PALLIATIVE COMMUNICATION

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OBJECTIVES

- Discuss the importance of clear written and spoken communication within the care team to enhance care across the continuum of rehabilitation.

  ➢ Identify goals of care family meetings as one of the essential communication tools in the care of patients with serious illnesses

  ➢ Describe the roadmaps to conduct a family meeting

COMMUNICATION:
ARE WE DOING WELL?

- Cornerstone of high-quality care

  - Better patient outcomes

  - Improved patient and family satisfaction

- Communication issues with clinicians

  - #1 complaint among families of deceased patients

Kaplan SH, Greenfield S, Ware JE Jr. Med Care 1989.
Roter DL, Hall JA, Kern DE, et al. Arch Intern Med 1995.
Bertakis KD, Roter D, Putnam SM. J Fam Pract 1991.
Wright AA, Zhang B, Ray A, et al. JAMA 2008.
Hanson LC, Danis M, Garrett J. J Am Geriatr Soc 1997.

PATIENT/ FAMILY COMPREHENSION

- Observational study n=102

- In 54% of the cases, the family representative failed to comprehend the diagnosis, prognosis, or treatment of the patient after initial meeting with attending physician.

Azoulay E, Chevret S, Leleu G, et al. Half the families of intensive care unit patients experience inadequate communication with physicians. Crit Care Med 2000; 28:3044.

TAKING YOUR COMMUNICATION SKILLS TO THE NEXT LEVEL

3 KEY SKILLS TO CONDUCT A FAMILY MEETING

- Disclose Serious News – **SPIKES**

  - Establish degree of understanding medical situation

- Discussing Prognosis

- Address 'Late' Goals of Care – **REMAP**

 - The work of creating a plan that honors patient's values, goals and fears.

TALKING ABOUT SERIOUS NEWS
THE SKILL MAP: "SPIKES"

- **S=Setup** *Prepare for the conversation*

- **P=Perception** *Assess the patient's perception*

- **I=Invitation** *Ask for an invitation to talk about the news*

- **K=Knowledge** *Disclose the news straightforwardly*

- **E=Emotion** *Respond to the patient's emotions*

- **S=Summarize** *Summarize the plan*

Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES—a six-step protocol for delivering bad news: application to the patient with cancer. Oncologist. 2000;5(4): 302-311.

EMOTION

Cognitive Data
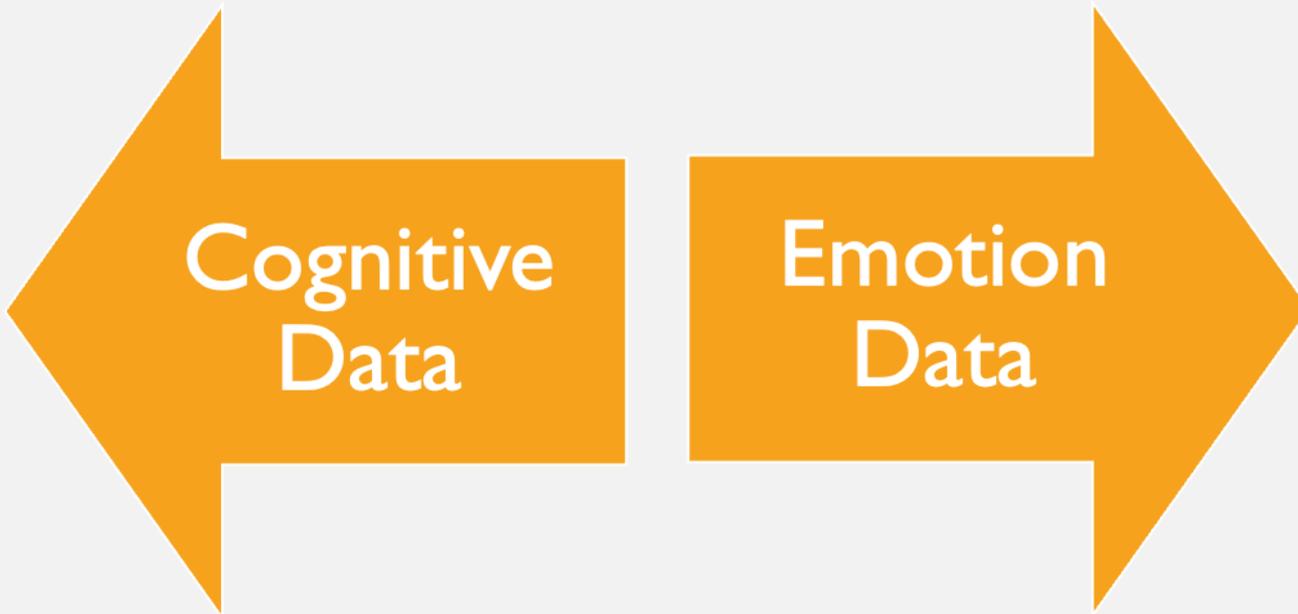
Emotion Data

Track the emotional data and respond to it.

