Communication Skills in Palliative Care

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Abstract:

Communication is a vital basic pre-requisite for all physicians to provide effective treatment for all patients and not just in the palliative care . Communication can never be neutral and it is either effective or ineffective, stress relieving or stress inducing Listening skills , Ask open questions, Be empathetic, Be sensitive while telling the truth , always attempt to balance hope and truth and Collusion . Breaking bad news is an important aspect of communication and it takes time. The patients issues often need to be discussed in detail and clarified as and when more information is shared. The process of breaking the bad news, needs to be tailored to the needs of the individual concerned. It must be done in such a manner that it reduces the impact of the bad news and facilitates understanding and acceptance. The consequences of improper breaking of the bad news can lead to immediate and long term damage to the patient as well as the carers. Communication skills are not commonly taught to HCPs, though they are crucial for relieving total suffering of patient and their families. The skills needed to communicate well with patients are not complex and they can make a significant difference to Quality of life in both patients and professionals. Conversely poor communication can lead to increased stress for professionals and distress for patients and their families most often professionals who are pressed for time find it tough to communicate effectively.

Key words:*Communication Skills, strategies and Palliative Care*

INTRODUCTION

Basic communication skills

Communication is a vital basic pre-requisite for all physicians to provide effective treatment for all patients and not just in the palliative care scenario!Good and effective communication in not optional, but mandatory

Studies show that it is not the quantity of time involved in communication but the quality of communication that makes the difference. Some of the busiest HCPs are indeed those with the best communication skills. It is a strange fact that although a good percentage of professional time is to be spent in communicating with patients, there is very little emphasis in learning this skill. This module is aimed at giving an outline of the 'basics of communication' and candidates are requested and encouraged to make communication a priority in their day to day clinical practice.[1]

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Communication can never be neutral; it is either effective or ineffective, stress relieving or stress inducing.

Listening skills

It is very important to practice active listening as it is the key to effective communication. The following methods help to enhance listening skills.

- Greeting and seating- Be naturally hospitable, allow the patient to take his/her comfortable position in a private area (room or cubicle) Sit next to the patient at a reachable distance without any 'barrier' (e.g. consultation table) in between, if possible.

- Ask open questions – Open ended questions give freedom to the patient to decide what and how much he/she should tell. Here the agenda is set by the patient, and the listener ie, HCP waits for the cue.

- Encourage talking – Generally, in a doctor – patient communication, doctors talk more and the patients are forced to listen, unable to clear their doubts and uncertainties. In order to get more details and to develop better rapport, it is good to encourage the patient to talk about his concerns. At the same time it is important to give a hint and bring the patient back to the discussion when he/she deviates from the central theme.

- Maintain eye contact – It gives confidence to the patient that he/she is being attentively listened to. It is alright to withdraw eye contact for a few seconds, when the patient looks away, starts crying, and also when the patient, overcome by emotion, becomes silent.

- Tolerate 'brief' silence – HCPs tend to get impatient when patients slow down their narration and become silent. It has to be understood that patients can become emotional as they narrate their past and describe a sensitive event or situation. They also need time to recollect certain events as they are telling their story. If we interrupt at this time, they can forget the chain of events or conclude that we are in a hurry and may not go on to ventilate their feelings adequately. This may only result in taking more time for communication as it may have to be redone again to satisfy the patient.

- Avoid unnecessary interruption – When patient's history is elicited, though questions need to be asked for clarification and details, it should not be too frequent in a way that it interrupts the flow of communication.

- Show them we are listening – The patients should get the feeling what we are listening to them by verbal and non-verbal means. This can be done by repetition, reiteration (paraphrasing) and reflection.

- Summarize & prioritize the agenda : Tell them the plan of treatment.
- Empathize & give realistic hope.[2]

Examples of good and poor communication techniques

1. Ask open questions

- Dr. "How are you feeling?
- This allows patients to 'open up' and ventilate their feelings.
- Is your pain better today?
- This is a closed question which gives either yes or no answer and it is less appropriate.

2. Be empathetic

Pt : "I feel scared when I am breathless"

Dr: "Take these tablets to ease you breathing"

Here the doctor is ignoring patient's emotions and therefore this is an incorrect approach.

Correct approach would be:

Pt: "I feel scared when I am breathless"

Dr: "Breathlessness can be very frightening. It is very understandable. I shall give you some medicines which should help you". OR

Dr: "What scares you most when you get breathless?".

3. Be sensitive while telling the truth.

Pt: "The Doctor said my cancer is incurable".

