Difficult conversations

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- What are ‘difficult conversations?’
- Why are they difficult?

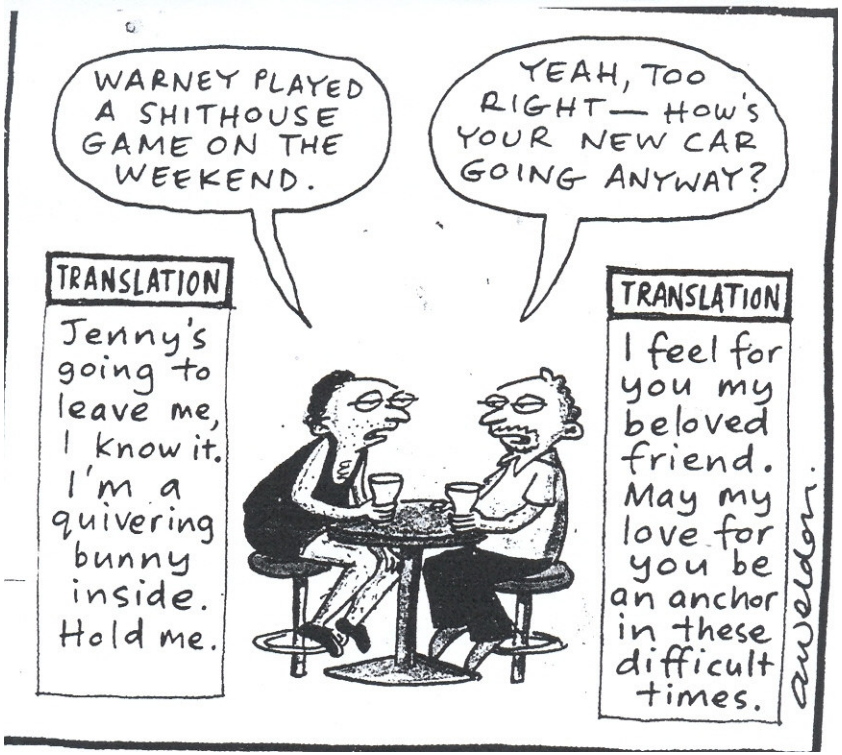
Difficult conversations

- What are ‘difficult conversations’?
  - Breaking bad news
    - Diagnosis
    - Response to treatment
    - Stopping treatment
    - Not offering treatment
    - Prognostication
    - Deterioration and end of life
    - NFR
  - Questions that we cannot answer
    - Why me?
    - What happens after I die?

- Why are they difficult?
  - These conversations cause emotion in the patient and caregivers as well as us

Why are these conversations important?

- Most patients prefer some information about these issues when they have a life – limiting illness
- They may find it difficult to raise the topic themselves so it is important for doctors and nurses to allow the opportunity to discuss end – of – life issues


WARNEY PLAYED A SHITHOUSE GAME ON THE WEEKEND.
YEAH, TOO RIGHT— HOW'S YOUR NEW CAR GOING ANYWAY?
TRANSLATION
Jenny's going to leave me, I know it. I'm a quivering bunny inside. Hold me.
TRANSLATION
I feel for you my beloved friend. May my love for you be an anchor in these difficult times.
Weldon.

A framework for difficult conversations

- **S**etup
- **P**erception
- **I**nvitation
- **K**nowledge
- **E**motion
- **S**ummary / strategy

These skills are not only relevant to palliative care

- ‘Bad news’ is not only related to a life – threatening illness
- These communication skills are relevant for all aspects of medicine

SETUP

- How do we get the setting right for these conversations?

Explore person's **PERCEPTION**

- Check understanding BEFORE you give any information yourself
  - This helps guide the rest of the conversation
  - It is also an **efficient** way of communicating with the patient and can save a lot of time

- 'What is your understanding of your disease?'

- 'What do you know about the test results so far?'

INVITATION

- Check what the person would like to know **before** you give them the information

- ‘So you’re wondering how long you might have – is that something you want to talk about now?’

KNOWLEDGE

- What are some key skills in giving patients medical information?

KNOWLEDGE

- Make sure this is appropriate to the patient's understanding and wish for information
- Avoid medical jargon
- Give a few facts at a time then pause and check they have understood

EMOTION

- When a patient is upset, we often feel we have to ‘solve’ the problem
- It is important to remember that they are emotional because of the news and you don’t have to ‘fix’ it
- Validating and responding to emotion is much more important (and often the emotion dissipates once you have done this)

How can we respond to emotion?

