Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Managing uncertainty and responding to difficult emotions: Cancer patients’ perspectives on clinician response during the COVID-19 pandemic

Richard L. Street Jr. a,*,1, Katherine Treiman b,2, Qiwei Wu c,3, Elissa C. Kranzler d,4, Rebecca Moultrie b,5, Nicole Mack b,6, Reese Garcia e,7

a Texas A&M University, USA
b RTI International, USA
c Cleveland State University, USA
d Cancer Support Community (Formerly), Currently Fors Marsh Group, USA
e Fight Colorectal Cancer, USA

ARTICLE INFO
Keywords: COVID-19 pandemic, Patient-centered communication, Managing uncertainty, Responding to emotions, Coping, Psychosocial distress, Cancer

ABSTRACT
Objective: Patients undergoing cancer treatment during the COVID-19 pandemic have experienced stress and uncertainty with respect to disruptions in cancer care and COVID-19 related risks. We examined whether clinicians’ responsiveness to patients’ uncertainty and difficult emotions were associated with better health and well-being.

Methods: Patients were recruited from cancer support communities and a market research firm. Respondents assessed clinicians communication that addressed uncertainty and difficult emotions. Health status measures included mental and physical health, coping during the pandemic, and psychological distress.

Results: 317 respondents participated in the study. Patients’ perceptions of their clinicians responsiveness to patient uncertainty and negative emotions were associated with better mental health, physical health, coping, and less psychological distress (all p-values <0.001). Respondents with greater self-efficacy and social support also reported better health.

Conclusion: Even when controlling for patients’ personal and health-related characteristics, clinicians’ communication addressing patients’ uncertainty and difficult emotions predicted better health, better coping, and less psychological distress. Access to social support and self-efficacy also were associated with better health status.

Practice implications: Clinicians’ communication focused on helping with uncertainty and difficult emotions is important to cancer patients, especially during the pandemic. Clinicians should also direct patients to resources for social support and patient empowerment.

1. Introduction
People with cancer experience a considerable amount of uncertainty and emotional distress during and post treatment. If not properly managed, this distress leads to treatment burden, such as poorer functioning and well-being associated with treatment and self-care activities [1]; poorer symptom management; and poorer health-related quality of life [2–4]. The COVID-19 pandemic adds additional psychological burden as cancer patients worry about risk of COVID-19 infection and serious disease [5–8], social isolation, loss of social support [9–11], along with delays, disruptions, and postponement of needed procedures and treatment [10,12–14].
To maintain continuity of care, a large proportion of cancer care services have transitioned from in-person to telehealth [15,16]. While surveys of oncology patients during the pandemic have indicated that patients are generally satisfied with their care and interactions with clinicians via telehealth [17,18], many patients and cancer care providers are worried that telehealth consultations may result in poorer communication experiences. Specifically, substituting telehealth for in-person visits may limit clinicians’ abilities to be compassionate and caring [19,20], diminish rapport because of limited nonverbal cues [21, 22], and result in delays in getting needed information [23].

Given the inordinate amount of stress and uncertainty cancer patients are experiencing due to their cancer, the pandemic, and significant disruptions in care, it is imperative that cancer care providers are equipped to provide sufficient patient-centered care during the crisis [24]. Because patient-centered care is manifested through patient-centered communication, the National Cancer Institute (NCI) in the United States has presented a model for patient-centered communication in cancer care that highlights the importance of effective clinician-patient communication across multiple domains, including facilitating information exchange, fostering healing relationships, making quality decisions, enabling self-care, managing uncertainty, and responding to difficult emotions [25]. Communication behaviors within these domains of patient-centered communication—such as clinicians providing timely information; expressing empathy; offering support; engaging in participatory decision-making; and patients asking questions, expressing concerns, and stating preferences—have directly or indirectly contributed to a variety of cancer care outcomes, including better emotional well-being [26,27], hopefulness [28], reduced symptom burden [29,30], less anxiety [31], and better health-related quality of life [30,32,33].

This investigation examines the association between cancer patients’ self-reported health status and coping during the COVID-19 pandemic with perceptions of their clinicians’ communication focused on managing uncertainty and responding to difficult emotions. This is an important topic for several reasons.