Dr: "Don't worry about such things, everything will be OK". Here doctor is giving false reassurance which is not the correct approach. A better statement would be as follows:

Dr: "It must have been very hard to hear that the cancer has spread, but we will do our best to help you in whatever way we can"

4. Always attempt to balance hope and truth

Dr: "There is nothing more we can do, your disease is incurable, so there is not point in staying in hospital"

Here doctor is totally destroying hope, which is incorrect. Doctor should try to balance hope and truth as shown below.

Dr: "I am sorry that there are no more treatments available to cure your disease, but we can start other medicines to make you more comfortable. Then you can be at home with your family. If you need any help in future, you must come to the clinic or contact me."

COLLUSION

Often in Indian scenario, the patient's family would not want the patient to know about the diagnosis. Rarely, the patient himself may not want the family to know. The act of shielding information from the patient or family is called 'collusion'.

Understanding and dealing with collusion:

It is our duty to try to convince the family to allow us to reveal the diagnosis. The following may be a useful strategy:

1. Find out what the primary concerns of the family are
2. Acknowledge their concerns and feelings.
3. Explain the benefits of telling the truth.
4. Outline the possible harmful effects of not telling.
5. If necessary, challenge in a non offensive manner.
6. Assure the family that the diagnosis will not be revealed if the patient is not willing to know.

Denial

Not wanting to know the diagnosis is a form of denial. It implies that the patient is not mentally prepared to handle the news.

Denial is a coping mechanism which helps to avoid painful thoughts and feelings which are difficult to deal with. This emotion has to be respected and therefore the information should not be forced onto the patient, if he/she cooperates with the treatment. However it needs to be gently broken if the patient is not cooperating with the treatment and is in distress.

Telling the prognosis of the patient:

"How long will I live?" or "How long has he got?" are not uncommon to hear from patients or family members. Avoid direct answers! There may be specific reasons for them to ask such a question which should be explored and ascertained.

Sometimes, advising patients and families with regard to prognosis may be necessary if they want to organize and plan for the time that is left, but is impossible to be accurate. Overestimating or underestimating the time that someone has to live can cause untold anguish. It is therefore more sensible to talk in terms of days/weeks, weeks/months, and months/year as appropriate. It is important to be aware that people have divergent.

5. Maintain confidentiality and avoid unhealthy curiosity

Pt: "I have not told anybody before, but I think I got this cancer because I had an abortion when I was 17".

Dr: "Were you not married at that time?"….

Here doctor is getting curious on an irreverent matter. The right approach would be as follows:

Dr: "I think we need to discuss about this more, as it is obviously very significant for you, but please know that everything we discuss will be kept confidential"

The doctor here assures confidentiality and at the same time he would like to have more details which could be medically important.

6. Partnership between doctor and patient"

Dr: "You must take this medicine for you pain. Unless you take this your pain will remain as such.

Doctor is imposing his agenda on the patient which is not appropriate.

Dr: "Your pain is caused by the disease and you need a pain medicine for that. How about giving it a try?" Here doctor is trying to establish a bond with the patient by soliciting his opinion.[3]

Breaking bad news

Breaking bad news is an important aspect of communication and it takes time. The patients issues often need to be discussed in detail and clarified as and when more information is shared.

Reflective learning

- Should we tell the diagnosis to the patient or not?
- If you had a diagnosis of cancer, would you want to be told?
- How would you feel if your family chose to hide the news from you?

There is increasing evidence that patients would like to know about their illness. Why should patients to told about their disease?

- Patients have the right to know about their disease
- It permits patients and families to plan their like
- Knowing the truth allows the patients to cope with the disease
- Reduces uncertainty
- Avoids false hope.
- Builds trust between the patient and the physician
- Helps compliance to treatment

Attitudes while receiving bad news and this needs sensitive handling. As health professionals, we can be very critical of how our colleague4s have passed on bad news. Some of this criticism may have validity but before judging too quickly, we need to remember that a patient's understand of what they have been told can differ greatly from what the nurse or doctor think they have said![4]

Strategy for breaking bad news:

Before breaking bad news it is important to acquire the skill of doing so, and also know how to respond to patients emotional reactions after hearing about the diagnosis.

The process of breaking the bad news, needs to be tailored to the needs of the individual concerned. It must be done in such a manner that it reduces the impact of the bad news and facilitates understanding and acceptance. The consequences of improper breaking of the bad news can lead

to immediate and long term damage to the patient as well as the careers.

