—Kara DioGuardi, Grammy-nominated songwriter, music executive, and Arthouse Entertainment co-founder “The book is teeming with easy-to-understand medical explanations, tips, takeaways, and pro-and-con discussions of various courses of action. Port also includes two extremely useful appendices that respectively take on common myths and answer questions frequently asked by friends and family. This is a vital read that will empower men and women alike.”—*Publishers Weekly*

Each year approximately 1.5 million people are diagnosed with cancer in the United States, most of whom inevitably face difficult decisions concerning their course of care. Recognizing challenges associated with cancer treatment, the National Coalition for Cancer Survivorship (NCCS) and the National Cancer Policy Forum (NCPF) of the Institute of Medicine (IOM) hosted a public workshop in Washington, DC on February 28 and March 1, 2011, entitled *Patient-Centered Cancer Treatment Planning: Improving the Quality of Oncology Care*. This workshop summary includes an overview of patient-centered care and cancer treatment planning, as well as subject areas on shared decision making, communication in the cancer care setting, and patient experiences with cancer treatment. Best practices, models of treatment planning, and tools to facilitate their use are also discussed, along with policy changes that may promote patient-centeredness by enhancing patient's understanding of and commitment to the goals of treatment through shared decision-making process with their healthcare team from the moment of diagnosis onward. Moreover, *Patient-Centered Cancer Treatment Planning* emphasizes treatment planning for patients with cancer at the time diagnosis.

We all want to believe that when people get cancer, they will receive medical care of the highest quality. Even as new scientific breakthroughs are announced, though, many cancer patients may be getting the wrong care, too little care, or too much care, in the form of unnecessary procedures. How close is American medicine to the ideal of quality cancer care for every person with cancer? *Ensuring Quality Cancer Care* provides a comprehensive picture of how cancer care is delivered in our nation, from early detection to end-of-life issues. The National Cancer Policy Board defines quality care and recommends how to monitor, measure, and extend quality care to all people with cancer. Approaches to accountability in health care are reviewed. What keeps people from getting care? The book explains how lack of medical coverage, social and economic status, patient beliefs, physician decision-making, and other factors can stand between the patient and the best possible care. The board explores how cancer care is shaped by the current focus on evidence-based medicine, the widespread adoption of managed care, where services are provided, and who provides care. Specific shortfalls in the care of breast and prostate cancer are identified. A status report on health services research is included. *Ensuring Quality Cancer Care* offers wide-ranging data and information in clear context. As the baby boomers approach the years when most cancer occurs, this timely volume will be of special interest to health policy makers, public and private healthcare purchasers, medical professionals, patient advocates, researchers, and people with cancer.

They come from different backgrounds and from professions as varied as medicine, education, and entertainment, but these ten women share one thing in common: They all have breast cancer. This book describes their experiences, exploring their initial fear, rage, and uncertainty, and reveals how each eventually coped, in her own way, with her diagnosis.

Have the scientific advancements in breast cancer research created a generation of overconfident physicians that have subconsciously placed their science, protocols, cancer and radiation centers above the value of a well-informed patient? Are surgeons so programmed with the Breast Conservation Protocol (BCP) that they have forgotten to ask their patients what is more important, life or breast? Have many physicians closed their eyes to the pain and suffering of women that have fallen victim to assurances that "mastectomies are not necessary"? Why isn't a documented consent-law required in every state, necessitating an unbiased discussion between physician and patient, to discuss all available options for the cure and/or treatment of early stage breast cancer? On November 12, 2013, the author elected to have skin-sparing, nipple-sparing mastectomies with implant insertion for early stage breast cancer. Her decision was not offered by a physician, instead, it was the result of observing the shock, pain and suffering her friends endured when the medical assurances that their chances of a recurrence were small and modern technology would keep them safe, had failed. In choosing double mastectomies, the author decided to take control of her future, eschew the role of a breast cancer patient and live life with a minimized threat of a recurrence. By chronicling her journey, and the journeys of four other women, the author hopes to initiate a conversation about all treatment options for breast cancer patients. By sharing stories about their breast cancer journeys, the women profiled wish to inspire men and women with positive diagnoses of early stage breast cancers to seek information, to understand the risks of each protocol option, and to make educated choices that weigh the potential consequences of their medical decisions.