First, clinician-patient communication focused on these two domains of patient-centered communication are especially salient during the pandemic as worries about cancer treatment are coupled with COVID-19 related concerns, such as infection, social isolation, and disruptions in care [34,35]. While uncertainty may leave space for hope, as when patients with terminal disease believe there is at least a chance for cure [36], uncertainty also contributes to emotional distress and anxiety [37]. Uncertainty-induced anxiety among cancer patients may reflect uncertainty related to treatment probability, such as the likelihood a particular treatment will work; ambiguity, such as the treatment works in some cases but not in others; and complexity, such as conflicting information about treatment benefits and risks [38]. Additionally, cancer patients have experienced distress during the pandemic with the “unknown unknown” of the future, such as whether one will get infected with COVID-19, whether this infection will be deadly, and when their cancer care will return to normal [39,40]. To mitigate psychological and emotional distress, it is imperative for clinicians to help patients find ways to cope with and tolerate uncertainty [41].

Second, clinicians must be responsive to the negative emotions experienced by many patients during cancer care—such as fear, sadness, and anger—that can contribute to greater symptom burden, poorer pain management, and lower health-related quality of life. This includes acknowledging, validating, and intervening as needed to address patients’ emotional distress [42], actions that are even more important during the pandemic. For example, a recent study reported that elements of patient-centered communication, specifically empathic and understandable language, buffered the adverse effects of COVID-19 related fear on cancer patients’ hopelessness [43]. In a study with breast cancer patient focus groups, most patients reported significant distress due to cancer and COVID-19, yet satisfaction with patient-physician communication was one of the key factors in patients’ acceptance of their health situation [7].

Finally, cancer patients tend to give clinicians lower scores on managing uncertainty and responding to emotions compared with other patient-centered communication domains, such as information exchange, building relationships, and making decisions [30,44–46]. While cancer patients’ capacity to cope and manage emotional distress may be influenced by other factors, such as one’s ability to handle problems and access social support resources [47–49], clinicians’ responsiveness to cancer patients’ experiences with uncertainty and difficult emotions is critical for quality cancer care, especially during the pandemic.

This investigation had two aims. First, we examined how cancer patients undergoing treatment perceived their clinicians’ communication with respect to managing uncertainty and responding to emotions. Second, we hypothesized that clinicians’ communication responsiveness to patients’ uncertainty and difficult emotions is associated with better self-reported health and well-being during the pandemic. Importantly, we test this hypothesis by taking into other factors that might also influence cancer patients’ well-being and coping, such as access to social support, self-efficacy in handling problems, and other health and sociodemographic factors.

2. Methods

2.1. Participants

In fall 2020 and prior to the availability of COVID-19 vaccines, the investigators partnered with two nonprofit groups—Cancer Support Community and Fight Colorectal Cancer—and a market research firm to recruit oncology patients to complete an online survey assessing their cancer care experiences during the COVID-19 pandemic. The Cancer Support Community (CSC) provides supportive programming and education for cancer patients and caregivers. CSC conducts psychosocial, behavioral, and survivorship research to advance scientific knowledge, inform policy initiatives, and support development of supportive care programming and education, which includes maintaining a registry of patients and caregivers called the Cancer Experience Registry® (CER). This survey was promoted to CER members who agreed to be contacted about research opportunities, via posts on social media and CSC’s online patient community (MyLifeLine). Fight Colorectal Cancer (FCC) provides support and education for individuals affected by colorectal cancer. FCC also collaborates with researchers to conduct research including surveys and qualitative research about patient experience. FCC promoted the study opportunity through social media channels. Finally, we engaged a research organization that maintains a “consumer panel” of individuals who have agreed to be contacted about research opportunities. The organization sent the survey to panel members who indicated at the time they joined the panel that they had been diagnosed with cancer.

Eligibility criteria included having a cancer diagnosis (any cancer type), being aged 18 or older, speaking English, and having received any type of cancer treatment in 2020. The survey screener included the following question: Cancer treatment can include surgery, chemotherapy, radiation, bone marrow transplant, stem cell transplant, immunotherapy, biological therapy, hormonal therapy, targeted therapy, precision medicine, and others. Have you received any type of cancer treatment from January 2020 until today? Survey respondents were offered the chance to win a $75 gift card (20 survey respondents were randomly selected to receive gift cards). The study was reviewed and approved by the RTI International Institutional Review Board (IRB).

