



Communication Skills in Palliative Care

For CHO/SN



LEARNING OBJECTIVES

- Understand how communication style is determined by patient/ family's situation and needs.
- Learn the basics of communication, with special emphasis on do's and don't's
- Learn the sequence of setting, receiving and imparting information empathetically
- Understand principles of empathetic communication and learn skill of the same
- Understand how to handle difficult emotions like anger and fear while dealing with emotional issues



CLINICAL NARRATIVE

Mohan, a 40-year-old man presenting with pain for a month and incessant vomiting for the last 2 weeks comes to the OP. Recent investigations indicate malignancy. He has 2 children who are 8 and 10. He lives in a joint family with his brother's family.

He has been asked to do a CT scan, but cannot afford it so he has come to you. His wife is anxious but doesn't say much.

His brother who accompanies him is upset that the patient is only worsening. He is also supporting the family financially.

The patient asks you "Am I dying?", "What is going to happen next?", "How much is the treatment going to cost?"

- What are the possible issues concerning the patient and the family?
- What are the challenges you are likely to face?

WHAT IS THE SITUATION? WHERE DO WE BEGIN?

PATIENT'S REALITY

- Increasing dependence on others
- Loss of confidence, control and autonomy
- Feelings of guilt; of becoming a burden
- Financial concerns
- Concerns about the future
- Fear of suffering and death
- Loss of meaning or sense of connection

PATIENT'S NEEDS

- To participate in decision making about own illness
- To be treated with respect
- To be heard and to ventilate feelings
- To be reassured of quality care
- To continue to live with dignity
- To resolve conflicts
- To receive peace and forgiveness
- To get permission to die



FAMILY'S REALITY

- Exhaustion
- Feel isolated
- Anxious and/or depressed
- Uncertain about future course of action
- Lack of finances/resources
- Unable to see or maintain hope



FAMILY'S NEEDS

- To be able to express feelings openly
- To ask questions and receive honest answers
- To get help to resolve family conflicts, etc.
- To get reassurance and appropriate information
- To receive affordable medical, nursing and emotional support



Some Questions

- *Who* to communicate with?
- *What* to communicate?
- *How* to communicate?
- *When* to communicate?

TIP:

Focus on the Patient and the decision-maker. Remember that the main caregiver may not be the decision-maker.
Don't forget the children.

No easy answers.
Let us learn some thumb rules

COMMUNICATION GUIDELINES



Do NOT	Do
Avoid eye contact	Make eye contact
Rush in to tell the truth	Gauge readiness of patient and family to accept the truth. Give bad news in small doses. Allow for silence.
Answer direct questions such as, “ <i>When will I die?</i> ” or “ <i>How long do I have?</i> ”	Ask a counter question like, “ <i>Why do you ask?</i> ” or “ <i>Is there anything in particular that you want to do?</i> ”
Ask leading questions “ <i>Your pain is better now, isn't it?</i> ”	Ask open-ended questions like “ <i>How are you feeling?</i> ” or “ <i>What is your concern?</i> ”
Minimize / compare patient’s problems “ <i>Don’t get so worried over such small problem.</i> ” “ <i>There are so many people who are facing much bigger problems.</i> ”	Acknowledge/ normalize patient’s emotional experience “ <i>Anybody in your position would perhaps feel this way</i> ” “ <i>Considering what you’re going through, it’s normal to feel this way.</i> ”
Give false hope “ <i>Don’t worry, we are with you, we will take care of all your problems. Everything will be alright.</i> ”	Give realistic hope “ <i>Your disease may be progressive, but I’ll do my best to keep you comfortable as long as its needed.</i> ”
Assume “ <i>Don’t worry, even if your cancer is advanced, we have all the medicines to keep you comfortable.</i> ”	Ask what their concerns are “ <i>What is your biggest concern right now?</i> ” (The answer could be “ <i>How will my children eat tonight?</i> ”)



Ensure Comfort

- Introduce yourself by name and role - *“I am ___ and I am the Doctor/ Nurse in charge of treating you.”*
- Address the patient by name
- Find out the caregivers name



Assess emotional state

- How are you feeling in all this?
- Given the situation, what are you thinking about?



Listen to concerns

- Active listening – both verbal and non-verbal
- Tone of voice, attention, gestures, words, nodding



Reassure

- We will do everything we can to help you
- We will do our best to take care of you
- You are not alone. We are there with you
- We will talk to your family regularly

Be careful not to overpromise or provide false reassurance



Assess need for information

- Find out what the patient already knows
“What do you know about what you are experiencing?”
- Find out what the patient wants to know
“What is it that you would like to know more about?”
- Find out IF the patient wants to know more
“Is there someone else you would like me to discuss the treatment plan with? Or do you want to talk to me alone?”

Give a **warning shot** to assess if the patient is ready to know more – *“Things are not improving as we quite hoped. Would you like to know more?”*



Deliver information with empathy

- Use patients primary language if possible
- Use short sentences
- Avoid medical jargon
- State issues relevant to the patient honestly and clearly
 - “Here is what we need to be prepared for”*
 - “Here is what we are doing for this condition”*
- Be empathetic
 - “I’m sorry, I know you were hoping for better news but..”*
 - “I can only imagine how difficult this must be for you”*



Explore emotions and provide support

- What is going through your mind right now?
- What is your biggest concern in this moment?
- Is there anyone in your family you would like us to talk to?
- Is there anyone in the community you would like us to reach out to?



How will you
apply these
steps to
Mohan's family?

ENSURE COMFORT



ASSESS
EMOTIONAL STATE



LISTEN TO
CONCERNS



REASSURE



ASSESS NEED FOR
INFORMATION



DELIVER
INFORMATION
WITH EMPATHY



EXPLORE
EMOTIONS AND
PROVIDE SUPPORT

WHEN THE PATIENT/ FAMILY IS ANGRY

- Be mindful of eye contact not coming across as a challenge.
- Promise to investigate any unresolved issues and to talk again
- Talk again
- Make time and space and listen
- Neither accept the blame nor rush in to justify – that would only escalate the issue
- Try to invite the person to a private space. Encourage the person to sit down (A less challenging posture)
- Look beyond the anger to the fear/ grief/ concern
- Acknowledge the underlying emotions
- Maintain body language that conveys receptivity (eg: avoid looking at the file).

WHEN YOU ARE ANGRY

- Buy time to bring own emotions under control – offer a glass of water etc.
- Recognise underlying emotion - grief/ fear
- Cohesion within the team
- Do not expect the issue to be resolved with one meeting
- If you are doubtful of regulating your emotions, it is preferable to get someone else to handle the situation
- Discussion within the team

DEALING WITH DIFFICULT EMOTIONS



Be ready

- Sometimes unfocused anger or fear converted into anger may be directed at you.



Listening is key

- The best way to deal with this is to **listen without interruption**.



Venting is good

- By the time they finish, the anger starts to reduce



Any other reasons

- Some patients become uncommunicative and withdraw. Consider **why**.



Support caregiver

- Caregivers often feel guilty/ inadequate/ helpless. **Acknowledge something positive** in what they did/ said.



Realistic promises

- Avoid making commitments to relieve momentary distress. Make only those that are **realistic and within your capacity** to deliver.



No false hope

- Hope should always be **realistic**



Thank You