ABSTRACT: Great debate surrounds the issue of patients with breast cancer participating in surgical/medical decision making and their ability to give an informed consent. Health care professionals must balance the need to safeguard the rights of patients, respect their autonomy and yet be sensitive to the changes and individual variations a patient may demonstrate as they progress from diagnosis to the end point of their disease. The premise underpinning the study and literature review, reflected in the published works presented here, focuses on a woman's right to access, should she choose, accurate information to make an informed treatment choice based on an exploration of the literature which reviews the ethical issues including autonomy, informed consent, advocacy, communication, access to information, approaches to shared decision making, psychiatric morbidity and evidence based medicine. Objectives of the Study Reflected in the Published Work Presented Here: 1. To determine the acceptability of an interactive video system, in addition to the standard informational care and support provided by the clinicians and clinical nurse specialist, as a

means of providing information about the risks and benefits of treatment choices-surgery and subsequent adjuvant chemotherapy - to women with early breast cancer who are facing choices about treating their early breast cancer. 2. To determine whether providing information to women with early breast cancer using an interactive system significantly reduces anxiety and depression associated with the diagnosis and treatment of this condition. 3. To determine whether providing information using an interactive video system, to women about treatment choices significantly increases patient satisfaction with the choice they have made. To assess this for a two year period patients attending for surgical treatment for early breast cancer were recruited, after full discussion and written consent, into a randomised control trial to evaluate the acceptability and effectiveness of the interactive video system. Eligible patients (100)included all women with an early primary invasive breast cancer who had a genuine choice between treatment options. Patients excluded from recruitment and viewing the Interactive Video (IVD)/Shared Decision - Making Programme (SDP) were all women who did not have a straightforward choice. All patients in the intervention group completed the following:a. Acceptability of the Interactive Video;b. Assessment of Health Status, The SF36 (Ware and Sherbourne 1992)c. The Hospital Anxiety and Depression (HAD) scale (Zigmond & Snaith 1983)After nine months the patients were again asked to complete the three questionnaires but at this point Questionnaire 1. elicits the patient's satisfaction with their treatment choice.

Of all cancers, probably breast cancer is one of the most emotive. Increasingly patients with breast cancer are participating in the surgical and/or medical decision about their treatment. This involvement raises ethical issues about the rights of patients and their ability to give an informed consent, concerns about the process of communication between the medical staff and the patient, and also issues about the psychology of not only the woman with breast cancer, but also the doctor. This book addresses these issues relating to shared decision making and in particular those areas where a choice of treatment option involves some degree of risk/benefit analysis. It covers the ethical principles and then looks at the evidence that women who wish to participate and who are fully informed and who have taken part in the decision making process regarding their treatment, and who have a positive attitude towards their illness, tend to do better in the long run. Appropriate experts have contributed sections on the different treatment options to provide a brief overview of the treatments available and highlight the issues that should be considered by the woman and the doctor in the decision making process. There is also a section on the patients perspective and vignettes throughout to illustrate dilemmas the patient faces and the importance of communication. Written for the surgical, medical and clinical oncologists who deal with breast cancer patients and senior nurses in breast cancer units, this book will also be of interest to trainees practising oncologists, and the women themselves who are interested in the shared decision making process in oncology generally. Answers to your patients' most vital, heartfelt questions! For years, *A Woman's Decision* has been the "go-to" reference