2.2. Measures

2.2.1. Clinicians’ communication

The clinician responsiveness to uncertainty and emotions (RUE) measure was assessed by combining the Managing Uncertainty and Responding to Emotions subscales of the PCC-Ca 36, a measure of patient-centered communication in cancer care (see Table 1) [50] that is
2.2.3. Sociodemographic, health, and healthcare-related variables

Additional measures in the survey included patient demographic and health characteristics, such as age, gender, education, race and ethnicity; time since diagnosis; cancer stage at diagnosis; and type of cancer. Number of telehealth sessions was measured with an item assessing the number of cancer care telehealth sessions respondents had experienced since the start of the pandemic. Response options include None, 1–5, 6 or more.

2.2.4. Outcome measures

Psychological distress was assessed with 4 items from the Cancer-SupportSource® (CSS) [52] distress measure: “Today, how concerned are you about (a) feeling nervous and afraid, (b) worrying about the future and what lies ahead, (c) feeling sad or depressed, and (d) feeling lonely or isolated.” Response options include Not at all concerned, Slightly concerned, Moderately concerned, Seriously concerned, and Very seriously concerned.

Mental health and physical health status were measured using two items from the PROMIS measures [53]: “In general, how do you rate your mental health, including your mood and ability to think?” and “In general, how do your rate your physical health?” Response options include Poor, Fair, Good, Very Good, and Excellent.

Finally, coping was measured with a single item developed by the research team, “Overall, how would you say you are coping during the coronavirus pandemic?” Response options include I am not coping very well, I am coping fairly well, and I am coping very well.

2.3. Data analysis

Correlation (Pearson and Spearman) and ANOVA analyses were used to explore bivariate relationships of the health outcomes variables (mental health, physical health, coping, and psychological distress) with patients’ sociodemographic characteristics (race/ethnicity, age, gender, education), health factors (type of cancer, cancer stage, time since cancer diagnosis), number of telehealth sessions during the pandemic, self-efficacy, social support, and clinicians’ responsiveness to the patient’s uncertainty and emotions.

Ordinary Least Squares regression (OLS) was performed to examine if social support, self-efficacy, and clinician responsiveness to uncertainty and emotions predicted health status outcomes (patients’ mental health, physical health, coping, and psychological distress). The regression models controlled for demographic variables (e.g., race/ethnicity, education, age, gender) and potential confounding variables related to the study’s context (e.g., time since diagnosis, telehealth experience, and cancer stage at diagnosis). Categorical variables, such as race (Non-Hispanic White vs. Others), gender (male vs. other), and telehealth experience (had telehealth experience vs. none) were dichotomized in the models, while other variables were treated as continuous. Cancer type was not included the model because (a) types of cancer varied greatly across the patient sample (see Table 2) and (b) cancer type was not significantly associated with the health outcomes. Data analyses were conducted in SPSS 28.0.

3. Results

From October to December 2020, 317 patients completed the survey. Table 2 reports the demographic and health-related characteristics of the sample. Sixty-five percent of the sample was female, and most...
People with cancer often experience difficult emotions and face multiple uncertainties, such as treatment choices, treatment effectiveness, and disease recurrence, all of which have been magnified during the COVID-19 pandemic. The psychological stress associated with risk of COVID-19 infection [5,7], delays and disruptions in cancer care [10,13], and isolation from friends and family [11,48] have exacerbated preexisting distress among cancer patients. Such worry and uncertainty can lead to treatment burden, poorer symptom management, and poorer health-related quality of life [4,54]. This investigation examined cancer patients’ perceptions of clinicians’ responsiveness to their uncertainty and negative emotions during the pandemic and its relationship with several measures of self-reported health and well-being. Our findings have important implications for future research and clinical practice.

