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

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I have no financial disclosures to share.
This presentation has been reviewed to ensure no commercial bias.

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Financial Disclosure/Conflict of Interest Declaration

I have no financial or conflicts of interest to declare

Objectives

At the conclusion of this session, participants will be able to:

- Describe why communication of difficult news is important.
- Describe the importance of the difficult news or information, including that most people want to know, and that it strengthens the clinician-patient relationship, fosters collaboration, and helps patients and families to plan and cope.
- List and apply the six-step protocol:
    1. Getting started
    2. Asking what the patient knows
    3. Asking how much the patient wants to know
    4. Sharing the information
    5. Responding to patient and family feelings
    6. Planning and follow-up.

Importance

- Most people want to know
- Strengthens clinician-patient relationship
- Fosters collaboration
- Permits patients, families to plan, cope

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

… 6-step protocol

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

Adapted from Robert Buckman

Step 1: Getting started …

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

…Step 1: Getting started

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

Step 2: What does the patient know?

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

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

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

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

When family says “don’t tell”…

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

...When family says “don’t tell”

- Ask the family:
  - Why not tell?
  - What are you afraid I will say?
  - What are your previous experiences?
  - Is there a personal, cultural, or religious context?
- Talk to the patient together

Step 4: Sharing the information…

- Say it, then stop
    - avoid monologue, promote dialogue
    - avoid jargon, euphemisms
    - pause frequently
    - check for understanding
    - use silence, body language

…Step 4: Sharing the information

- Don’t minimize severity
  - avoid vagueness, confusion
- Implications of “I’m sorry”

Step 5: Responding to feelings…

- Affective response
  - tears, anger, sadness, love, anxiety, relief, other
- Cognitive response
  - denial, blame, guilt, disbelief, fear, loss, shame, intellectualization

…Step 5: Responding to feelings…

- Be prepared for
  - outburst of strong emotion
  - broad range of reactions
- Give time to react

…Step 5: Responding to feelings

- Listen quietly, attentively
- Encourage descriptions of feelings
- Use nonverbal communication

Step 6: Planning, follow-up…

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

...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

When language is a barrier…

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

...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

Communicating prognosis…

- Some patients want to plan
- Others are seeking reassurance

…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?”

...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

...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

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

Summary