for doctors, nurses, and patients as they deal with the physical and emotional trauma surrounding breast cancer and reconstruction. Co-authored by renowned surgeons and a noted publisher and medical editor, this popular and authoritative book has become a trusted resource and valuable patient education tool. Featured on numerous national talk shows (including Oprah), the authors candidly discuss the full range of breast care, breast cancer treatment, and breast reconstructive options. Many doctors and breast centers use this book as their preferred method of informed consent. Patients love it, and breast centers, support groups, physicians, and societies recommend it. It is also a great gift for your surgical, oncologic, and radiologic colleagues. This new fourth edition has been totally revised and updated to reflect the latest developments in breast cancer treatment and recent advances in breast reconstruction. Written in an accessible manner, it provides women and their families with the information they need to make decisions about their own health care. Best of all, it takes complex and frightening topics and explains them in an understandable and non-threatening manner, providing women with the knowledge they need to feel confident in their decisions, their therapies, and their caregivers. It covers doctor-patient communication, mammography and breast self-examination, breast lumps, cancer facts and treatment options, and even the effects of breast cancer on relationships with family and friends. New information has been added on genetics and genetic counseling, oncoplastic surgery, new approaches to chemotherapy and breast irradiation, and new breast reconstruction techniques, including perforator flap reconstruction, reconstruction with the newer gel-filled implants, and prophylactic or preventive mastectomy. In addition to descriptions of the different cancer therapies and reconstructive techniques, the book includes numerous drawings which detail the steps involved for each procedure with preoperative and postoperative photos showing the possible results from the different reconstructive approaches. Fifteen patient interviews provide comfort to patients as they ride the physical and emotional roller coaster of breast cancer treatment, recovery, and reconstruction. Each woman has a unique story to tell with a different focus for each interview and coverage of a wide range of different reconstructive options. Many readers have commented that these interviews were "lifesavers" for them because they took away the fear of the unknown. They were reassured by the comments of other women who had walked in their shoes and offered advice to help cope with their treatments. They also appreciated the candid comments these women made about the different reconstructive therapies, fully sharing their experiences and detailing their decisions, therapies, pain, recuperation, complications, and coping mechanisms. If you know someone who is experiencing the fear and trauma of breast cancer, do her a favor and order this book. A Woman's Decision has become a preferred patient education tool used by plastic surgeons, cancer surgeons, and breast cancer centers worldwide. This sensitive and information-packed book promotes better doctor-patient communication and helps you provide informed consent to your patients, saving you time and money.

Breast Cancer Sharing the Decision

Breast cancer answers practical tips, and personal advice from a survivor.

The purpose of this study is to use an integrated biocultural perspective to examine the decision-making processes of young survivors as they navigate breast cancer treatment and reproductive health care options. This retrospective study utilizes a mixed-methods approach that integrates quantitative survey data (Phase I) with interview (Phase II) and focus group (Phase III) narratives from the young survivor community. Grounded theory and biocultural approaches guide analysis and interpretations. Findings reveal how young women engage reproductive and treatment decision-making as biocultural beings, negotiating immediate mortality risks, institutional constraints, and long-term, quality of life concerns and reproductive health values. Recommendations include the integration of women's voices and biocultural approaches into the development of young survivor educational materials and cancer care counseling in an effort to establish a successful shared decision-making model as the clinical standard.

Felicia Knaul, an economist who has lived and worked for two decades in Latin America on health and social development, documents the personal and professional sides of her breast cancer experience. *Beauty without the Breast* contrasts her difficult but inspiring journey with that of the majority of women throughout the world who face not only the disease but stigma, discrimination, and lack of access to health care. This wrenching contrast is the cancer divide — an equity imperative in global health. Knaul exposes barriers affecting women in low and middle-income countries and highlights the role of men, family, and community in responding to the challenge of breast cancer. She shares striking data about breast cancer, a leading killer of young women in developing countries, and narrates the process of applying this evidence and launching *Tómatelo a Pecho* (also the book title in Spanish)— a Mexico-based program promoting awareness and access to health care. The book concludes with letters from Dr. Julio Frenk, her husband and former Minister of Health of Mexico, written while they shared the trauma of diagnosis and treatment. With force and lucidity, the book narrates the journey of patient and family as they courageously navigate disease and survivorship.

In the United States, approximately 14 million people have had cancer and more than 1.6 million new cases are diagnosed each year. However, more than a decade after the Institute of Medicine (IOM) first studied the quality of cancer care, the barriers to achieving excellent care for all cancer patients remain daunting. Care often is not patient-centered, many patients do not receive palliative care to manage their symptoms and side effects from treatment, and decisions about care often are not based on the latest scientific evidence. The cost of cancer care also is rising faster than many sectors of medicine--having increased to \$125 billion in 2010 from \$72 billion in 2004--and is projected to reach \$173 billion by 2020. Rising costs are making cancer care less affordable for patients and their families and are creating disparities in patients' access to high-quality cancer care. There also are growing shortages of health professionals skilled in providing cancer care, and the number of adults age 65 and older--the group

most susceptible to cancer--is expected to double by 2030, contributing to a 45 percent increase in the number of people developing cancer. The current care delivery system is poorly prepared to address the care needs of this population, which are complex due to altered physiology, functional and cognitive impairment, multiple coexisting diseases, increased side effects from treatment, and greater need for social support. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* presents a conceptual framework for improving the quality of cancer care. This study proposes improvements to six interconnected components of care: (1) engaged patients; (2) an adequately staffed, trained, and coordinated workforce; (3) evidence-based care; (4) learning health care information technology (IT); (5) translation of evidence into clinical practice, quality measurement and performance improvement; and (6) accessible and affordable care. This report recommends changes across the board in these areas to improve the quality of care. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* provides information for cancer care teams, patients and their families, researchers, quality metrics developers, and payers, as well as HHS, other federal agencies, and industry to reevaluate their current roles and responsibilities in cancer care and work together to develop a higher quality care delivery system. By working toward this shared goal, the cancer care community can improve the quality of life and outcomes for people facing a cancer diagnosis.

