Communication with the patient at the end of his life

Małgorzata Krajnik

Katedra i Zakład Opieki Paliatywnej

CM UMK

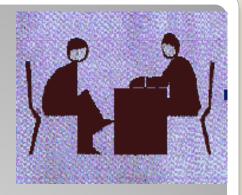
"ATA":

- A ask
- T tell
- A ask

Breaking bad news



"Bad news"



- Any information that seriously and adversely changes a person's view of his future.
- A measure of the badness: the gap between a person's expectations of the situation and the actual medical realities

3 phases

- Preparation
- Breaking "bad news"
- "Debriefing"

I phase

- Who will do it
- My own emotions
- Meeting with the team
- Planning the sessions...
- Privacy

SPIKES protocol – breaking bad news		
S	Setting & Starting	Physical – position of body (level with patient, lower if the patient is angry), body language and eye contact (avoid when situation is "hot") Listening Skills – use of silence and pauses, use of patient's own language as a bridge; appropriate use of touch.
P	Perception	Assess the perception of the current situation. Note different ways of asking; note patient's vocabulary and comprehension; also note denial if present
Ι	Invitation	Aim to get a clear invitation to the patient to share information. Different ways of asking (eg "Are you the sort of person who?), Accept the patient's right not to know.
K	Knowledge	Imparting information. 'Aligning' = start at a place compatible with the patient's current comprehension. Use small chunks. Use English not Medspeak. Acknowledge all patient's responses and tailor delivery of information appropriately to patient's responses
E	Emotions	Acknowledge emotions and their origins – patient's and your own - and respond appropriately. Explore, validate and empathise their emotional responses.
S	Strategy & Summary	Make a plan via explanation and collaboration. Summarise main areas. Any questions for now? Contract for next contact.

How to protect hope?



Oncologist

· I destroy his

hope

 I have nothing to offer

Patient

Different hopes

- Similar level of hope in patients treated radically and palliatively.
 Hope to be cure was not the most important! With time, less important......
- [Sanatani et al. Support Care Cancer 2008;16:493-9]
- · Patient and family hope taken from the meeting with the doctor (even if it was a "breaking bad news" [Mack et al. J Clin Oncol. 2007;25:5636-42]

Only
hope
- to
be
cured

Patient hopes:

Be cured

Symptom control

Resolving the conflicts in family To be with loved ones

To find a meaning

summarize (his life, to (

To

Good dying

Longer life

Not to be alone environment

To be in clean

To be respected in his choice

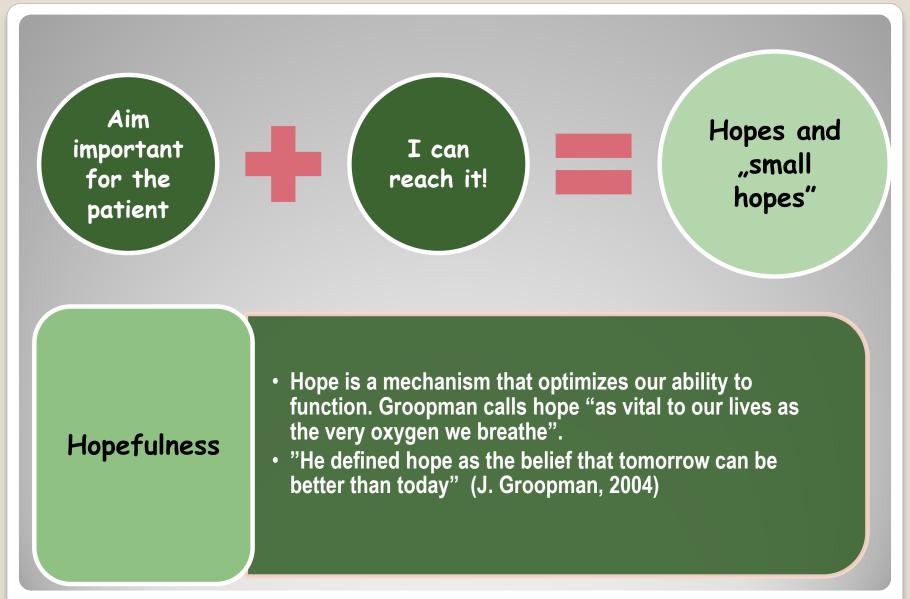
To be able to trust a doctor his lite, to feel that life was full of good meaning and valuable; to be prepared

to death

Heaven

Spectrum of hopes

Clayton et al. Cancer 2005;103:1965-75



Snyder et al. J Pers Soc Psychol 1991;60:570-85; Whitney et al. Cancer 2008;113:442-5.

How to protect hope while breaking bad news?

- To support hopefulness
- To help defining/finding new hopes/small hopes
- And thanks to these, to avoid futile treatment but with respect of the patient styles of coping

Techniques

"Leaving the door open": .

• "I can see you hope to be cure. But do you have any other hopes?"

"Wish statements"

• "I wish there were treatments that could cure your cancer"

Paradox: "hoping for the best while preparing for the worst"

•I agree that hope is so important and nobody can take that away from you. It is important for us also to discuss what we will do if the cancer dose continue to progress, so that plans are in place for you and your family..."

- "Hope is a state of mind, not of the world. Hope, in this
 deep and powerful sense, is not the same as joy that
 things are going well, or willingness to invest in enterprises
 that are obviously heading for success, but rather an ability
 to work for something because it is good."
- "Hope is not the conviction that something will turn out well but the certainty that something makes sense, regardless of how it turns out"
- Václav Havel