

## Lesson 23: Communication & consent

### 1. Why Communication and Consent Are Central in Cancer Care

In oncology, medicines, procedures and tests are only one part of treatment. The **way** we talk, listen and take consent directly affects the patient's trust, safety, treatment adherence, emotional stability and overall outcome.

For an Ayurvedic oncologist or Cytoveda clinician, good communication and consent are especially important because Ayurvedic interventions are mostly **adjunctive**, the evidence base is evolving, and patients often come with high expectations, fear and misinformation.

Key reasons communication and consent matter

- Cancer is a life-changing diagnosis; patients and families are often in shock
- Treatment decisions are complex and long-term
- Integrative care involves **more than one system of medicine** and more potential interactions
- Ethical and legal standards increasingly expect clear, documented informed consent
- Proper communication reduces complaints, medico-legal risk and "doctor-shopping"

This lesson focuses on how to communicate clearly, honestly and compassionately, and how to obtain valid consent in Ayurvedic oncology practice.

### 2. Core Principles of Ethical Communication

Certain ethical principles should guide every interaction in Cytoveda-style oncology practice.

#### Clarity and truthfulness

- Give information in simple, non-technical language
- Avoid false reassurance and avoid absolute promises ("guaranteed cure", "100% result")
- Be honest about what is known, what is uncertain and what is not in your control

#### Compassion and respect

- Acknowledge the patient's fear, pain and confusion
- Allow emotional reactions; do not rush to "fix" them with empty positive talk
- Respect cultural, religious and personal values

#### Patient autonomy and shared decision-making

- The patient has the right to know about their diagnosis, treatment options and alternatives
- Decisions should be made **with** the patient, not only for the patient
- Encourage questions and give space for the patient to say "no" or "not now"

#### Non-maleficence and safety

- Never suggest stopping life-saving modern treatments without solid reasons and clear documentation
- Discuss possible side effects and limits of classical medicines honestly
- Ensure that the patient understands that Ayurvedic oncology is integrative and supportive, not a proven replacement for standard oncologic care

#### Confidentiality and privacy

- Protect sensitive information (diagnosis, HIV status, infertility, sexual history)
- Do not share details with family members without patient's consent, except where law or serious safety risk demands it (e.g., self-harm risk, abuse of minors - to be handled as per local regulations)

### 3. Key Topics to Communicate in Ayurvedic Oncology

Every new patient (and often at each major decision-point) needs clear communication in certain domains.

#### Diagnosis and current status

- The name of the cancer (as far as the patient wants to know)
- Whether the disease is localised, locally advanced, or metastatic
- Whether the situation is curative intent, disease control intent, or palliative intent

#### Role and limits of Ayurvedic oncology

- Emphasise that Ayurvedic interventions are:
  - Aimed at improving quality of life, symptom control, side-effect reduction, metabolic terrain and long-term resilience
  - Used **alongside** modern oncology, not as a substitute for chemo/RT/surgery in evidence-based curative settings
- Explain where classical medicines can help:
  - Agni and GIT, liver, kidneys, respiratory and immune support, ojas and Rasayana, pain and edema management, mental-emotional stability
- Be honest about limits:
  - No guaranteed tumour shrinkage
  - No promise of cure in advanced or metastatic disease
  - Uncertainty in individual response

#### Treatment options and alternatives

- Outline the main modern options recommended by the oncology team
- Explain your proposed Ayurvedic plan:
  - Type of medicines and therapies
  - Expected benefits and possible risks
  - Duration and monitoring required
- Mention alternatives within Ayurveda (e.g., more conservative Rasayana vs more intensive Panchakarma in selected settings)

#### Costs, logistics and commitments

- Estimated number of visits or teleconsults
- Duration of therapy
- Need for lab tests and imaging at intervals
- Direct and indirect costs as far as reasonably predictable

### 4. Practical Communication Skills in Cancer Consultations

Certain communication techniques make a big difference in the patient's experience.

#### Start with open questions

- "What brings you here today?"
- "What have you understood so far about your illness?"
- "What worries you the most right now?"

#### Use simple, layered explanations

- Start broad, then add detail according to the patient's interest and tolerance
- Use analogies linked to Ayurveda and modern science together (e.g., "Agni is like your body's metabolic engine; chemo is like a strong chemical that kills fast-growing cells; our job is to protect your healthy tissues and Agni while

this treatment works.”)

