

### O3\_A2\_A\_Scientific Evidence

#### ACTIVE LISTENING AND EMPATHIC RESPONSE

<b>Q1</b>	<b>When communicating with patients with cancer or other progressive illnesses in medical settings is there a difference in perception of length of consultation/visit/interview when the patient and doctor are sited compared to standing ?</b>
<b>Patients</b>	Patients elderly and/or frail and/or end of life indications in a palliative facility Frail, aged, end of life adults Children in a palliative facility
<b>Intervention</b>	<b>the patient and doctor are sited compared</b>
<b>Comparator</b>	<b>the patient and doctor are sited standing</b>
<b>Outcome</b>	Core outcome measures: Quality of life.
<b>Methodology</b>	Systematic reviews Randomized controlled trials Cohort studies Registry studies
<b>Extra</b>	Planned subgroup analysis -different races

#### Studies:

There were now clinical studies to sustain the assumption, which is stated in the usual practice protocols (1).

#### Conclusions:

We endorse the recommendations of these consensuses.

#### References:

1. WALTER F. BAILE, SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer, *The Oncologist* 2000;5:302-311

<b>Q2</b>	<b>When communicating with patients with cancer or other progressive illnesses in medical settings is position of doctor behind a desk, computer seen as a barrier to communication or not by patients?</b>
<b>Patients</b>	Patients elderly and/or frail and/or end of life indications in a palliative facility Frail, aged, end of life adults
<b>Intervention</b>	<b>position of doctor behind a desk, computer seen as a barrier to communication</b>
<b>Comparator</b>	<b>computer seen not as a barrier to communication</b>
<b>Outcome</b>	Quality of life.

<b>Methodology</b>	Systematic reviews Randomized controlled trials Cohort studies Registry studies
<b>Extra</b>	Planned subgroup analysis

Studies: no clinical studies

Conclusions: There were now clinical studies to sustain the assumption.