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# The Right Conversation Sends More People to Colorectal Cancer Screening

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Patients are more likely to follow a clinician's advice to undergo colorectal cancer screening after a well-worded discussion with the provider.

“The communication related to cancer screening between healthcare provider and patient was positively related to an individual going through with the screening recommendation,” confirmed Thomas Feeley, PhD, an associate professor at the University at Buffalo (New York) and a specialist in health communication.

Dr Feeley led a research team that conducted 27 focus groups with patients, nurse practitioners, physician assistants, and physicians. These sessions uncovered several reasons that people ignored or failed to follow through with a clinician's screening recommendation, such as lack of time, patient reluctance, and difficulty in scheduling the test. People were more likely to get screened when they knew somebody with cancer, when the physician recommended screening, and when the clinical staff helped patients schedule the test. A more convenient screening process also translated to more completed tests.

As they reported in the June issue of *Health Communication* (2009;24[4]:304- 315), Dr Feeley and colleagues learned that the more persistent the practitioner was in discussing colorectal screening with a patient, the more likely the patient was to take the test. The specific words used also had an impact on patients' willingness to undergo screening. “One physician reported the use of analogies,” noted Dr Feeley in a statement about the study. “For example, the physician said, ‘It is like taking care of your car; you must change the oil and check the engine to make sure all is going well.’”

The study also showed that persuasive patient communication is hampered when visits are rushed. “Any proper attempt to allay patient fears associated with colorectal cancer screening or efforts to communicate the value of preventive medicine requires ample time for effective dialogue,” Dr Feeley explained.