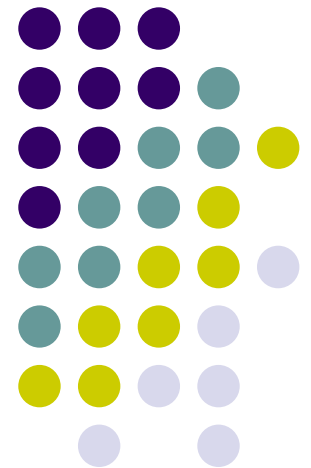


# Palliative Care: Effective Communication

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CHPCN (c)





# Objectives

- Demonstrate effective communication and counseling skills in a way that is sensitive, honest, compassionate and attentive when engaging terminally ill patients and their families. This includes communicating :
  - Effective Communication
  - Therapeutic Communication- Active Listening
  - Palliative Care Counselling
  - Breaking Bad news
  - Responding to Difficult Questions
  - Conducting a family conference

# Healthcare Training



- Traditional Training
  - Healthcare training stresses diagnosis and treatment rather than communication.
    - Patient-Centered Training
      - Need to stress listening and understanding patient experience.
      - Gaining understanding can help guide healthcare diagnosis and treatments.



# The Basics of Good Communication



- Setting the Stage
  - Minimize distractions
  - Sit down at the bedside
  - Maintain appropriate eye contact
- Explore “Frame of Reference”
  - What does the client/family know
- Give Information Carefully
  - Small amounts of information at a time/avoid jargon

# Verbal and Nonverbal Communication



- Communication is an ongoing, continuous dynamic process.
- Verbal communication based on the use of the spoken word.
- 80% of communication is nonverbal.
- Nonverbal includes body language, eye contact, gestures, tone of voice.
- Determine what they want to know.
- Be prepared to deal with conflict.

# Principles of Effective Communication



- Professional communication is a skill
- Communication is crucial in a therapeutic encounter, in order to establish therapeutic relationship
- All health care providers need to be interactive and respond to the patient's needs
- Trust is the underlying component to effective communication

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# Effective Communication

## CHPCA, 2001



- Share a common Language
- Use a standard protocol to communicate, and to listen and respond to the reactions
- Collect data that documents
- Education patients, families and caregivers

# Cultural Differences in Communication Related to:



- Religion
- Age
- Ethnicity
- Gender
- Past experience
- Social or economic status

# Therapeutic Communication



- Active listening
- Open-ended questions
- Reflective statements
- Clarification
- Summarization
- Validation
- Reassurance
- Transitions
- Being present
- Silence



# Active Listening

- This exercise is intended to give participants an opportunity to practice active listening.
- Divide into groups of two
- One of the partners will be the “speaker” and the other “listener”
- The speaker will describe a loss that they have experienced in their own life.

# Active Listening



- The loss can be of a significant person, some aspect of their own health, loss of a pet, loss of an object or any other significant loss (i.e. childhood)
- The person is to talk for 5 minutes. The second partner is to listen silently for five minutes.
- The listener may not speak at all during the five minutes.



# Questions for Discussion

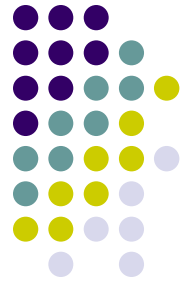
- For the Listener:
  - How did it feel for you to listen in silence for five minutes?
  - Did the five minutes seem short or long?
  - What aspects of the telling of the story of loss were most significant to you?
  - What did you learn from this experience of attentive listening?



# Questions for Discussion

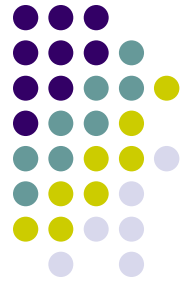
- . For the Speaker;
  - What did it feel like to describe your loss?
  - How did the listener respond to you?
  - Did you feel that the listener was being attentive? Identify specific items you observed that made you feel that they were listening to you.
  - What did you learn from this experience of attentive listening?

# Palliative Care Counseling



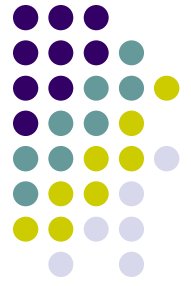
- Often the emotional pain and stresses associated with advanced illness or death are as difficult to overcome as physical symptoms of dying. Compassionate and skilled counseling can assist the patient and family through this difficult time.

