

Difficult Conversations

“I don’t know what to say”

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Learning Objectives

Through case based learning participants will:

1. Review and understand challenging conversations applicable to patient/family living with life limiting illness.
2. Review language and tools helpful to facilitating discussion.



Mary (72 year old)

- Mary has stage IV Non Hodgkin's lymphoma with metastatic disease to lungs, liver, brain
- She is able to have conversations with HCP and family but short term memory deficits noted.
- She has been hospitalized three times in the past year for complications of her disease including seizure activity.
- Each hospitalization she becomes more frail

Mary (72 year old)

- Discussion of treatment options and goals of care are initiated
- Palliative radiation may not be a Tx option at this time
- CPR remains part of the care plan
- Mary has insisted that she wants to be resuscitated
- PPS-30%

Difficult Conversations

Discussions regarding Do Not Resuscitate are sometimes difficult.

Have you ever found yourself in this position?

What tools do you use?

DNR Discussion:

- **Can you tell me why you want CPR?**
 - CPR has been shown to be ineffective in person's with advanced incurable illnesses
 - Success rate is less than 4%
- **Do you understand what CPR is?**
 - It includes chest compressions, electrical defibrillation
- **Do you understand what happens after CPR?**
 - In the unlikely event of being successful, life support measures are often required (ICU with artificial life support)

DNR Discussion

- Does not mean death is imminent
- Does not prevent ongoing care
- Does not halt the provision of other treatments
- Allows for a natural death at the time a heart ceases to beat

Martha (49 year old)

- Diagnosed with advance metastatic lung disease six months ago
- Was on chemotherapy regime; stopped due to severe side effects
- Had an appointment a week ago with the oncologist to discuss her recent tests results
- Diagnostic images indicate liver metastases

Martha (49 year old)

- You are visiting Martha and reviewed her chart prior to the visit
- Documentation reveals oncologists' prognosis for Martha is approximately 2 months
- Visiting Martha she reveals to you the latest test results and asks **“How long do you think I have to live?”**

“How long do I have to live?”

- **What would your response to Martha be at this time?**
This must be important to, what is your sense?
- **How do you formulate your response?**
We are not always right; days, months, years
- **What would you explore and how?**
We will continue to provide the best care, not cure, QOL, time.

“How long do I have to live?”

5-Step Approach:

1. Validate the question
2. Provide a disclaimer
3. Provide a rough best estimate-express in general terms (days, weeks, months)
4. Explain the importance of ACP; living each day for whatever time left.
5. Provide assurance of ongoing support and care

Colin (89 year old)

- Colin is at his physician's office to review results of a recent CT scan
- Colin's son James (POAPC/SDM) is standing outside the examination room and intercepts you
- James is asking for the results of his father's CT scan before

Colin (89 year old)

- John understands that his dad has pancreatic cancer but the recent diagnostics indicate that his father has advanced pancreatic cancer with extensive liver metastasis
- John says “ Please do not tell my dad how bad it is!”

“Disclosure of Information”

- What discussion should take place with John prior to entering the room?
- What information would you disclose to Colin?

Disclosure- “Telling the Truth”

- A HCP’s primary responsibility is to inform the patient (if the patient so desires) with or without the family’s consent.
- Explore the reason’s for the family request
- Validate concerns
- Explain: in most cases patient’s intuitively know that they have a serious illness
- Pallium Canada Pocketbook second edition; Pg. 3-3

Disclosure- “Telling the Truth”

- Bring attention to family:
 - Burden of keeping a “secret”
 - Not being able to answer questions in future
 - Preparing for EOL, decision making, closure, etc.
- Sensitively explain the ethical obligation to provide the patient health information to make an informed health care decision.
- Pallium Canada Pocketbook second edition; Pg. 3-3

Disclosure- “Telling the Truth”

- Reassure family that exploration of what the patient already knows will be dealt with in a sensitive way.
- Expand the conversation to see if they want more information
- Invite family to be present, if this is shielding information exchange the discussion may need to occur with just the patient
- Pallium Canada Pocketbook second edition; Pg. 3-3

Disclosure- “Telling the Truth”

- Arrange for ongoing discussions
- Create an opportunity for the patient to express their wishes in front of family with you present if this is a desired goal of care
- Pallium Canada Pocketbook second edition; Pg. 3-4

Spikes

Setting Physical & temporal context where conversing

Perception Patient/family current understanding of their medical condition

Invitation How much information does the pt want?

Knowledge Communicating the difficult information

Empathy Understanding the patient without presuming to know how they feel

Summary & Strategy-making Clear follow up plan re: goals, treatment & accessing resources

Take away message:

- Difficult conversations will happen....
- Prepare yourself first
- Acknowledge the question
- Understand the “why” behind the question
- Be truthful
- Goals of care with realistic hopes

Questions?

