

## Foreword

Giovanni Rosti<sup>1</sup> · Andrew Davies<sup>2</sup>

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### Foreword

It was my distinct pleasure to serve as co-Chair (together with Dr. Andrew Davies, Royal Surrey County Hospital, UK) for the 2nd edition of BeCOOn OWN (Onco-pain empowErment Network) held in Amsterdam on 27–28 May, 2016. This CME-accredited event focused on the *Patient journey: the significance of communication*. The communicative aspect in patient care, and especially in oncology, is often not given due consideration, which made this meeting of special and timely relevance for the experts and roughly 60 specialists who attended the meeting. The attendees had a diverse range of specialties (oncologists, pain specialists, palliative care specialists, nurses, and pharmacists) and represented a large number of 14 European countries (Belgium, Bulgaria, Croatia, Estonia, France, Germany, Israel, Italy, Latvia, Netherlands, Poland, Slovenia, Spain, and UK), which

encouraged lively discussion throughout the meeting and gave the chance to share and spread best practice. The faculty was composed of experts from throughout Europe with a wide range of expertise (Table 1).

The meeting was broadly structured into three pillars—how to communicate with patients, how to communicate among ourselves, and how to communicate science—and was complemented with practical sessions that provided the opportunity for participants to improve communication skills and explore communication challenges. In communicating with patients, the role of narrative-based medicine, the concept of which was first pioneered by Dr. Rita Charon, was discussed in detail. This new communication tool can promote a healing relationship with patients, colleagues, and self. Prof. Fallowfield and Dr. Leonard then led a practical session on exploring ways to manage healthcare professional (HCP) communication challenges. This interactive session addressed how to discuss the goals and expectations of therapy with patients to ensure that they have an active role in decision-making, and importantly, how to manage family, relatives, and caregivers.

In communicating between HCPs, focus was placed on the role of palliative care. It was stressed that palliative care should be offered early in the course of the disease, but that there are still several barriers to more widespread use of palliative care services. Importantly, overcoming these barriers will undoubtedly require better education and greater cooperation between healthcare professionals. The communication gaps that exist between oncologists and palliative care specialists and highlighted the need for clear terminology was also highlighted. Any therapeutic support the patient and family actually requires should be delivered—no matter how the according structures are named. Ample discussion was also placed around an exemplary case in discovering how communication can be enhanced during all phases of the patient

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✉ Giovanni Rosti  
rosti.giovanni@gmail.com

Andrew Davies  
adavies12@nhs.net

<sup>1</sup> Oncology, Policlinico San Matteo IRCCS, Pavia, Italy

<sup>2</sup> Royal Surrey County Hospital, Egerton Road, Guildford, Surrey GU2 7XX, UK

**Table 1** Faculty members of the BeCOon OWN event held in Amsterdam on 27–28 May, 2016

## Faculty members

- **Prof. Bernd Alt-Epping**, oncologist and palliative care specialist, University Medical Center Göttingen, Göttingen, Germany
- **Dr. Kees Besse**, anaesthesiologist, consultant pain and palliative care Integraal Kankercentrum Oost, Nijmegen, the Netherlands
- **Prof. Frank Elsner**, palliative care specialist, university hospital of RWTH Aachen University, Aachen, Germany
- **Prof. Lesley Fallowfield**, professor of psycho-oncology, Sussex Health Outcomes Research and Education in Cancer (SHORE-C), University of Sussex, UK
- **Birgit Grube**, nurse, president of European Oncology Nursing Society (EONS), Copenhagen, Denmark
- **Dr. Pauline Leonard**, oncologist, Whittington Health, UK
- **Dr. Dominique Lossignol**, palliative care specialist, head of the supportive care unit, Institut Jules Bordet, Brussels, Belgium
- **Elisabeth Meier**, patient advocate, Europa Donna, Athens, Greece
- **Dr. Juan Manuel Nuñez Olarte**, palliative care specialist, Hospital General Universitario Gregorio Marañón, Madrid, Spain
- **Prof. Martin van Hees**, professor of ethics, head of department philosophy and dean of J.S. College, Vrije Universiteit, Amsterdam, the Netherlands

journey, from diagnosis to treatment decisions to end-of-life care. These presentations were followed by a workshop on local challenges in communication around the management of cancer pain, and explored patient taboos and physician barriers. Together, these sessions helped participants appreciate the need for better communication among HCPs, and how enhanced communication can benefit both patients and caregivers alike.

The last session focused on how we can communicate science. This was started off by practical and interactive demonstration of how communication skills can be improved, including common mistakes when presenting, how to overcome them, and how to communicate simply, clearly, and loudly. To

close the meeting, current guidelines for management of breakthrough cancer pain (BTcP) were overviewed, while Dr. Olarte discussed the need for more rational use of drugs to treat it. These last two presentations highlighted that there still remains a definite need for international guidelines for definition, diagnosis, assessment, and management of BTcP, and in this light, it is thus crucial to continue efforts to increase education and management. Moreover, several principles can be adopted, tailored to the individual patient and treatment setting, which can help to reduce the risk of developing an aberrant behavior related to opioid use as rescue medication for BTcP. These are important aspects for all multidisciplinary clinicians treating cancer patients to consider.

My sincere thanks to the distinguished speakers, participants, and organizers of the meeting who all contributed to its success. This supplement contains summaries of selected presentations made by some of these leading experts, with the aim of increasing communication between patients and HCPs throughout the entire patient journey, and not just at crucial moments.

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**Compliance with ethical standards**

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