In *I've Been Diagnosed, Now What? Courageously Fighting Cancer in the Face of Fear, Uncertainty and Doubt* Ms. Nolen, a seven-year survivor of Stage 3 Inflammatory Breast Cancer, shares her journey from uninformed patient to self-advocate. After coming to grips with the diagnosis, she made a conscious decision to get the best treatment available and to bring together the best support team possible. She used a variety of methods, including internet research, word of mouth, and joining support groups to learn how to build a strong medical team and surround herself with a support structure of her family, friends, and social media communities. Now having passed the critical five-year survival mark, Ms. Nolen is sharing her strategies with other survivors who may be feeling isolated and uncertain. With inspiring stories from other survivors, resource lists for every stage of the process, and survivor secrets she learned along the way, readers will be able to build their own community of support and not just survive, but thrive!

Over the past decade health care systems around the world have placed increasing importance on the relationship between patient choice and clinical decision-making. In the years since the publication of the second edition of *Shared Decision Making in Health Care*, there have been significant new developments in the field, most notably in the US where 'Obamacare' puts shared decision making (SDM) at the centre of the 2009 Affordable Care Act. This new edition explores shared decision making by examining, from practical and theoretical perspectives, what should comprise an effective decision-making process. It also looks at the benefits and potential difficulties that arise when patients and clinicians share health care decisions. Written by leading experts from around the world and utilizing high quality evidence, the book provides an up-to-date reference with real-world context to the topics discussed, and in-depth coverage of the practicalities of implementing and teaching SDM. The breadth of information in *Shared Decision Making in Health Care* makes it the definitive source of expert knowledge for healthcare policy makers. As health

care systems adapt to increasingly collaborative patient-clinician care frameworks, this will also prove a useful guide to SDM for clinicians of all disciplines.

Oncofertility integrates the two previously distinct fields of cancer treatment and fertility research and aims to explore and expand the reproductive future of cancer survivors. In order to achieve the goal of fertility preservation, the Oncofertility community must focus on communication and the way data is provided and received. Concomitant with the rapidly changing technology of Oncofertility, there have been radical shifts and advances in the way health educators and clinicians can produce and share information. As success rates of reproductive techniques such as egg freezing and banking continue to rise, providing increasing opportunities for young cancer patients to preserve their fertility prior to the onset of cancer treatments, communication among professionals in oncology, reproductive medicine, and psychosocial work, among others, becomes crucial, and clinical demand for Oncofertility information is expected to rise considerably. Oncofertility Communication describes and addresses the myriad channels through which the multiple audiences involved in Oncofertility can be served with appropriate and accurate information about cancer-related fertility issues. The text answers frequently asked questions and provides invaluable insights to scientific and health care professionals about communication among the diverse Oncofertility audiences. It incorporates timely discussions about traditional and emerging electronic communication tools and discusses the impact of health care policy changes on the Oncofertility field.

Dr. Steven Kussin, physician and a pioneer in the Shared Decision movement, takes readers through the steps of how to avoid the many pitfalls of unnecessary and sometimes even dangerous medical care. The American healthcare system is subsidized by its services to healthy people. The goal as it is for any business is to encourage people to become consumers by creating an emotionally-fueled demand for things that are suddenly and urgently needed. It's hard to make healthy people well; it's easy to make them sick. Under the goal to make you even healthier, the medical industry identifies and encourages investigations and preventive technologies for 'problems' unlikely to occur, unlikely to harm, unlikely to benefit from testing, and, once diagnosed, unlikely to benefit from treatment. Profitable services go on indefinitely for those who are young and well. For the health care industry being in good health is not just the best way to live; good health is also the slowest way to die. Many people find themselves on what the author calls the Slippery Slope, experiencing a cascade of escalating misfortunes produced by more tests with incrementally greater risk, expense, and fewer benefits. Many people, who, in the attempt to improve what is already just fine, unquestioningly pay an immediate and visible price for what are distant, invisible, and uncertain benefits. The central starting point for initiating a Slippery Slope adventure can be the first blood test, the first screening test, the first x-ray, the first pill, or the first diagnosis that's accepted by unwitting and trusting consumers. The bottom of the Slippery Slope is occupied by those previously well but who now are damaged, and by others who suffered needless unscheduled deaths. America's famed consumer skepticism when judging retail products is curiously and dangerously absent in their interactions within the healthcare system. Here, Steven Kussin offers strategies that give readers knowledge and power by offering unique perspectives, information, and

