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Deal With Palliative Patient


Communication in Palliative Care




- This communication between the health professional and the patient and their family may significantly influence the subsequent relationship and have a considerable effect on their quality of life and end of life care



- The general consensus is that communication in palliative care is difficult for two major reasons—it brings home our own mortality and we have an almost desperate desire to get it right



- However, it is one of the most vital aspects of health care and worrying about what we may say could lead to us forgetting to ask how the patient actually feels



- It is important to always remember the individuality of each patient and their families as this will enable the health professional to realise that listening, sensitivity and intuition are essential skills in the art of communication

Barriers to communication

Language barriers

- We live in a multicultural society
- This may be exacerbated in areas with a strong local accent
- One of the most important skills in communication is remembering that it is not what we say that is important, but what the patient hears and understands

Physical barriers

- Both disease and age can affect the communication process

Distraction and noise

- One of the reasons that patients may be reticent in their disclosure of concerns may be the environment in which the discussion takes place
- Most health professionals would state that lack of time is a common reason for poor communication

Fear

- Fear, especially, can be a potent communication barrier influencing both what the patient hears and is prepared to accept and what the health professional says

Facilitators of communication

Listening

- One of the most important skills required for communication in palliative care is to listen and hear
- This is the type of listening in which you demonstrate to patients that you have really heard what they are saying, asking and feeling

Getting across the information

- in health care, information giving can be equally important as listening
- It is important to remember that there are many methods of giving information, other than verbal communication

Coping with emotion

- Patients and relatives will respond to news in a variety of ways that may vary over the time you see the patient
- The most important thing is to be non-judgemental and prepared for all emotions

Breaking bad news

Background

What is bad news?

Whose information is it?

What are the skills required?

What do patients want?

What is the impact on you as a health care professional?

Background

- No one likes breaking bad news
- Although doctors and other professionals have always broken bad news.

What is bad news?

Bad news can mean different things to different people

- "any information, which adversely and seriously affects an individual's view of his or her future"
- or, in situations where there is either a feeling of no hope, a threat to a person's mental or physical well-being, risk of upsetting an established lifestyle, or where a message is given which conveys to an individual fewer choices in his or her life'


Examples include


- A patient who is told they are HIV positive.
- The man who is told his partner has Alzheimer's disease.
- The patient who is told the lump has been diagnosed as cancer.
- The couple who are told they cannot have children.


Bad news situations can include

- disease recurrence
- spread of disease
- failure of treatment to affect disease progression, the presence of irreversible side effects
- results of genetic tests
- raising the issue of palliative care
- resuscitation

Whose information is it?

- 
- The issue of who to tell bad news to has been debated for many years

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- There is some evidence that doctors are failing to inform patients when they diagnose cancer, particularly in older patients

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- At the same time it has been common practice in some areas to give relatives large amounts of confidential information without the expressed permission of the patient, and often before the patient themselves are aware of their condition

What are the skills required?

Breaking bad news is a complex communication task that requires expert verbal and non-verbal skills

This complexity can create serious miscommunications, such as the patient misunderstanding the prognosis of the illness or purpose of care

When bad news is delivered poorly the experience may stay in a patient's or family's mind long after the initial shock of the news has been dealt with

When patients have other special needs such as sensory impairment, learning or physical disabilities staff should ensure that the appropriate support mechanisms are available

Ten Step for Breaking Bad News

preparation

What does the patient know?

Is more information wanted?

Give a warning

Allow denial

Explain

Listen to concerns

Encourage feelings

Summary and plan

Offer continual support and availability

What do patients want?



The debate about the levels of truth given to patients about their diagnosis has developed significantly over the last few years

While doctors and professionals now increasingly share information it has been the practice to withhold information because it was believed to be in the best interests of the patient

patients increasingly want additional information regarding their diagnosis, their chances of cure, the side effects of therapy and a realistic estimate of how long they have to live

Patients want their doctor to be honest, compassionate, caring, hopeful and informative

They want to be told in person, in a private setting, at their pace, with time for discussion and if they wish, with a supportive person present

What is the impact on you as a health care professional?

Breaking bad news can be extremely stressful for the doctor or professional involved

The process of breaking bad news can also have an adverse effect on those delivering the news

Clinicians are often uncomfortable discussing prognosis and possible treatment options if the information is unfavourable

Its due to

Uncertainty about the patient's expectations

Fear of destroying the patient's hope.

Fear of their own inadequacy in the face of uncontrollable disease.

Not feeling prepared to manage the patients anticipated emotional reactions.

