






	Explanation	Harmful example	Helpful example	Exploration - tailoring
 Information provision				
Amount of information	Patients' views vary: both too much information (i.e., overwhelming) and too little information (i.e., making the message unclear) can be harmful*	Too much: "The results of the blood test are unfortunately not as we had hoped. So I will now go through all the test results."	"The results of the blood test are unfortunately not as we had hoped. The tumor marker is rising; this means your cancer is becoming more active and growing again."	"I can discuss all the results with you, or only the most important ones. What would you prefer at this point?"
		Too little: "The results of the blood test are unfortunately not as we had hoped."		"I can also give you written information, or you can read it in your electronic record. Would you prefer that?"
Providing information without empathy	Information should not be provided without acknowledging its emotional impact	"Those were the scan results. So I will now discuss what treatment is required."	"Those were the scan results. I can imagine you may need a moment for it all to sink in." Depending on the patient's reaction, explore emotions, and ask permission to discuss treatment options."	
Use of medical jargon	Complex terms might lead to patients misunderstanding information	"I've looked at your test results and the result is positive; there are signs that the cancer is progressive."	"I've looked at the test results and the result of the test is not good: the tumor marker has increased. This means the tumor is growing."	
Making vague promises	Vague promises are unsettling, especially if they are not met	"I will call you." (no indication of when the doctor will call).	"I will call you tomorrow between 4 and 5, once I have discussed this with the team. If I don't call, you can call me after that."	
 Prognosis				
	Patients' views vary; it can be harmful if prognostic information is too specific (i.e., does not acknowledge inherent uncertainty) but also if it is too vague (i.e., it is unclear to the patient where they stand)	Discussing the prognosis: "I can say something about your life expectancy, although it is different for everyone. We know that half of the women with your diagnosis are still alive after 2 years. So half the women live less than those 2 years, and the other half live longer."	Emphasizing the uncertainty of the prognosis: "We base life expectancy on data from large groups of people. Life expectancy is different for each person, so unfortunately we can't say exactly what it is for you personally." Step-by-step assessment of the prognosis: "In your case, the best is if we start treatment and then assess the effect of the first treatment. Then we can take it from there. How long the treatment is effective is different for everyone." Referring to outliers: "There are always exceptions. People who live shorter, but also people who live longer than we sometimes think."	"Some people, but not all, want information about their life expectancy. It's different for everyone. What are your needs here? (qualitative and experts)
		Not discussing the prognosis: "I can't say much about your life expectancy; it's different for everyone. There are women who live a long time with the type of breast cancer you have, and other women who live less long. We don't know how it will go for you."		
 Decision-making				
Not involving the patient in decision-making	Being too directive and overlooking patients in decision-making	"You must start chemo within a specified time."	"You have a choice between chemotherapy and ... The advantages and disadvantages are ... I would be very interested to know what you yourself think about this. Of course there is time to think about it."	"If you want, I can also give you my advice?" (experts)
	Patients' views vary on who should make a final treatment decision			"Some people want to make the final decision together; others want to do it themselves. What would you prefer?" (experts)
Discussion or non-discussion of refraining from anti-cancer therapy (in early disease stage)	Patients' views vary: both discussing the option of no anti-cancer therapy (i.e., this takes away hope) and not discussing this option in early disease stage (i.e., it is a realistic possibility) can be perceived as harmful If the option is discussed, it is particularly harmful psychologically if the doctor says 'there is nothing more to be done'	Decision to discuss the option*: "I suggest stopping with chemotherapy."	"The choice to be considered is whether or not you want further treatment. The advantages and disadvantages are ... It is important to think about whether you still want this. It's not an easy decision, and it doesn't have to be made right now." "We cannot cure the cancer, but there is still plenty we can do and will do to help you, including helping you come to terms with this news. We can help and treat you if you develop complaints. We will continue seeing you."	
		Not discussing the options*: "Chemo is still a possibility. Give yourself that chance."		
		"There's nothing more we can do for you."		
 Empathy				
Not responding to emotions	Not responding to patients' emotions, e.g., ignoring them, is deemed harmful	Patient: "I will get through this too. It's just that my husband is sick too." Oncologist: "Yes, you told me. There's not much I can do about that." Patient: "Yes ... so yes ... (falls silent)" Oncologist: "Let's measure your blood pressure."	Patient: "I will get through this too. It's just that my husband is sick too." Oncologist: "Yes, you told me. That's a lot for the two of you to deal with" Patient: "Yes ... so yes ... (falls silent)" Oncologist: "Are you worried about him? Would it perhaps help to talk about this with the social worker/psychologist/spiritual advisor?"	
Not listening to the patient	Not listening to the patient, e.g., ignoring or downplaying reported complaints, is deemed harmful	Patient: "I've also been experiencing pain when walking." Oncologist: "That's a common side effect. And what about swallowing? Is that better now?"	Patient: "I also been experiencing pain when walking." Oncologist: "Can you tell me anything more about it? Are you worried about it? Let's see if we can find something to improve that."	
Providing reassurance before exploring whether the patient needs it	Reassuring patients without e.g. exploring what patients think themselves is deemed harmful	Patient: "And I'm still getting headaches." Oncologist: "You don't have to worry about that. I assure you that that has nothing to do with your cancer."	Patient: "And I'm still getting headaches." Oncologist: "That's too bad. Are you worried about it? What do you think is causing it?" Patient: "No, I'm not that worried. I think it's the same side effect again."	
Not seeing the patient as a person	Not seeing the patient as a person and only focusing on the medical facts / the medical side is deemed harmful	"The tumor doesn't seem to be growing so that's going well - great! So we'll continue treatment."	"The tumor doesn't seem to be growing, which is good. But how are you feeling? Do you have any symptoms?"	
Not respecting the patient as an individual	Not respecting the patient as an individual, e.g. by not using their name, is deemed harmful	The oncologist calls a colleague during the consultation: Oncologist: "The patient has increasing pain in her back."	Having checked that the patient agrees, the oncologist calls a colleague during the consultation: Oncologist: "Ms. de Vries, born 19-3-1954, has increasing pain in her back."	
Giving a compliment without room to disagree	Telling patients they look good is perceived as harmful; this occurs in daily life, and may not reflect how the patient feels.	"You look great."	"You look great, but I know that doesn't always mean you feel that way. How do you feel?"	
 Exploration - Asking the patient				
Asking what the patient knows: "So what do you know about chemotherapy?"	Asking what the patient wants to do, or to achieve. "What would you like the treatment to achieve?"	Asking probing questions if the patient is experiencing complaints: "Where is the pain? When do you experience it? How often?"	Asking/checking if the patient has understood the information: "I want to check that I've explained it properly. Can you repeat what I said?"	Making time for questions: "Do you have any more questions?"