- Nonverbal skills?
- Verbal skills?

Responding to emotion

- Nonverbal skills
  - Silence (you don't have to say anything)
  - Touch
  - Posture
- Verbal skills
  - Empathic statements

Empathic statements

Name the emotion

Understanding

Respect

Support

Explore

Name the emotion

- Useful if the patient is not naming their own emotion (‘I’m feeling really scared’)
- A suggestion, rather than telling someone how they feel
  - ‘You seem a bit anxious’
- It can be useful to understate the emotion, particularly if they are angry
  - ‘Sounds like it’s been frustrating’

Show that you **understand**

- This is a really useful strategy in all sorts of situations (not just palliative care) and even if you are quite uncomfortable talking about emotion to a patient, it is easy to say…

- ‘Sounds like you have had a difficult few weeks’

- ‘This is a difficult thing to talk about’

Show **respect** – for patients and carers

- ‘You have done a great job looking after your mother at home’
  - NB this can be really useful if care at home has become unmanageable as often the carers feel that they’ve failed or done something wrong
- ‘I’m impressed you’ve managed to keep on working up until now’

Show **support** – for patients and carers

- People may feel abandoned as they get more unwell, particularly when ‘active’ treatments such as chemotherapy have been ceased
- Showing support can help address this

- ‘Our team will do everything we can to support you through this’

NB make sure you do not promise something that is not going to happen!

Explore

- Can be particularly useful if you feel you haven’t got all the information yet
- ‘Tell me more about that’
- ‘What is the hardest thing for you?’

SUMMARY / STRATEGY

NFR orders

- What is the survival rate to discharge of CPR?
  - Otherwise healthy patient?
  - Patient with advanced life limiting illness?
- Why do we need to discuss NFR?

NFR orders

- In patients with an advanced life – limiting illness, the survival rate to discharge of CPR is negligible
- NFR orders are important to prevent futile and distressing treatment at the end of life
- Unfortunately, patients and families overestimate the success rate and underestimate the burden of CPR so discussion is generally recommended

When you don’t have to discuss NFR

- As per the NSW health guidelines
  - If the patient does not wish to discuss CPR
  - ***If the patient is aware they are dying and have expressed a desire for palliation only**
  - ***Prior discussion has made the patient’s view known**

NFR orders – general skills

- NFR orders should not be discussed in isolation but as a part of a general conversation about progress and goals of care
- Remember SPIKES
- Remember the empathic statements
- Keep explanations simple and avoid jargon

NFR orders – the first step

- Check **perception**
  - The patient may tell you that they are dying and just want to be kept comfortable which is essentially an NFR order
- If it is not clear what the expectations are, then more detailed discussion around CPR is necessary

NFR orders – specific skills

- Strategies may include
  - Clarifying goals and priorities
    - ‘What’s the most important thing to you at the moment?’
  - Discussing CPR in the context of these goals
    - ‘I agree that the main thing is that he doesn’t suffer and as part of that I’d recommend…’
  - Checking understanding of CPR and its outcomes
    - ‘What do you know about resuscitation?’
  - Discussing poor outcomes of CPR in incurable illness and that CPR will not alter the course of the illness
    - ‘Unfortunately in people with an advanced illness who are getting sicker, we know that resuscitation doesn’t work and we don’t recommend it’
  - Emphasising support throughout the dying process (e.g. symptom control)
    - ‘We’ll do everything we can to keep him comfortable…’
- The extent to which these are used depends on the conversation (there is no ‘script’)

NFR orders – specific skills

- Remember that you do not have to offer a futile treatment so the key is in how you express the order
  - When given the choice, most patients will choose active intervention (and carers will feel guilty if they 'refuse' resuscitation)
    - 'If your heart stops, do you want us to do everything?' gives the impression that they have to choose whether to have CPR or not (and 'doing nothing' doesn't sound like a good alternative!)
  - The order is better expressed as a medical recommendation for care at the end of life
    - 'We'll do everything we can to keep you comfortable and as part of that, **I'd recommend that** when you are dying, we allow you to die peacefully without any aggressive measures like resuscitation'

Summary

- These conversations are difficult but are made easier and more efficient with a few key skills
- Written resources:
  - **MJA guidelines** http://www.mja.com.au/public/issues/186_12_180607/cla11246_fm.html
  - **NSW health guidelines on discussing NFR orders** http://www.health.nsw.gov.au/policies/gl/2008/pdf/GL2008_018.pdf
  - **Oncotalk modules** (USA) http://depts.washington.edu/oncotalk/learn/modules.html