

Group session: The doctor is in, for all of you



Dr. Robert Rutledge (left), a radiation oncologist, gestures as he leads a live streamed interactive discussion group on Wednesday, April 27th, 2011 in Halifax, Nova Scotia. Rutledge believes that working with groups, rather than single patients is the most effective way to assist those who have cancer and need more information about the health system, while helping them develop strategies to cope with the fear of the disease. THE CANADIAN PRESS/Mike Dembeck

HALIFAX - When a patient recently wept and poured out her worries to Dr. Robert Rutledge as he discussed her cancer, he knew he couldn't spend the time needed to listen well.

Other one-on-one appointments had been scheduled.

But Rutledge can give advice and answer questions in a group session with several dozen other people where he's present for several days at a weekend retreat.

The retreat is one form of a growing model of group meetings between patients and doctors.

In Rutledge's case, this model has developed into a program called "the healing circle," and includes talks on how to navigate the medical system, guidance on nutrition and exercise, and the teaching of quiet meditation and yoga to help cope with fears.

His sessions include patients who have been diagnosed with incurable cancers — and they also include sessions encouraging those attending to develop their faiths and spiritual lives.

"A huge part of this is the power of people connecting with each other. They're learning from each other, and doing it in a group format is so much more effective," he said in an interview.

Patients from various parts of the country are also now participating in weekly video conferences with Rutledge and psychotherapist Tim Walker.

This is not possible in the rigid confines of daily medical practice, says Rutledge.

"The medical system is set up and I see so many people and my time is limited," he said.

Some doctors are using group sessions for diagnosis, consultations and treatments.

Dr. E. Ray Dorsey, who teaches at Johns Hopkins University in Baltimore, Md., published findings recently on the effectiveness of treating Parkinson's patients who attend group sessions that last about 90 minutes.

In the latest online issue of the journal *Neurology*, Dorsey concludes group visits for Parkinson's disease, a neurodegenerative disorder, are "feasible" and have added benefits for some patients.

For example, he notes the visits allow him more time with the patients to observe symptoms such as tremors or drowsiness.

Those receiving their usual care had 30-minute appointments with their physicians every three to six months.

The group visits lasted 90 minutes and were held every three months. They included introductions, updates from patients, and an educational session on a topic chosen by the participants.

Time was set aside for questions from patients or caregivers and individual 10-minute appointments with the physician were scheduled for before or after the group visit for individual concerns.

Dorsey, 39, said he believes that the North American practice of using waiting rooms as holding cells for nervous patients needs to be challenged.

"Patients are thirsting for this. And they're thirsting for new ways care is delivered in the United States and Canada. And we're just trying to provide the water," he said.

Of the 30 study participants, 27, or 90 per cent, completed the study, along with 25, or 93 per cent of the 27 participating caregivers.

At the end of the study, participants were asked whether they preferred the group visits or usual care.

Of the 14 receiving group visits who responded, eight preferred the group setting, five preferred usual care, and one was indifferent.

Dorsey said having four times as long with a patient helps in treatment because he notices more during that time frame, despite having a group in the room.

"We can tell more about cognitive impairment based on disease and whether the patients can follow multiple conversations going on in a group setting," he said.

The Parkinson's research also found that patients were benefiting from sharing knowledge.

"We had individuals who decided they wanted to continue to work and actually found new work while they had Parkinson's and shared those experiences with the group," he said.

Asked if confidentiality is an issue, Dorsey responded that he was surprised how few of the patients or caregivers had that worry.

"I think the opposite occurs. The conversations you have in group patient visits are more open and more revealing than encounters you might have in a typical one-on-one encounter," he said.

Dr. Juanita Crook, a Kelowna, B.C.-based radiation oncologist, said in an interview that five years ago she and a urologist gave group information sessions to patients in the early stages of prostate cancer about options for treatment and to see whether they would like to participate in a randomized trial.

She had similar conclusions to Dorsey about the patient's satisfaction with the usefulness of giving longer group sessions before shorter individual meetings.

So, why isn't the method spreading to the point it's a routine practice by time-starved specialists?

Crook stopped running the group sessions after some of the participants agreed to participate in the trial.

"When it was over I said, 'We should continue to do this.' But I couldn't get a buy-in from colleagues," she said.

Specialists are often too busy to make the commitment, and most hospital administrators haven't adopted the model or set up payment models, she explained.

Crook predicts that in time the group approach will grow, as more papers are published and the medical system looks at the option more carefully.

"Certainly it would save time, and money aside it's probably better for the patients."