

ESSO-BASO Multi-disciplinary team (MDT) course

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MDT – The Patient's Perspective

Helen Morement

AMMF – The Cholangiocarcinoma Charity



What happens (ideally) for the cholangiocarcinoma patient:

- Rapid referral from GP
- All scans and tests carried out without delay
- All results and details ready to be discussed at a specialist HPB MDT meeting

Specialist HPB MDT

Cholangiocarcinoma patients should be assessed and have their treatment path discussed by a specialist HPB MDT, consisting of:

- a hepatologist
- an oncologist
- a hepatobiliary radiologist
- a hepatobiliary pathologist
- a liver surgeon

MDT – we asked for the CC patient’s view by inviting comment on the following questions:

1. If you, or someone you are close to, has been diagnosed with cholangiocarcinoma, were you/they told that your/their treatment would be discussed at an MDT meeting?
2. If you were told about an MDT meeting, did you know what this meant and did you understand what would be happening?
3. Did you have an opportunity to ask questions about this, and were they fully answered to your satisfaction?
4. How were the decisions on treatment options reported back to you?
5. Did you have an opportunity to ask questions about this?



Some people had no idea what
the initials **MDT** stood for.



Others knew **MDT** was to do with discussions about treatment, but had no idea who was involved or how this happened. For them it was...



Mysterious Discussions about Treatment



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“I recall being told after diagnosis that my case was to be discussed at a meeting in another hospital and that this would be attended by a range of medical specialists from a wide area.”

“We were told very early on my sister’s case would be discussed with an MDT. I’m not sure that the word MDT was used...”

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“We were told very early on my sister’s case would be discussed with an MDT. I'm not sure that the word MDT was used...”

“Yes, we were told on the day that the diagnosis was given to us that my Dad’s case would be discussed by a MDT at the Christie and that numerous professionals attend these meetings.”

- 2. If you were told about an MDT meeting, did you know what this meant and did you understand what would be happening? and**
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A really confused area where, if patients knew an MDT meeting was taking place,

“We weren't told we could ask questions...”

Which seems to imply, they weren't expected to ask questions.

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Answers ranged over the good, the bad and the quite unbelievable...



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“The decision on treatment options was discussed and we were given time to ask questions, in fact the Dr explained things clearly and used appropriate sketches to explain why and allowed my mom to take them home.”

“...the outcome of the meeting was discussed with us in the ward with plenty of chances to ask questions. It was so much better...”



Some further thoughts raised by CC patients:

“The effect on the patient of the apparent delay in agreeing a way forward even for a day or a weekend should never be underestimated.”

“...it would be nice to understand how and why decisions have been reached – and to receive feedback.”

“It was so much better... to feel involved in the post MDT deliberations and have the opportunity to ask questions.”

“I think it would be helpful for members of the MDT to meet the patient to assess them for strength of character, attitude etc, which could have an impact on decisions made. It could also be of benefit to the patient to gain confidence in the decision making process.”

“Would literature on what an MDT consisted of help? I'm not sure for me but for those around me, yes.”

“If we had access to a patient advocate, that could make this whole traumatic experience a little easier.”



MDT – The patient's perspective

- **These are real people's recent experiences and thoughts on how they perceive the MDT experience.**
- **In general, they don't query the decisions made.**
- **They appreciate being involved, being able to ask questions and having clear explanations given.**
- **But they do feel distressed at lack of involvement, lack of communication, and not knowing who they can turn to for answers to their questions.**

A final thought...

How this area is approached and managed does seem to depend very much on the individual consultant and/or team and the particular hospital – some do it very well and for others, there is considerable room for improvement.

I would ask you the question that was put to me:

If it was one of your loved ones in this situation – how would you like them to be treated?