Our results indicated that clinician communication addressing patient uncertainty and difficult emotions was associated with better mental and physical health, better coping, and less psychological distress, even after controlling for patients’ personal and health-related characteristics, self-efficacy, and access to social support. These findings align with previous qualitative research concerning cancer patients’ beliefs about the importance of clinician communication to manage uncertainty and negative emotions, especially during a pandemic [24,55]. However, clinicians often score lower on these domains of patient-centered communication [30,46]. Communication strategies that clinicians can use to help patients manage uncertainty include exploring patient concerns, normalizing uncertainty, helping patients regain a sense of control, being clear about what is and is not known, and bracketing ranges of possible outcomes, balancing uncertainty with clinicians less responsive to patients’ uncertainty and emotions.

Scores of clinicians’ responsiveness to uncertainty and emotions did not vary as a function of any of the patients’ sociodemographic and health-related variables, with one exception. The longer the time since diagnosis, the more favorably patients rated their clinicians on these domains of patient-centered communication.

### 3.2. Regression analysis

Multivariate regression analyses are reported in Table 4. The results indicate that patients who reported better mental health perceived their clinicians as more responsive to their uncertainty and emotions ($\beta = 0.324, p < .001$), had stronger social support ($\beta = 0.182, p = .009$), and had greater self-efficacy ($\beta = 0.403, p < .001$). These three factors explained 35.7% of the variance in patient mental health. Similarly, better self-reported physical health was associated with having clinicians who were more responsive to uncertainty and emotions ($\beta = 0.207, p = .001$), stronger social support ($\beta = 0.158, p = .023$), greater self-efficacy ($\beta = 0.254, p < .001$), and more education ($\beta = 0.116, p = .002$). The model accounted for 23.6% of the variance in self-reported physical health.

Better coping during the pandemic was associated with higher education ($\beta = 0.068, p = .006$), fewer telehealth sessions ($\beta = -0.179, p = .014$), more social support ($\beta = 0.089, p = .047$), greater self-efficacy ($\beta = 0.155, p < .001$), and greater clinician responsiveness to patient uncertainty and emotions ($\beta = 0.114, p = .007$). These predictors explained 24.4% of the variance in how well patients were coping. Factors contributing to more psychological distress included longer time since cancer diagnosis ($\beta = 0.054, p = .031$), having more telehealth consultations ($\beta = 0.335, p < .001$), weaker social support ($\beta = -0.177, p = .006$), lower self-efficacy ($\beta = -0.335, p < .001$), and less clinician responsiveness to patient uncertainty and emotions ($\beta = 0.258, p < .001$). These factors accounted for 36.4% of the variance in psychological distress.
hope, and discussing aspects of managing cancer that can be controlled [56,57]. Additional communication practices can help patients cope with difficult feelings. For example, simply recognizing and validating patients’ emotions in and of themselves has therapeutic value [42], regardless of the directionality of these relationships, an important component of patient-centered communication is to help patients access psychosocial resources [25], and future research should examine how clinician responsiveness to uncertainty and emotion [47] may affect patients’ perceptions of clinicians’ communication with them.

The importance of clinician responsiveness to uncertainty and difficult feelings should be considered within the context of other factors that also were associated with better self-reported health. For example, respondents with more access to social support and greater self-efficacy in managing problems also reported better health and coping. This finding is consistent with a recent study indicating that patients with more social support and a sense of mastery (perceived control) in managing cancer also reported better health status and less anxiety since the start of the COVID-19 pandemic [47]. Additionally, our investigation revealed that patients’ perceptions of clinicians’ communication were moderately correlated with both self-efficacy and social support (see Table 2). In other words, patients who had less positive communication experiences with clinicians also faced other barriers to well-being such as lower self-efficacy and less social support. This was particularly true for patients of color in this study (see Table 3).

Patient-centered communication, social support, and self-efficacy likely do not operate independently of one another. For example, psychosocial factors, such as having less social support and less self-efficacy in dealing with emotions, may contribute to cancer patients having more difficult, less satisfying interactions with clinicians [59]. Conversely, clinicians’ communication that engages cancer survivors in the care process also enhances patients’ sense of personal control and helps reduce uncertainty, which in turn may foster better mental health [26, 60].