Embarrassment at having previously painted too optimistic a picture for the patient

Communication between health professionals

Negative thing

- One of the commonest causes of stress within multidisciplinary teamwork is a perceived lack of communication, most evident when the team is caring for an individual during the end stages of life

Should do

- Ensuring good communication between places of care is important in continuity of care

Suggest

- It is healthy and good clinical governance for the team to allow time, following any difficult situation, for some structured reflection and an opportunity to discuss possible ways of handling the situation in the future

Quality of Life

The primary goal of palliative care

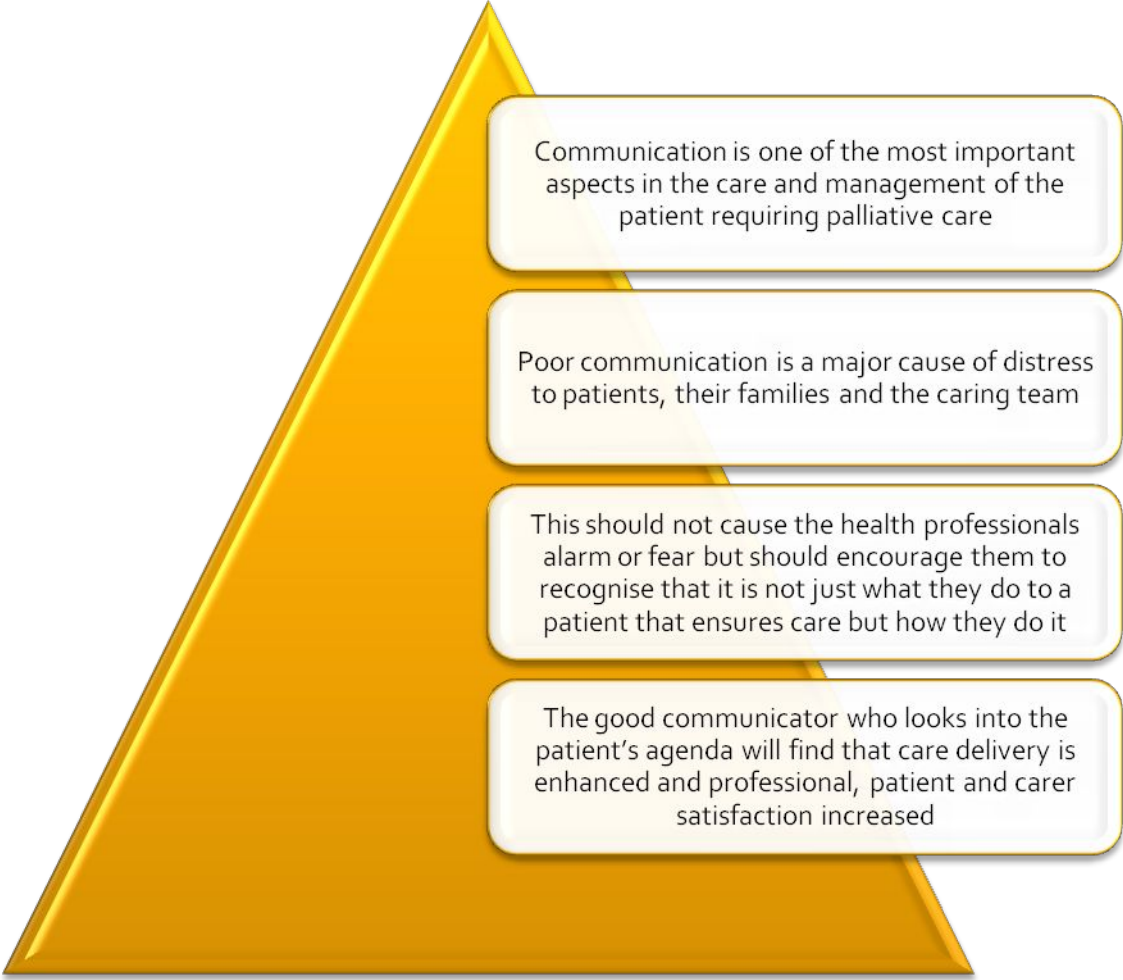
- is to optimize the quality of life for patients and their families by preventing problems
- delaying their onset
- reducing their severity

The aim of care near the end of life is to

- provide 'appropriate' palliative care
- provide and maintain improvement in patients' quality of life
- achieve a 'good death' for the patient and family

However, health professionals and patients often have different views on what aspects of disease and treatment are important

Conclusion



Communication is one of the most important aspects in the care and management of the patient requiring palliative care

Poor communication is a major cause of distress to patients, their families and the caring team

This should not cause the health professionals alarm or fear but should encourage them to recognise that it is not just what they do to a patient that ensures care but how they do it

The good communicator who looks into the patient's agenda will find that care delivery is enhanced and professional, patient and carer satisfaction increased