resources. He confronts the mighty forces arrayed against health care consumers and helps readers learn to identify them themselves. The power of money, the authority of science, the stature of physicians, the lure of elective health 'improvements', the promise of technology, and the pitch perfect, perfect pitches of televised ads all conspire to push people in directions that are often at odds with their stated priorities and interests. This book is dedicated to one lesson: The view from atop the Slope, before making a health care decision, is better than the view from the bottom, after having made a bad one.

This dissertation, "Studies of the Process of Breast Cancer Treatment Decision Making and Its Impacts on Short-term Adjustment to Breast Cancer in Chinese Women" by Wing-tak, Wendy, Lam, ???, was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation. All rights not granted by the above license are retained by the author. Abstract: Abstract of a thesis entitled Studies of the process of breast cancer treatment decision making and its impacts on short-term adjustment to breast cancer in Chinese women submitted by Wendy Wing Tak Lam for the degree of Doctor of Philosophy at the University of Hong Kong June, 2002 Objectives: (1) Describe the process of treatment decision making (TDM) in breast cancer (BC). (2) Explore to what extent women wish to participate in TDM. (3) Identify factors women consider in TDM. (4) Examine how this process affects psychosocial adjustment to BC. Methods: This study had three phases. Phase1 consisted of a qualitative study of 22 women with recently completed breast surgery who completed an in-depth interview designed to study Objective 1. Phase II consisted of a pilot study evaluating the reliability and validity of instruments that measured TDM, self-efficacy (GSeS), patient satisfaction with the medical consultation (MISS), and social adjustment (ChSAS). Phase III consisted of a prospective interviewed-based study designed to study Objectives 2, 3, and 4 with assessment within 5 days, and again at one-month post-surgery. Women completed several instruments including measures of participation satisfaction, choice influence, informational support, expectancy-outcome incongruence (EOI), self-efficacy (GseS), optimism (CLOT-R), psychological morbidity (CHQ-12), social adjustment (ChSAS), and subjective health (CPH and GPH). Subjects: Phases I (N = 22) and III (N = 154): Chinese women recently diagnosed with BC who had completed breast surgery were recruited at six government-funded hospitals. Phase II (N = 226): Chinese women who had a diagnosis of BC and had completed all the associated treatment recruited at a local BC self-help group. Analysis and Findings: Grounded theory analysis of narrative data in Phase I showed that discovery of breast abnormality and emotional responses to BC diagnosis influence the TDM process. The experience of TDM, which was likened to gambling, did not end once the decision was made, but unfolded while waiting for surgery and the post-operative report. Factor analysis was used to assess the construct validity of the instruments in Phase II. Adequate reliability statistics and reasonable construct validity were seen, suggesting the piloted instruments were suitable to use in Phase III. Fifty-nine percent of women in Phase III preferred shared decision-making. Most women had participated as much as they desired, while participation incongruence was associated with having an opportunity to make treatment choices, perceived difficulties and perceived lack of confidence in TDM. Survival was rated as the

most important factor women considered in deciding breast surgery. Women having breast conserving surgery rated surgeon's recommendation, sexuality issues, and avoidance of radiation therapy as more important factors in TDM than did women having mastectomy. Results of path analyses indicated that (1) optimism directly effected CHQ-12 and ChSAS, (2) self-efficacy directly effected ChSAS, (3) optimism and self-efficacy indirectly effected CHQ-12 and ChSAS via its effect on EOI, and (4) EOI directly effected CHQ-12 and ChSAS. Optimism had the greatest causal effect on psychosocial adjustment. Post hoc analyses led to the extension of the path model to include severity of physical sympt

My Story, My Decision, My Journey, is a book about one woman's journey who was diagnosed with breast cancer, who is now cancer free. This breathtaking read of gradual resilience and faith is about the ups and the downs, the struggles, and the go-betweens of having breast cancer. In this book, the reader gains insight into her deepest thoughts through the sharing of her journal notes and poetry. This book provides the key points that brought her through it. Michelle's unique presentation of her story will encourage, strengthen, and give another woman hope.