Regardless of the directionality of these relationships, an important component of patient-centered communication is to help patients access psychosocial resources [25], and future research should examine how
clinicians can leverage their communication skills to help patients develop greater self-efficacy and obtain social support. For example, clinicians themselves can be important sources of social support [61] by providing informational resources [62], reassuring their commitment to the patient’s care [63], and engaging family and loved ones in care [64]. Clinicians can enhance patients’ self-efficacy by offering educational resources for symptom and pain management [65], providing patients with survivorship resources to promote self-advocacy [66], and involving social workers or patient navigators to find ways to overcome barriers to cancer care such as lack of transportation, challenges scheduling, and coordinating care [67]. Clinicians can further support patients by directing them to groups and organizations that offer additional resources for patient empowerment [68] and social support [69].

Finally, as noted at the outset, many aspects of cancer care have transitioned to telehealth platforms since the start of the pandemic. One finding from our study is that patients who reported having to transition more of their cancer care to a telehealth platform reported poorer coping and more psychological distress (see Table 4). On the one hand, it may be that patients with more telehealth visits were simply coping worse or had more health-related challenges. Thus, they had a greater need for more visits of any kind, be they telehealth or in person (number of visits was not measured in this investigation).

On the other hand, mediated interactions, either by phone or video, potentially lessen clinicians’ capacity to respond sufficiently to patients’ uncertainty and difficult feelings. For example, while the pandemic-induced transition to telehealth has been relatively well received [17, 70], many clinicians and patients are concerned that telehealth visits can be a hindrance to effective clinician-patient communication [21, 22, 71]. Accordingly, cancer patients present mixed views of the utility of telehealth, as some hope it will remain an option for some cancer care services [70], whereas others hope to return to pre-pandemic, in-person cancer care [72]. Future research should examine ways in which clinicians can be sufficiently responsive to patients’ uncertainty and emotions via telehealth, using strategies aimed to enhance a clinician’s communicative effectiveness [73].

We acknowledge several limitations in this study. First, as a cross-sectional study, this investigation cannot determine definitively whether clinician responsiveness to patient uncertainty and difficult feelings directly contributed to better self-reported health and coping. Future research should use longitudinal designs to identify the causal ordering of the relationships between these domains within patient-centered communication and health outcomes. Second, we did not examine potential interrelationships among patient-centered communication, self-efficacy, and social support. A focus of future research is to elucidate whether any of these factors might moderate or mediate the others in influencing cancer care outcomes. Third, the sample was disproportionally White, female, and college-educated, and consequently may not be representative of all cancer patients receiving treatment during the COVID-19 pandemic. Moreover, it is unknown to what extent our respondents were representative of their respective cancer support communities. Future research on communication and cancer care outcomes should recruit samples that are more representative of the population, with an emphasis on subpopulations that are traditionally underrepresented in research and more subject to health disparities. Finally, we focused on two domains of patient-centered communication. Their relative importance should be examined with respect to the importance of other patient-centered communication functions, such as making decisions and fostering healing relationships.

5. Conclusion

Two domains of patient-centered communication—helping patients manage uncertainty and responding to emotions—were associated with cancer patients’ physical and mental well-being, as well as their ability to cope during the COVID-19 pandemic. Higher self-efficacy and access to social support also were linked with these outcomes, suggesting that clinicians’ abilities in other domains of patient-centered communication, such as enabling self-management and fostering healing relationships, may help cancer patients access social and personal resources that in turn facilitate better coping and well-being.

5.1. Practice implications

These findings highlight the importance of clinician communication training programs that not only facilitate development of skills within the patient centered communication domains of effective information exchange, building rapport and trust, and shared decision-making, but also on helping patients work through uncertainty and difficult emotions [73]. A number of communication interventions have shown to be successful in this regard, especially within oncology settings [74, 75]. Moreover, given that many cancer care services are and are likely to continue to be delivered via telehealth, clinicians will need to additional skills to enhance their “website” manner. For example, suggested practices when having telehealth consultations include relying more on verbal cues (e.g., “Take your time, I’m here” or “that must be hard”) and explicit nonverbal cues (e.g., leaning in to show intentional listening, placing one’s hand over their heart) in order to convey empathy and connection [76].

