

## section 2.3: communication in challenging situations

### what are patients and family wanting from their treating team?

#### patients and their families want to be able to say that<sup>1</sup>:

- I felt like the doctor gave me his/her time and attention
- I felt like I could ask questions easily
- the discussion was paced to my needs
- the doctor did not say "We can do nothing more"
- the doctor seemed knowledgeable about the future plans
- the doctor explained things in a way that I could understand
- the doctor had prepared me before our meeting by asking how I would like to hear the information
- the doctor listened to my feelings and worries
- he/she reassured me and offered to refer me for extra support if I wanted it

#### discussing diagnosis and prognosis

"My feeling (and Brian's too) was that as difficult as it may be, to know the truth about the diagnosis and what may lie ahead was essential. Without such knowledge, decisions may not be made early enough so that as much as possible can be fitted into the well time left."

Janine Sayers, wife of Brian Sayers, diagnosed with cancer in 1999; quoted in "*a journey lived- a collection of personal stories from carers*" Pg 14.<sup>2</sup>

#### practical suggestions for effective communication

##### Initial steps

- establish a relationship with the patient to enable an understanding of what method of communication best suits them – this begins from the time of your first meeting
- ask the patient what and how much they want to know
- ask what they understand about their illness
- establish what the patient wants the family to be told and who will be the person/s to take a key role
- make time to be current in your knowledge of both the patient's current status and disease specific information, particularly if changes are occurring daily
- encourage the patient to have a support person present if the conversation is likely to be challenging

##### Practical details

- ensure privacy and comfort
- minimise distractions and avoid disruptions from mobile phone/pager

- remove physical barriers so that eye contact can be maintained
- allow adequate time
- allow the patient the opportunity to have someone with them for support

### **During the discussion itself**

- avoid neutral conversation by opening the conversation with the patient's agenda
- give information about diagnosis and disease status simply and honestly
- repeat information as necessary
- check back with the patient and family that they have understood the content – asking them to reflect back what has been said already
- anticipate patient concerns where possible
- be prepared to acknowledge your own sadness in response to patient situations, eg "I wish things were different"<sup>3</sup>
- use open-ended questions
- encourage patients to express their feelings
- listen carefully to the patient and family responses
- reflect back your understanding of what the patient and family have said
- actively explore and try to understand the patient's perspective
- acknowledge verbal cues such as "I just can't believe it!"
- look for non-verbal cues
- consider the role of hope for this person
- consider the cultural and spiritual factors that may influence the patient's and family's understandings of illness and dying
- affirm the health team's ongoing commitment to the patient
- recognise those behaviours in yourself that may prevent or limit further disclosure, which may include:
  - switching the subject to neutral topics
  - giving information and advice before the patient's concerns have been identified
  - focusing only on the physical aspects of the condition
  - using multiple, leading or closed questions<sup>4</sup>

### **Questions help**

- a booklet called ***Asking questions can help: An aid for people seeing the palliative care team*** has been developed which poses a number of questions that either patients or their families may wish to ask of their health care team<sup>5</sup>
  - these can act as prompts either for the current admission or outpatient visit or for a future time should the question be too hard to ask at that time
  - this communication tool may actually reduce anxiety
  - questions relate to both patient and the caregiver concerns
  - see [www.pallcare.org.au](http://www.pallcare.org.au), under "publications"
- seeking permission
  - ask if the patient is happy for their brother/relative/friend/ to be told how things stand at present?

### **Following the conversation**

- actively encourage the patient to talk with another member of staff who will be accessible in the next few days, eg an experienced nurse on the ward
- consider any other supports that may be important, including the social worker or pastoral care worker
- arrange to follow up with the patient in 1-2 days to check the patient and family's understanding of information received and to answer any further questions that may have arisen
- if the conversation was distressing to you or did not happen in a way that you found satisfactory, seek out a more senior colleague for support and guidance.

### **Actions to avoid**

- the use of euphemisms or vague terms can be confusing, but be aware of the culturally appropriate language
- deliberately avoiding or disguising the truth or engagement in a "conspiracy of silence" as this may give rise to even greater fear, anxiety and confusion for the patient
- expect that you will have all of the answers to the difficult questions that may be posed – however come prepared and share the load with the rest of the team
- underestimating the potential magnitude of the experience as many patients have "flashbulb" memories of these discussions, with vivid recall of every single detail
- be afraid of silences, they can allow the patient and family time to collect their thoughts and continue their exploration

### **General principles for developing skills**

- learn from others who role model good practices – integrate those techniques that work well and tailor them in a way that is comfortable for you
- actively seek feedback from other members of your team – ask: how do you think I managed that family meeting?
- practice if possible, in a setting that is comfortable to you, eg role playing if the opportunity arises
- consider insights from the popular media
  - movies such as "My life without me" and "Wit" provide examples of useful communication styles
- use team meetings as an opportunity to discuss communication styles – what works well in clinical practice and what doesn't
- review related practical suggestions in Therapeutic Guidelines- Palliative Care, (2005) pg 32-36.

## references

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- <sup>1</sup> Moriati T, Akechi T, Ikenaga M, Kizawa Y, Kohara H, Mukaiyama T, Nakaho T, Nakashima N, Shima Y, Matsubara T, Fujimori M, Uchitomi Y (2004) Communication about the ending of anticancer treatment and transition to palliative care *Annals of Oncology* 15(10) 1551-1557.
- <sup>2</sup> Palliative Care Australia , *A journey lived- a collection of personal stories from carers* (2005) pg 14.
- <sup>3</sup> Quill T, Arnold R, Platt F. "I wish things were different". Expressing wishes in response to loss, futility and unrealistic hopes. *Ann Internal Med*; 135: 551-555.
- <sup>4</sup> Maguire P.(1985) Barriers to psychological care of the dying. *BMJ*; 291: 1711-1713.
- <sup>5</sup> Clayton J, Butow P, Tattersall M, Chye R, Noel M, Davis J, Glare P (2003) Asking questions can help: development and preliminary evaluation of a question prompt list for palliative care patients. *British Journal of Cancer*:89 (11) 2069-2077.