#### **Check understanding regularly**

- “I have explained a lot. Can you share in your own words what you understood?”
- “Which part is still confusing?”

#### **Respond to emotions, not only facts**

- If the patient starts crying or appears numb, pause the medical explanation and say
  - “I can see this is very difficult to hear. Let’s take a moment.”
  - “It’s normal to feel overwhelmed. We can go slowly.”

#### **Avoid harmful language**

- Avoid blaming the patient (“You got cancer because you did not follow a good lifestyle.”)
- Avoid rigid fatalistic statements (“Nothing can be done now.”)
- Avoid overselling Ayurveda (“If you follow all this strictly, your cancer will definitely disappear.”)

#### **Use “hope with realism”**

- Offer realistic hope:
  - “We can work on your strength, appetite and pain.”
  - “Even if we cannot fully control the tumour, we can still improve your comfort and daily function.”
- Balance hope with truth:
  - “This is an advanced stage; we cannot promise cure, but we will continue to support you.”

## **5. Communicating with the Family - Collusion and Cultural Issues**

In many cultures, families often say  
“Don’t tell the patient they have cancer; they will lose hope” or  
“You tell us everything, but don’t tell him much.”

This is called **collusion**. An ethical response needs:

#### **Understanding their concern**

- Ask: “Can you share what makes you worried about telling them?”
- Acknowledge fear: “You want to protect them from shock and despair. That is understandable.”

#### **Respecting patient autonomy**

- Whenever possible, ask the patient directly, in private if appropriate:
  - “Some people want to know everything about their illness. Others prefer that the family handles details and decisions. How would you like it to be?”
- Document the patient’s preference, and follow it as far as legally and ethically allowed.

#### **Gradual, sensitive disclosure**

- If the patient wishes to know, but family is anxious, proceed gently:
  - Start with “serious illness” and “need for strong treatment”
  - Slowly introduce the word “cancer” and its implications, checking the patient’s emotional state
- Reassure the family that information will be given with care and ongoing support.

#### **Avoid complete deception**

- Long-term, total hiding of diagnosis usually leads to mistrust, fragmented care and ethical conflict.
- Strive for a middle path: pace, depth and timing of truth tailored to patient’s coping ability, but without blatant lying.

## 6. Informed Consent - Key Elements in Ayurvedic Oncology

Informed consent is not just a signature on a form; it is a **process of shared understanding**.

### Essential elements for valid consent

- Capacity: the patient can understand and decide (or a legal guardian if the patient cannot)
- Information: adequate explanation of nature, purpose, benefits, risks and alternatives
- Voluntariness: decision is free from coercion, pressure, or manipulation
- Documentation: written record that the above has occurred

In Cytoveda-style practice, consent should cover both:

- **Modern oncology treatments** (usually handled by oncology team)
- **Ayurvedic/Integrative plan** (your responsibility)

### Points that must be clearly communicated for Ayurvedic consent

- Nature of the proposed Ayurvedic treatment
  - Classical medicines (Vati, Ras, Guggul, Ghansatva, Mahākāśaya)
  - Any Panchakarma or locally invasive procedures planned in higher levels
- Purpose and goals
  - Symptom relief (pain, nausea, appetite, sleep, bowel habit)
  - Supportive care (liver, kidney, immunity, ojas)
  - Long-term terrain modulation and resilience
- Evidence and limitations
  - “Many of these treatments are based on classical Ayurvedic texts, clinical experience and emerging integrative practice. They are not a guaranteed cure and not a substitute for standard oncology treatment.”
- Risks and side effects
  - Possible GI upset, allergy, herb-drug interactions, liver-kidney load, etc.
  - Possible worsening of symptoms if instructions are not followed
- Need for monitoring
  - Periodic lab tests (LFT, RFT, CBC, electrolytes)
  - Regular review visits to adjust doses

### Consent for panchakarma or stronger interventions (advanced levels) should also include

- Procedure details, preparation and aftercare
- Potential discomfort, downtime and complications
- Contraindications in specific cancers, stages and organ dysfunction
- Clear statement that panchakarma is limited or avoided in many oncology situations and is not routinely used in active chemo phases.