RESPONDING TO EMOTION WITH WORDS **NURSE**

Emotional statement--- "I have so much pain from this"

- **N=Name** "It sounds like this have been frustrating"

- **U=Understand** "It must be so hard to be in pain like that"

- R=Respect (Praise) "I'm so impressed that you've been able to keep up with your treatments"

- S=Support "I will be here to help you with your pain"

- E=Explore "Tell me more about this pain and how it's affecting you"

DISCUSSING PROGNOSIS
SKILL MAP

DISCUSSING PROGNOSIS

- Realists- talk about data

- Optimists- look at the bright side first

- Avoiders- start with 'no one can predict…'

PROGNOSTIC DISCLOSURE

	No. Patients (%)	Mean Formulated Prognosis (Days)
No disclosure	68 (23)	92
Optimistic disclosure	85 (28)	81
Frank disclosure	111 (37)	117
Pessimistic disclosure	36 (12)	128
Total	300	

- Median formulated prognosis: 75 days
- Median communicated: 90 days
- Median actual survival: 26 days

"Clinicians and patients overestimate survival"

Lamont EB, Christakis NA. Prognostic Disclosure to Patients with Cancer near the End of Life. Ann Intern Med. ;134:1096–1105. doi: 10.7326/0003-4819-134-12-200106190-00009
Hagerty RG, Butow PN, Ellis PM, Dimitry S, Tattersall MH. Communicating prognosis in cancer care: a systematic review of the literature. Ann Oncol. 2005;16(7):1005-1053.

PROGNOSIS DISCORDANCE

- 69% of patients with lung cancer (n=710) and 81% of those with colorectal cancer (n=483) did not report understanding that chemotherapy was not at all likely to cure their cancer.

- Many patients receiving chemotherapy for incurable cancers may not understand that chemotherapy is unlikely to be curative.

Weeks JC, Catalano PJ, Cronin A, Finkelman MD, Mack JW, Keating NL, Schrag D. Patients' expectations about effects of chemotherapy for advanced cancer. N Engl J Med. 2012 Oct 25;367(17):1616-25.

- Overall prognosis discordance between physicians and families occurred for 118 of 193 patients (61%).

  ➢ 99 (84%) represented optimistic discordance

  ➢ 19 (16%) represented pessimistic discordance

PROGNOSIS TIPS

- Ask before quoting statistics
- Best/ worst case scenario

DISCUSSING GOALS OF CARE
THE COGNITIVE MAP: "**REMAP**"

- **R**eframe

- **E**xpect emotion

- **M**ap out the future

- **A**lign with values

- **P**lan treatments that matches values

7 GOC CATEGORIES

① Be cured

② Live longer

③ Improve or maintain function/quality of life

④ Be comfortable

⑤ Achieve life goals

⑥ Provide support for family/caregiver

⑦ Other

Kaldjian LC, Curtis AE, Shinkunas LA, Cannon KT. Goals of care toward the end of life: a structured literature review. Am J Hosp Palliat Care. 2008;25(6):501-11.

GOALS OF CARE TIPS

- Likely to change over time

- Patients may have multiple GOC at once

- Lay groundwork for discussing GOC

  - Patient and/or family has accurate understanding of the medical circumstances

  - Big picture message rather than details

Deliver Serious News

- Estimating and Communicating Prognosis

Communication of Prognosis

REFRAME THE SITUATION

The status quo is no longer working.

- **"We're in a different place. Is it okay if we talk more about next steps?"**

- **"Given this news, it seems like a good time to talk about what to do next."**

EXPECT EMOTIONS

- Talking starts to make this transition real.

- Listen for the story.

MAP VALUES

Map values before you talk about treatments or code status.

- "Could we talk about you as a person before we talk about treatment options? What's important for you?"

- "Given what you know about your illness, what's most important to you?"

- "As you think about the future, what concerns you?"

- "As you think about the future, are there situations or things that you want to make sure you avoid?"

- Many patients want us to do what we can that will help them to have a good quality of life or even live longer, and not to do treatments that have a low likelihood of benefit or may even cause harm. Does this sound right to you?

ALIGN YOURSELF WITH THE PATIENT'S VALUES

Show that you heard.

- "I hear you saying that what's most important to you is…"

- "I'm hearing what's important is time with your family. Let's work on that."

- "I understand that you want to make sure to avoid the following things …"

PLAN

Plan medical treatments that match your patient's values.

- "You said that time at home is important. Let's help you do more of that."

- "Now that I have a better understanding of what's important to you, let's talk a bit more about the options for treatment"

- "Here are some things we can do now..."

Often helpful to **give a recommendation.**

- I propose that we_____.

- If you get very sick, I recommend that we allow your body's natural dying process to occur. We would focus on your comfort by_____. Does this sound okay?

ROADMAP:
CONDUCTING A FAMILY MEETING

Parallels to "SPIKES"

1. PREPARE THE PEOPLE AND THE MESSAGES FOR THE MEETING

- Who should be invited?

- **Pre-meeting**

- Facilitator

- Room for meeting

2. INTRODUCE ALL PARTICIPANTS AND THE PURPOSE OF THE CONFERENCE

3. ASSESS WHAT THE FAMILY KNOWS AND EXPECTS

4. DESCRIBE THE CLINICAL SITUATION

- Ask permission to share your view

- Should take no more than few minutes

- The skill map: "**SPIKES**"

- Discuss "**PROGNOSIS**"

5. ASK EACH MEMBER OF THE FAMILY FOR CONCERNS

6. EXPLORE THE PATIENT'S VALUES AND HOW THEY SHOULD INFLUENCE THE DECISION MAKING

- The skill map:"**REMAP**"

7. PROPOSE GOALS FOR THE PATIENT'S CARE AND BE PREPARED TO NEGOTIATE

- Make clear recommendations based on patient's values

8. PROVIDE A CONCRETE FOLLOW-UP PLAN

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