CRediT authorship contribution statement

Richard L. Street, Jr.: Conceptualization of study, Writing, Data analysis, Editing, Reviewing final submission. Katherine Treiman: Conceptualization of study, Writing, Data analysis, Editing, Reviewing final submission. Luna Wu: Data analysis, Writing of methods section. Elissa C. Kranzler: Writing, Data analysis, Editing, Reviewing final submission. Rebecca Moultrie: Data analysis, Editing, Reviewing final submission. Nicole Mack: Data analysis. Reese Garcia: Editing, Reviewing final submission.

Conflict of interest

The authors report no conflicts of interest.

Acknowledgments

This research was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington Engagement Award (EA # 14460). We also wish to acknowledging the generous support of the Cancer Support Community and Fight Colorectal Cancer support communities for their assistance in conducting this study.

References

[1] Eton DT, Ramalho de Oliveira D, Egginton JS, Ridgeway JL, Odell L, May CR, et al. Building a measurement framework of burden of treatment in complex patients with chronic conditions: a qualitative study. Patient Relat Outcome Meas 2012;3: 39–49.
[2] Marco DJT, White VM. The impact of cancer type, treatment, and distress on health-related quality of life: cross-sectional findings from a study of Australian cancer patients. Support Care Cancer 2019;27:3421–9.
[3] Mehnert A, Hartung TJ, Friedrich M, Vehling S, Braehler E, Harter M, et al. One in two cancer patients is significantly distressed: prevalence and indicators of distress. Psycho-Oncology 2018;27:75–82.
[4] Russell L, Gough K, Drozdowsky A, Schofield P, Aranda S, Burtow PN, et al. Psychological distress, quality of life, symptoms and unmet needs of colorectal cancer survivors near the end of treatment. J Cancer Surviv 2015;9:462–70.
[5] Lou E, Treib D, Brown K, Blaes A, Holton SG, Jewett P, et al. Perspectives of cancer patients and their health during the COVID-19 pandemic. PLoS One 2020;15: e0241741.
[6] Czajkowska M, Pabianek M, Szczepaniak K, Ulanska M, Skibinska M, Owczarek W, et al. Quality of life of cancer patients during coronavirus disease (COVID-19) pandemic. Psycho-Oncology 2020;29:1377–9.
[7] Sokas C, Kelly M, Shoo C, Song J, Welch HG, Bergmark R, et al. Cancer in the shadow of COVID: early-stage breast and prostate cancer patient perspectives on surgical delays due to COVID-19. Ann Surg Oncol 2021;28:9688–96.
[68] van Uden-Kraan CF, Drossaert CH, Taal E, Seydel ER, van de Laar MA. Participation in online patient support groups endorses patients’ empowerment. Patient Educ Couns 2009;74:61–9.

[69] Rubenstein EL. “They are always there for me”: the convergence of social support and information in an online breast cancer community. J Assoc Inf Sci Technol 2015;66:1418–30.

[70] Zimmerman BS, Seidman D, Berger N, Cascetta KP, Nezolosky M, Trlica K, et al. Patient perception of telehealth services for breast and gynecologic oncology care during the COVID-19 pandemic: a single center survey-based study. J Breast Cancer 2020;23:542–52.

[71] Hauk H, Bernhard J, McConnell M, Wohlfarth B. Breaking bad news to cancer patients in times of COVID-19. Support Care Cancer 2021;29:4195–8.

[72] Rodler S, Apfelbeck M, Schulz GB, Ivanova T, Buchner A, Staepler M, et al. Telehealth in uro-oncology beyond the pandemic: toll or lifesaver? Eur Urol Focus 2020;6:1097–103.

[73] Street Jr RL, Finset A. Two years with COVID-19: new - and old - challenges for health communication research. Patient Educ Couns 2022;105:261–4.

[74] Epstein RM, Duberstein PR, Fenton JJ, Fiscella K, Hoerger M, Tancredi DJ, et al. Effect of a patient-centered communication intervention on oncologist-patient communication, quality of life, and health care utilization in advanced cancer: the VOICE randomized clinical trial. JAMA Oncol 2017;3:92–100.

[75] Barth J, Lannen P. Efficacy of communication skills training courses in oncology: a systematic review and meta-analysis. Ann Oncol 2011;22:1030–40.

[76] Chua IS, Jackson V, Kandar M. Website manner during the COVID-19 pandemic: maintaining human connection during virtual visits. J Palliat Med 2020;23:1507–9.