## 7. Special Situations in Consent

### Low literacy or language barriers

- Use visual aids, simple diagrams and stories
- Take help of trained translator if needed
- Ask patient to repeat back the plan in their own words to ensure understanding

### Children and adolescents

- Obtain consent from parents/guardians
- Also involve the child at an age-appropriate level (assent)
- Be extra careful about promises and claims; protect the child from unnecessary guilt or blame

### **Patients with reduced decision-making capacity**

- Dementia, delirium, severe psychiatric illness or advanced encephalopathy may impair capacity
- Involve legally appropriate surrogate decision-makers
- Still treat the patient with respect; explain at their level of understanding even if legal consent is by a relative

### **Teleconsultations and online courses**

- Clarify limitations of telemedicine (examination, emergency care, investigations)
- Obtain explicit consent for online consultation, data storage, and, if applicable, session recording
- Never give high-risk advice (such as stopping chemo) purely over chat or email; such decisions require proper consult and documentation.

## **8. Do's and Don'ts in Communication and Consent**

### **Do's**

- Do sit at eye level, maintain open body language and give enough time
- Do encourage a family member or support person to attend if the patient wishes
- Do use written summaries, prescriptions and simple handouts to help memory
- Do normalise emotional reactions: "Many people feel like this in your situation."
- Do revisit consent when plans change significantly (disease progression, new therapy, serious side effect)

### **Don'ts**

- Don't guarantee cure, especially in advanced disease
- Don't criticise other doctors or systems ("They ruined your case; now only we can save you.")
- Don't hide serious risks of Ayurvedic medicines (e.g., strong Rasa yogas, Medohar, diuretic herbs)
- Don't pressure patients to sign consent quickly; allow them to think and discuss with family
- Don't assume that a signature equals understanding; always check comprehension

## **9. Documentation of Communication and Consent**

Good documentation protects both patient and clinician. Typical entries in case record may include

- "Discussed diagnosis and current stage in presence of patient and spouse; patient aware that disease is advanced and treatment goal is disease control and symptom relief."
- "Explained role of Cytoveda classical medicines as supportive, not as replacement for chemotherapy. No guarantee of cure promised."
- "Discussed potential side effects, need for periodic LFT/RFT and CBC; patient agreed and consent form signed."
- "Family initially requested not to disclose diagnosis; patient later expressed wish to know full truth; counselling done and diagnosis explained gradually; patient coping reasonably with support."

Every major change in plan (starting strong Rasa Rasayan, introducing Panchakarma, advising deferment of chemo in a specific scenario) should be linked to a clear, dated, brief note of the communication and consent.

## **10. Handling Unrealistic Expectations and Requests**

### **Patients or relatives may say**

- "Please cure this completely with Ayurveda; we don't want chemo."
- "We will do everything you say if you promise the cancer will not come back."

### **Ethical response**

- Acknowledge hope: "It is natural to wish for complete cure."
- Reframe realistically:

- "Our treatments can support your body and mind and may help with side effects and strength. For this stage and type of cancer, standard treatments like surgery/chemo/RT remain very important."
- "We will do our best, but no one can promise that cancer will never come back."
- Offer a collaborative path:
  - "Let us see how we can combine the best of both systems for your safety and comfort."

#### **Avoid**

- Playing on fear or guilt ("If you don't take these medicines, you will definitely suffer later.")
- Competing with modern oncology ("Their treatment spreads cancer; only Ayurveda is safe.")

## **11. Key Take-Home Points**

Communication in Ayurvedic oncology must be structured, truthful, compassionate and culturally sensitive; it is central to safe integrative care.

Informed consent is a **process**, not a form; it includes capacity, adequate information, voluntariness and proper documentation.

Special care is required when dealing with family collusion, low literacy, minors, reduced capacity and teleconsults; patient autonomy and well-being remain core.

Ayurvedic treatments must be presented as integrative and supportive, never as guaranteed cures or automatic replacements for evidence-based modern oncology.

Clear documentation of discussions, expectations, decisions and consent is essential for ethical, transparent and defensible practice in Cytoveda clinics.

## **12. Review Questions**

1. Which key topics must always be covered when explaining an integrative Ayurvedic oncology plan to a new cancer patient?
2. How would you handle a situation where the family requests that you do not tell the patient they have cancer, but the patient privately asks you, "Is it serious? Tell me the truth"?
3. List the essential elements of valid informed consent and describe how they apply specifically to starting classical medicines in a patient already on chemotherapy.
4. What communication strategies can help balance realistic disclosure with maintaining hope in an advanced-stage cancer patient?
5. Describe at least five "do's and don'ts" for communication and consent in Cytoveda-style Ayurvedic oncology practice.