Cook County Bureau of Health Services - Communication Tips in Palliative Care

Communicating Bad News[1]:

6-Step Protocol	Communication techniques
Getting started	Determine in advance whom else patient wants present; sit down; no interruptions, silence pager.
What does the patient know?	*"What do you understand about your illness?"*
How much does the patient want to know?	*"Would you like me to tell you the full details of your condition?" or "Some people really do not want to be told what is wrong with them, but would rather their families be told instead. What do you prefer?"*
Share the information	Be direct. Use a warning shot. "*I do not have good news...*" give the information, then STOP. Use simple language and avoid technical jargon.
Respond to feelings	Give patient time to react & listen. NURS: Name the emotion; Understand; Reflect; Support[2].
Plan and follow-up	Outline additional evaluations or tests; treat symptoms; explain plans for treatment; identify sources of support; schedule follow-up.

Goals of Care[3]:

1. Create the right setting: sit down, ensure privacy and time.
2. Determine what the patient/family know.
3. Explore what they are expecting or hoping for: *curative, life-prolonging; symptomatic/palliative care.*
4. Suggest realistic goals. *"We will concentrate on controlling your symptoms and improving the quality of your life." "Let's discuss what we can do to fulfill your wish to stay home."*
5. Respond empathically to emotions.
6. Make a plan and follow-through.
7. Review and revise periodically, as appropriate.

[1] Adapted from *How to Break Bad News: A Guide for Health Care Professionals* by Robert Buckman.
[2] Adapted from Platt FW, Keller VF. Empathic communication. JGIM 9:222-226, 1994.
[3] Adapted from © EPEC Project, The Robert Wood Johnson Foundation, 1999.

Communicating Prognosis[2]:

1. If patient asks, inquire about reasons for asking, *"What are you expecting to happen?" or "How specific do you want me to be?"*
2. If MD offers: *"Would you want to know what to expect?"*
3. Provide a range: hours to days, days to weeks, weeks to months or months to years.
4. Acknowledge limits of predictions. *"Hope for the best, plan for the worst."*
5. Support emotions. Reassure availability, whatever happens.

Advance Care Planning[4]:

Focus discussion based on stage of illness. Complete statutory documents including Illinois Durable Power of Attorney for Health Care and/or Living Will.

Health Status	Content	Communication Strategies
Healthy	• Surrogate • Outcome states (persistent vegetative state, coma) • Personal beliefs or preferences (e.g., Jehovah's Witness)	■ *"If you are too sick to speak with me who would you like me to speak with?"* ■ *"Sometimes, a family depends upon a patient's wishes in an advance directive to guide treatment, such as whether to place a feeding tube when a patient is in an irreversible coma."* ■ *"Do you have any specific health care beliefs that I should be aware of?"*
Diagnosed with a serious illness	• Surrogate • What is important for you? • Adverse outcome states • Time-limited trials • Discuss likely outcomes	■ *"I anticipate a good recovery from this stroke, however it is important to plan ahead. Do you have any concerns about your medical care if you did not have a good recovery?"* ■ *"Unlike TV shows, CPR is rarely effective when you have a serious illness like strokes that produce unconsciousness."*
Serious illness with limited life expectancy	• More explicit talk about outcomes, preferences & formulate contingency plans	■ *"Your breathing is really a problem for you all of the time now. Tell me about your thoughts. What do you hope for? What do you hope to avoid?"* ■ *"What is important to you to still accomplish?"*

Eligibility Criteria for Hospice Benefit[5]:

- The goal of hospice care is directed toward comfort and relief of symptoms, not cure. Hospice neither hastens nor prolongs death.
- Prognostic indicators provide guidance in determining whether or not a patient is appropriate for hospice services (see table).
- Though often plagued with inaccuracies, a prognosis of 6 months or less if the illness runs its normal course, as certified by two physicians-the patient's attending physician and the hospice medical director. This is based on the physician's clinical judgment regarding the normal course of the individual's illness.
- The patient should also meet the following criteria:
  1. The patient's condition is life limiting, and the patient and/or family have been informed of this determination.
  2. The patient and/or family have elected treatment goals directed toward relief of symptoms, rather than curing the underlying disease.

Eligibility Criteria for Hospice Benefit[5]:

1. Medications related to the terminal illness.
2. Durable medical equipment (hospital bed, walker, oxygen, concentrator, bedside commode, etc).
3. Coordination of care by an interdisciplinary team including physicians, nurses, home health aides, social workers, chaplains, homemakers and volunteers with routine scheduled visits.
4. Dietary counseling and physical, occupational, speech, and respiratory therapy services as appropriate.
5. 24 hours a day, 7 days a week access to delivery of medications, supplies, telephone triage and, as necessary, urgent visits by hospice staff.
6. Laboratory testing and other diagnostic studies related to the care of the terminal illness.
7. Services are provided wherever a patient resides, either in a private home or in a long-term care facility.
8. Short-term inpatient stays in a hospice facility, hospital, or skilled care facility for management of acute symptoms.
9. Short-term continuous nursing care in the home for crisis care of acute symptoms that can be managed at home with extra support from the hospice team.
10. Five-day inpatient respite periods when caregivers require a break from caregiving responsibilities.
11. Bereavement support and counseling services.
12. The benefit consists of two periods of 90 days each followed by recertification of an unlimited number of 60-day benefit periods.

[4] Adapted from Teno JM and Lynn J. Putting Advance-Care Planning into Action. Journal of Clinical Ethics; 7; No.3; Fall 1996:205-213.

[5] Adapted from *Hospice Care: A Physician's Guide* by Illinois State Hospice Organization.