# Activities of Counselors in a Hospice Palliative Care



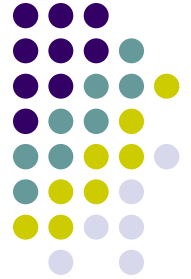
- Use active listening
- Explore issues and emotions
- Reframe, empathize, challenge, question, summarize
- Provide guidance and modeling
- Normalize grief and individual differences

# Activities of Counselors in a Hospice Palliative Care



- Invite spiritual exploration
- Facilitate disclosure
- Provide feedback
- Problem solve
- Offer coping strategies
- Provide opportunities to increase self-awareness
- Assist with creation of rituals

# Breaking Bad News



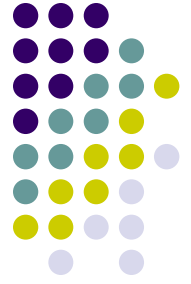
## How Not To Break Bad News

- Give the bad news right away and get it over with
- Give all the facts at one time
- Impress patient and family with your medical knowledge
- Tell the diagnosis, move on.
- End the session after you have told all in a concise, efficient manner
- Make sure that you have broken through denial.
- Stretch the truth if necessary to cheer up the patient.
- Make it clear that there is nothing more we can do for patient or their family.

## A Better Way to Break Bad News

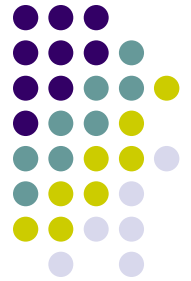
- Take the time to establish a relationship with patient and family
- Share a fact...see how the patient responds...wait until one fact has been “digested” before going on
- Keep it simple, Don’t “snow” them with details unless they ask for more details
- Take the time to discover what this diagnosis means to the patient: explain and educate
- Allow pauses, breathing spaces so patient/family can ask questions
- Ask patients to tell you back what you have said and what it means.
- Respect what may seem like denial: the message will be heard when the patient is ready
- Do not say anything that is not true: this destroys trust and sets up later anger and sorrow
- Make it clear that you will be with the patient all the way and respond to his/her needs and desires.

# Responding to Difficult Questions



- “The doctors should have found this earlier. If they had treated it earlier, she would have been cured.”
- “Don’t hydrate him. You are simply prolonging his suffering”
- “Surely you will feed her?”
- “Why do I have to suffer?, Why me?”

# Responding to Difficult Questions



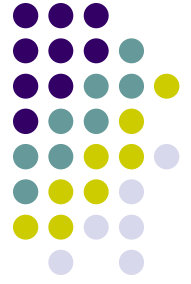
- How long do I have to live?
- Don't tell him he is dying (or he has cancer).  
It will kill him.
- I found this on the Internet- it's a cure for cancer
- What is the end going to be like?"
- What do I say to my dying mother?"

# Conducting a Family Conference



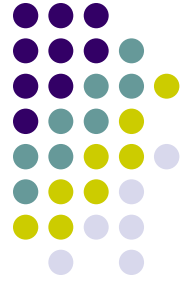
- Before the discussion
  - Ask yourself
    - Would you be surprised if this patient died of their disease within 6 months?
    - How much has the patient's condition deteriorated in the last months, weeks, days?
    - What specific therapies are available to treat the underlying disease
    - About the Patient and Family

# Conducting a Family Conference



- The Discussion
  - Appropriate setting
  - Introduce the discussion
  - Find out what they understand
  - Find out what they expect/goals
  - Provide medical information
  - Discuss realistic prognosis/possibilities
  - Advance Care Planning

# Goals of Communication at the End of Life



- Convey respect and understanding
- Convey information about illness, its likely course and treatment options
- Communicate empathy and support
- Convey appropriate “hope”
- Develop a treatment plan in context with patient’s goals, values and notions of quality of life
- Arrange for follow up meetings and reassure about ongoing care and support

▪ Anderson, 2003

# Hot Communication Topics



- Discussing Bad News
- Request for a Hasten Death
- Discussing Goals of Care for an Incapacitated Person
- Discussing Care with Conflicting a Family