Palliative Care Education Snap Sessions
Darling Downs – South Burnett
Cairns & Hinterland – Atherton Tableland
South West HHS

Dealing with Difficult Conversations in Palliative Care 2
with thanks to Claire Kelly and Melissa Donovan

Tuesday 9th August 2016
14.30 – 14.50 hours
“There’s no easy way I can tell you this, so I’m sending you to someone who can.”
SPIKES Six Step Strategy

• Setting up – preparing environment, self
• Perception – checking the patient’s understanding
• Invitation – how much do they want to know?
• Knowledge – imparting the information
• Emotions – communicating with expression and empathy
• Strategy – agreeing next steps, goal setting
The impact of our communication

observe
listen
speak

Non verbal, 55%  
Paraverbal, 38%  
Verbal, 7%

2 ears : 1 mouth
Check your filters

Health

Professional

Emotions
Thoughts
Beliefs
Values
Prejudices
Culture
Faith
Pain
Stress
Worry
Tiredness

Patient & family
The single biggest problem in communication is the illusion that it has taken place

George Bernard Shaw

- Don’t assume that absence of a question is the absence of a concern
- Beware of absent communication
- Take time in every circumstance to show attention and be available to listen
- Encourage and enquire where your patient is at .. ask what is on their mind today
- Make it normal to explore feelings and discuss goals of care routinely

Snap session 2#8     16th August 2016
Invitation

What do they really want to know?

Be aware who this person is:

- Individual
- Family
- Values
- Ethnicity
- Faith
- Experience

Tell me everything, detail, facts, choices

Tell me nothing, speak to my family

Snap session 2#8  16th August 2016
The hardest thing ... starting the conversation

• What is most important to you right now?
• Many people who are living with an illness like you find that ...
• I’m not telling you to bare your heart and soul, but you know I’m a fairly good listener and if ever you want to just chat, I’m always available to listen ... Just so you know ...
• Some of my patients have told me that their mind sometimes wanders to the scary what ifs ... some people find it’s good to talk those things through ..
Responding to difficult questions

- Acknowledge and validate
- Ask if there is a reason for asking this now
- Explore their understanding
- Clarify their specific question
- Respond if appropriate and possible – do you have the information and experience to give an honest answer?
The ‘how long have I got?’ question

- They ask you usually because they trust you ... be honest, open and empathetic
- Take a deep breath, focus and sit down
- Invite them to express what they really want to know
- We can never say accurately – only estimate
- Introduce the concept of days - weeks, weeks – months or months – years
- Express your own estimate, based on others, in these terms
- Don’t stop there ...
Progress beyond the ‘how long’ question

• When it happens we/others will provide comfort, care and support to you and your family
• Invite and offer to explain what happens as life is coming to an end
• Explain what doesn’t happen (pain & suffering)
• Explain what does happen
• Discuss goal setting of their wishes between now and then
Curly Questions

• Doesn’t that pump just make me die quicker?

• If I was a dog you would have put me down months ago! Why can’t you give me something to end this now?

• The Coles/Woolies question: ‘I hear Mr Jones is about to die, how is he going? Does he have very long?’

• I’m still praying for a miracle. I could still get better couldn’t I nurse?
Knowing what NOT to say
every conversation goes towards the difficult ones

- “I understand how you’re feeling”
- “It will get better …”
- “He’s going to a better place”
- “We’ll get rid of your pain”
- “I know how you’re feeling” (to a family member)
- Don’t share your personal experience of loss
- Don’t be sympathetic ... be empathetic
- Never have your own conversation with a colleague over a dying patient
Remember Yourself

• Know thyself
• Know your relationship with the patient
• Remember you are human 1st, nurse 2nd
• Some patients pull at our heart strings
• Acknowledge it’s difficult
• Debrief
• Cry if you want to
• Access support
SELF CARE

• Recognise the impact of the work we do with palliative patients and their families
• Maintain boundaries
• Prevent burnout
• Balance your lifestyle
• Individual self care strategies

http://www.cancerconnections.com.au
Next week . . .

From oral to subcutaneous infusion