

The Education in Palliative and End-of-life Care program at Northwestern University Feinberg School of Medicine, created with the support of the American Medical Association and the Robert Wood Johnson Foundation

Communicating Difficult News

Presented by Hope Hospice, part of the HopeHealth family of services.

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Objectives

- Understand importance of clear and compassionate communication when speaking with seriously ill patients
- Understand the 6-step protocol for delivering difficult news

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Importance

- Most people want to know honest news more than they want to hear good news
- Strengthens clinician-patient relationship
- Fosters collaboration
- Permits patients, families to plan, cope and maintain hope

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Importance

- **60%** of people say that making sure their family is not burdened by tough decisions is “extremely important”
- **56%** have not communicated their end-of-life wishes

One conversation can make all the difference.

Source: Survey of Californians by the California HealthCare Foundation (2012)

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Our Relationships to Hope



- **Exploring the Potential/Impending Loss**
 - Need for accurate information offered in a sensitive fashion & sometimes repeated with patience.
 - Objective presentation of care options
 - Understanding of the benefits and burdens related to the care options

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6-step protocol ...

1. Getting started
2. What does the patient know?
3. How much does the patient want to know?

Adapted from Robert Buckman

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... 6-step protocol

4. Sharing the information
5. Responding to patient, family feelings
6. Planning and follow-up

Adapted from Robert Buckman

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Step 1: Getting started ...

- Create a conducive environment
- Plan what you will say
 - confirm medical facts
 - don't delegate

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... Step 1: Getting started

- Allot adequate time
 - prevent interruptions
- Determine who else the patient would like present
- Determine what team members will be present

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Step 2: What does the patient know?

- Establish what the patient knows
- Assess ability to comprehend new bad news
- Reschedule if unprepared

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Step 3: How much does the patient want to know? ...

- Recognize, support various patient preferences
 - decline voluntarily to receive information
 - designate someone to communicate on his or her behalf

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... Step 3: How much does the patient want to know?

- People handle information differently
 - race, ethnicity, culture, religion, socioeconomic status
 - age and developmental level

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Step 4 : Share the Information

- Pay close attention to body language
- Give pt/family opportunity to process information
- Be prepared for responses that may vary from family to family

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When family says “don’t tell” ...

- Legal obligation to obtain informed consent from the patient
- Promote congenial family alliance
- Honesty and transparency promotes trust

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When family asks “don’t tell” part 1

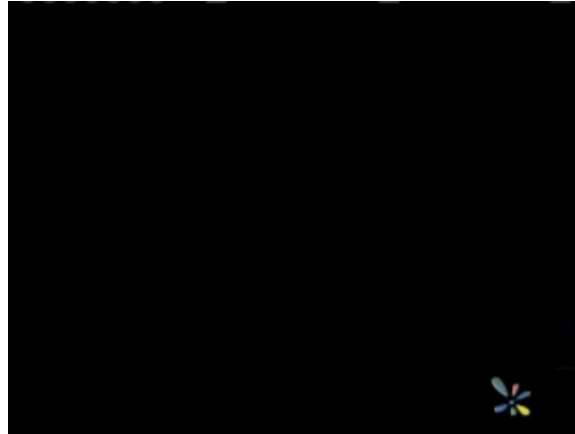


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Video clip Part 2



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... Step 5: Responding to feelings

- Listen quietly, attentively
- Encourage descriptions of feelings
- Use nonverbal communication
- Don't take reactions personally

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Step 6: Planning, follow-up ...

- Plan for the next steps
 - additional information, tests
 - treat symptoms, referrals as needed
- Discuss potential sources of support

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... Step 6: Planning, follow-up

- Give contact information, set next appointment
- Before leaving, assess:
 - safety of the patient
 - supports at home
- Repeat news at future visits

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When language is a barrier ...

- Use a skilled interpreter
 - familiar with medical terminology
 - comfortable translating bad news
- Consider telephone translation services

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... When language is a barrier

- Avoid family as primary interpreter
 - confuses role of family members
 - may not know how to translate medical concepts
 - may modify news to protect patient
 - may supplement the translation
- Speak directly to the patient

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Communicating prognosis

- Some patients want to plan
- Others are seeking reassurance

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Communicating prognosis

- Inquire about reasons for asking
 - “What are you expecting to happen?”
 - “How specific do you want me to be?”
 - “What experiences have you had with:
 - others with same illness?
 - others who have died?”

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Communicating prognosis

- Patients vary
 - “planners” want more details
 - those seeking reassurance want less
- Avoid precise answers
 - use ranges: hours to days ... months to years
 - average

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Communicating prognosis

- Limits of prediction
 - hope for the best, plan for the worst
 - better sense over time
 - can't predict surprises
- Reassure availability, whatever happens

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Caregiver communication

- Maintain common chart or log book
 - goals for care
 - treatment choices
 - what to do in an emergency
 - things to do / not to do
 - contact information

An excellent resource for pt's and families

<http://theconversationproject.org>

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Summary

- Most people want to have honest communication about their condition , whether it is **good** news or **bad** news
- 6 step approach helps clinicians and patients in providing information and planning next steps
- When language is a barrier, use a skilled translator

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