It was on May 2007, that she heard these dreaded words, You have breast cancer. With a blink of an eye, her world turned upside down. She became confused, dazed and was in a state of denial. She told herself, Get a grip of yourself. It is not the end of the world! What happened next were the agonizing decisions. Decisions! Decisions! Decisions! Decisions that were made without much thought! Do you want to be in the same predicament? Of course not! This journal showed how the author overcame all the fears and frustrations that accompanied this horrible disease. She refused to accept defeat and conquered everything, not losing her sense of humor and selfworth! It is a story of a very strong woman a breast cancer survivor!

This book covers all the relevant aspects of communication in cancer care, such as communication in cancer prevention and genetic counseling, communication at different stages of disease and communication with the family and children. In addition, more general topics are discussed, such as the benefits and evidence of communication skills training and the challenges of interdisciplinary and cross-cultural communication.

Chronicles the various campaigns waged against breast cancer and its effects on women during the last century.

When journalist and broadcaster Victoria Derbyshire was diagnosed with breast cancer in 2015, she made the decision to share her experiences in a series of video diaries in an effort to help demystify cancer treatment. Overwhelmed by the response, Victoria set up a Facebook page inviting people to share their own stories, talk openly about cancer and support one another. The result is this collection of writing from cancer patients and their loved ones. Whether you have recently been diagnosed with cancer, or a friend or relative has, everyone who has contributed to this ebook has been through the same journey, and hopes you will take strength from these 'things to help you through'. From practical tips on managing your treatment and your everyday life with cancer, to advice on understanding and dealing with the emotional rollercoaster that begins with diagnosis, this free resource is packed with hard-won wisdom and insight, at once useful and poignant. This exclusive collection is published ahead of Victoria Derbyshire's book, *Dear Cancer, Love Victoria: A Mum's Diary of Hope*. *You are Not Alone: Life After a Breast Cancer Diagnosis*, empowers women with easy to understand, vital information to guide them through their breast cancer experience. It helps women become aware of their options while giving them the confidence, hope, inspiration, and skills to make the right treatment decisions. Along with valuable research, Andrea candidly shares her personal experiences, including her thoughts

and feelings, from the time of her breast cancer diagnosis to having her breasts removed and reconstructed. This book will save you countless hours of research while offering you information relatively unknown by most women. Discussions include: · Factors which may contribute to breast cancer. · Tests such as HALO-NAF and the BRCA1 and BRCA2 gene mutation test. · Hormone Replacement Therapy (HRT). · What it means to have breasts sensitive to estrogen. · Statistics you must know if you are diagnosed with breast cancer during or soon after pregnancy. · Treatment options and pointers on how to make the right treatment choice. · Questions to ask your doctor. (If you don't ask the right question, you won't get the right answer.) You are Not Alone: Life After a Breast Cancer Diagnosis can benefit all women as it shares what our doctors aren't telling us yet we must know to make critical decisions. Our lives are at stake.

Edie Falco, Sheryl Crow, Athena Jones, and other breast cancer survivors and “previvors” tell their powerful, inspiring stories in this collection. Drawing from first-hand interviews of successful, high-profile women from myriad industries and perspectives, award-winning journalist Ali Rogin brings together an all-star support and recovery team to inspire anyone confronting a cancer diagnosis, along with their loved ones. Learn how preeminent actresses, musicians, politicians, journalists, and entrepreneurs faced a formidable disease and put it in its place. In their own words, the women of Beat Breast Cancer Like a Boss inform and encourage other women by sharing their experiences and advice. Learn how they told loved ones about their diagnoses, navigated treatment options, and managed the work/life/cancer balance. Rogin, too, faced great uncertainty when she tested positively for the BRCA1 genetic mutation at age twenty. She found answers in the vibrant community of breast cancer survivors and “previvors” who also stared down the odds. With her brave decision to undergo a prophylactic bilateral mastectomy before even graduating college, Rogin joined this diverse sisterhood of women confronting breast cancer in its many forms with dignity, strength, and humor.

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