Questions to ask

These questions come from a large study of cancer services by the Commission for Health Improvement and the Audit Commission: *NHS Cancer Care in England and Wales*, published in December 2001.

They have been designed to help people with cancer and their families get the best care and information from cancer services.

You can ask these questions of your GP, community nurse, consultant, specialist cancer nurse or any professional involved in your cancer treatment and care.

The questions have been divided into three sections:

- **Diagnosis**
- **Treatment and care**
- **Palliative care**

**Diagnosis**

*Why are you referring me to a consultant?*
Your GP should use the Department of Health guidelines to determine whether you need to see a consultant.

*How quickly will I be seen? Are you referring me as "urgent" or "non-urgent"?*
If your GP feels you need urgent attention you should get your first hospital appointment within two weeks.

*How long will it be before I have all the tests? Where will they be carried out? Will I have to visit several departments?*
Your hospital should organise your tests as quickly as possible. The people looking after you should tell you where the tests would be carried out.
What are the tests for? How many will I need? Who will give me the results and when?
You should be told about the nature and purpose of the tests, when you will receive the results and who will give them to you.

Will the person doing the test look after me while it is being done? Will they tell me what to expect?
You should experience minimum discomfort during tests and receive good information and support.

What times are available for me to have my tests, for instance, could they be done in the evening?
Your tests should be organised at a time to suit you.

Is the doctor I will be seeing a recognised cancer specialist?
You should be referred to the appropriate cancer specialist.

Will my doctor have all my test results? Will the meeting be for diagnosis or treatment?
Your test results should be passed quickly to the specialist who will be seeing you. The first meeting is normally to give you the diagnosis.

Can I bring someone with me to discuss my diagnosis and treatment?
You should feel free to bring someone with you when your diagnosis and treatment options are being discussed.

Will the consultant understand my concerns and give me time to ask questions? Will a specialist nurse be there to help me?
The consultant discussing the diagnosis with you should be trained in communication skills and give you sufficient time to ask questions. You can also ask for a specialist nurse to be there to help you.

Who can I telephone when I think of questions later? Can I make another appointment to see someone in person? Can I seek a second opinion?
Someone should be available to discuss your diagnosis and its implications with you after the initial interview either by telephone or during another visit. You have the right to seek a second opinion.
**Will someone have passed on the diagnosis and what care is planned to my GP? How quickly will this happen?**
GPs should be told quickly about your diagnosis and proposed treatment.

**Treatment and Care**

**How quickly will the treatment start?**
Hospital staff should tell you how long you would need to wait for treatment.

**What will the treatment be like and how long will it take? Will there be side effects and what can I do about them?**
You should be told what to expect with regard to your treatment.

**Is my surgeon a specialist in my form of cancer? Is this important for my type of cancer?**
If you have the kind of cancer where evidence shows that it is important, a specialist or sub-specialist should perform your surgery. You should feel free to ask your consultant whether this applies to you.

**Is the doctor prescribing my chemotherapy an oncologist? Will the nurses on hand during the chemotherapy have the right training?**
Chemotherapy, which is the use of drugs to kill cancer cells or prevent their growth, should be prescribed by a doctor who specialises in treating cancer (an oncologist). A nurse with appropriate training should supervise its administration.

**Can I have the chemotherapy in my local hospital?**
Chemotherapy should be provided in local cancer units for your convenience.

**Can my surgery, radiotherapy or chemotherapy be speeded up by being performed outside normal office hours?**
Your treatment should be carried out efficiently to avoid delays.

**Will a multidisciplinary team discuss my treatment? Does this team include cancer nurses as well as doctors?**
Your treatment plan should be discussed by a multidisciplinary team, which includes cancer nurses and all the main consultants.

**Will all the hospitals I attend know about my diagnosis and treatment?**
If you attend more than one hospital, your records should be full and accurate in each.
Who should I contact if I am worried about my diagnosis, treatment or prognosis? What help is available for my family? What patient support groups are there in my area?
Good supportive care should be available throughout your treatment. Those looking after you should tell you how to get help, including from sources outside the NHS.

Will I need special equipment or support when I go home? Will I get this? Does my GP know I am being discharged?
Detailed plans should be drawn up to meet your needs at home after you have been discharged from hospital. You GP should be told when you have been discharged.

Who should I contact if I have questions or concerns, once my treatment has finished?
The people looking after you should tell you who is responsible for your follow-up care and provide contact details.

What are the treatment guidelines and standards for my treatment and care? Can I see them?
Each cancer network (the network of organisations you may visit during your treatment) should have agreed treatment guidelines and standards.

Palliative Care

By palliative care, we mean care that alleviates symptoms but is not designed to bring about a cure.

Who will take responsibility for identifying any new care needs I may have, such as for pain or tiredness? Will someone also offer support to my family and me?
Someone should take responsibility for making sure that your needs for palliative care are recognised. If you feel that you have any needs for care, you should ask someone such as your GP or district nurse about this.

Will I be able to talk to a palliative care consultant or a specialist palliative care nurse?
You should have access to specialist staff for palliative care.

What do I do if I need help overnight or at a weekend?
Good arrangements should be in place for palliative care outside normal office hours and you should be told about these arrangements.
**Who do I go to first if I need help or have questions?**
Your ongoing care should be co-ordinated and you should be told by those looking after you who is in charge.

**Who else can I talk to about how I am feeling? What support is available for my immediate family?**
You and your family should have good practical and emotional support whenever you or they need it.

**If I die, will I be able to die where I want?**
You should be able to die where you and your relatives choose, with good support for terminal care.

**If I die, who will offer my family support?**
The people looking after you should take responsibility for ensuring bereavement care is offered to your family.