Steps in breaking bad news:

A 6-step protocol (SPIKES) described by Robert Buckman is generally helpful to learn the skill

Step 1 S- Setting the context

a. Acquire all information possible about the patient and family. A family tree can be useful to know the important people in the patient's life and the kind of relationship with them.
b. Making basic mistakes regarding the patient's illness will lower the patient's confidence in the doctor. Go through the case sheet and get details regarding the following.
    - Diagnosis
    - Patients clinical history, investigation results.
    - Plan of care and prognosis
    - Support system for the individual

Ensure the following

- Privacy and patient comfort
- Informal introduction about yourself
- Find out if patient wishes to have someone with him/her
- Allot adequate time for the discussion
- Avoid interruption.

Step 2: P-Assessing the patient's perception

How much does the patient already know?

"What do you know about your disease?" or, "What did the doctor tell you? Ask a few questions, probe just enough to make sure you get as much information as possible to assess the patient's understanding of his / her diseases".

Ste 3: I – Obtaining the patient's invitation

How much does the patient want to know?

"Would you like me to explain further about your diseases?"

"Note patient's expression".

Try to find out if there is anything concerning the patient which he / she is not verbazing.

If the patient does not wish to know further, the intgerveiw ends then and there, after assuring continuity of care and giving realistic hope. Remember that the patient has a right not to know and one must respect this wish. But he needs to be told that he is welcome at any time for further discussion on this matter.

If patient wants to know/ he / she will say:

"Yes, I would like to know what it is"

Or

"Please tell me"

Then proceed to sharing of information

Step 4: K- Giving knowledge and information

First give a warning shot to help the patient to prepare himself.

Examples of warning shot:

"You seem to have swelling (or "wound") which is not the usual type"

Or

"It looks like the swelling you have is not a simple one"

Pause, observe patient's expression / wait for the response and proceed. Sometimes the patient at this point may come forward with a question … "not simple or serious, does it mean it is cancer /?

Then the answer should be

"The test results show that it is cancer"

Pause again after you have said the word "cancer".

Try to be brief, sensitive and clear. Do not be either too abrupt or too long.

5. Addressing the emotions

Be sensitive to the patient's emotional reactions. Encourage the patient to speak by listening carefully and responding empathically. Allow silence or questions. Acknowledge emotions of anger / grief / denial if expressed. Address the patient's real concerns, which may be very different from what you expect them to be. Do not give false hopes by saying, for example, "Don't worry, everything will be alright".

Acknowledge the patient's feelings

Guidelines for responding to patients' reactions and handling difficult questions

It is important that the HCPs should be prepared to work through the patient's emotional responses to bad news with them. It is very common for the relatives and patients to express their total distress rather than bringing out a particular or isolated concern. It is worthwhile to identify the distress and react accordingly. The following guidelines may be useful while responding to concerns of the patients and relatives.

a. Acknowledge the reaction: The reactions are often directed to the situation, not at the HCP. Hence it is helpful to acknowledge that the patients and carers are distressed. We must learn to respond rather than react. When we respond, we evaluate with a calm mind and do whatever is most appropriate and we are in control of our actions. When we react, we are inadvertently doing what the other person expects us to do!!.

Example: Patient says' "I knew it! I knew when I was not getting better whikle the doctor was giving me only medicines all the time!".

Identify the emotion as 'anger'.

There may be a reason for the reaction of the aptinet and / or caregive. Identifying (e.g anger) and helping the patient or caregiver to solve it will definitely ease the situation.

d. Allow the patients to express feeling: this will help to ventilate feelings, so that this may relieve the stress he / she is undergoing.
e. Help the patient to take a decision. Give options, explain what can realistically be done to suit his needs, respecting his agenda, rather than imposing ours.
f. Remain silent if we do not have an answer. Do not always try to find solutions: there is a natural tendency for us to search for answers when the patient asks a difficult question.

For example, Why did god do this to me? Often we preach philosophy or quote moral stores to pacify the patient. But we should realize that these are not taken up well by the patients who themselves know these things very well!!!. Silence is the best answer here as the patient only wishes someone to listen to his concerns and is not actually looking for answers.

Our task should be to help the patient to find a solution rather than to suggest one. Solution from our end may not be acceptable for the patients in most of the situations as they may not conform to their beliefs and thoughts.

Step 6.S – Strategy and summary

Ensure that he / she has understood what was told. Clarify as follows

"Are there any points which you would like me to explain more?

- The plan for ongoing care and support should be drawn up with the patient, if the patient is ready for a discussion.
- Summarize the key points again identify any support group which may be helpful and make concrete plans for the future

CONCLUSION

Communication skills are not commonly taught to HCPs, though they are crucial for relieving total suffering of patient and their families. The skills needed to communicate well with patients are not complex and they can make a significant difference to Qol in both patients and professionals. Conversely poor communication can lead to increased stress for professionals and distress for patients and their families most often professionals who are pressed for time find it tough to communicate effectively.

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ANSWER KEY FOR JAN - APL 2018

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