How to Have Difficult Conversations with Families

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Conflict of interest/Disclosure

- The presenter has no conflicts of interest to disclose.

Objectives

- The learner will:
  - identify key tools for use in difficult conversations.
  - discuss how these conversations apply to his/her practice.
  - evaluate his/her own communication strengths and weaknesses and how these impact difficult conversations with patients and families.

Storytelling is an important part of communication

What are some key tools in our toolbox that can help you with communication?

Listen more than you speak

- Say what you need to clearly and succinctly and then stop.
- Allow more reaction time than you are comfortable with.
- Don’t feel the need to “fill the silence”.
- Ask them what they have heard of what you have said.

Exercise: Presence

More General Skills

- Ask clarifying questions.
- Find acceptance.
- Be mindful of your words.
- Assess personal strengths and weaknesses.
- Know your baggage.
- Ask about fears.

Fire a Warning Shot

- Research shows that families do better with some warning
- “This is going to be an important conversation.”
- “I’m sorry to have to tell you this but . . .”
- “We’re going to have to talk about some difficult decisions today.”

Patient Rights

- Patients have the right to be informed about what is going on with their bodies.
- Patients have the right to refuse information as well.
- A patient with CKD has the right to start, refuse, or discontinue dialysis at any time.
- This can become tricky with minors and parents.

For any conversation, figure out the key roles

- Who should be there?
- What role do team members play in the conversation?
- When should it be said?
- Why do we need to talk to them?
- How will we tell them?

Ask, Tell, Ask

1. How do you like to get information? “Are you interested in knowing more about your illness and what might happen?”
2. Here is what is going on.
3. (Allow them time to react emotionally.)
4. I want to be sure that I’ve been clear; can you explain back to me what you understood?

Prognosis: The “Surprise Question”

- Would you/your team be surprised if the patient died in the next 6-12 months if the illness runs its normal course?
    - If the answer is no, share this with the patient and/or family (or encourage your medical teammates to do so).
    - “It is difficult to know how long Johnny has to live. I hope that he will live for a long time but I am afraid he might die in the next 6-12 months.”

Different Types of “Difficult” Conversations

- Goals of care – what are priorities?
- Advance Care Planning – planning for the end even if you are unsure of when it will be
- End-of-life – talking about *true* mortality

- All of these can be made more difficult when the family isn’t where the team is

What makes these conversations difficult:

-for the general population?

-for you specifically?

Goals of Care

- Go beyond just cure or “to get better”
  - What do these look like to the patient/family?
- Should be clear and **realistic**
  - Should be based on medical condition **and prognosis**
- Should be in line with family’s cultural values/beliefs
- Often in flux
  - Should be revisited from time to time

Clarifying Questions: What does "doing everything" mean to you?

- Everything that . . .
  - might provide maximum relief of suffering, even if it might unintentionally shorten life
  - has a reasonable chance of prolonging life, but not if it would increase the patient's suffering
  - has a reasonable chance of prolonging life, even if it may cause a modest increase in suffering
  - has a reasonable chance of prolonging life even a small amount, regardless of its effect on the patient's suffering
  - has any possible potential to prolong life even a small amount, regardless of its effect on the patient's suffering

Types of Goals of Care

- Restorative
- Return to Baseline
- Improve Survival
- Improve Function
- Relieve Symptoms
- Allow Natural Death

Goals of Care – Wishes

- What are the non-medical wishes for the patient/family?
- How can we help them achieve these wishes?
- What if these wishes potentially interfere with medial treatments?

Advance Care Planning

- Here’s where things really start to get tough
- Key is to have these conversations **BEFORE** they are needed
- This is where the patient and/or family plans for the future, and many don’t want to go there.
- A great opportunity for control and choice

Advance Care Planning

- Provide resources for patients/families about advance care and legal planning
  - 5 Wishes/Voicing My Choices/My Wishes
  - Caring Conversations/Caring Conversations for Young Adults (English and Spanish)
  - State Power of Attorney forms
  - Speak Up
  - Birth plans (perinatal)

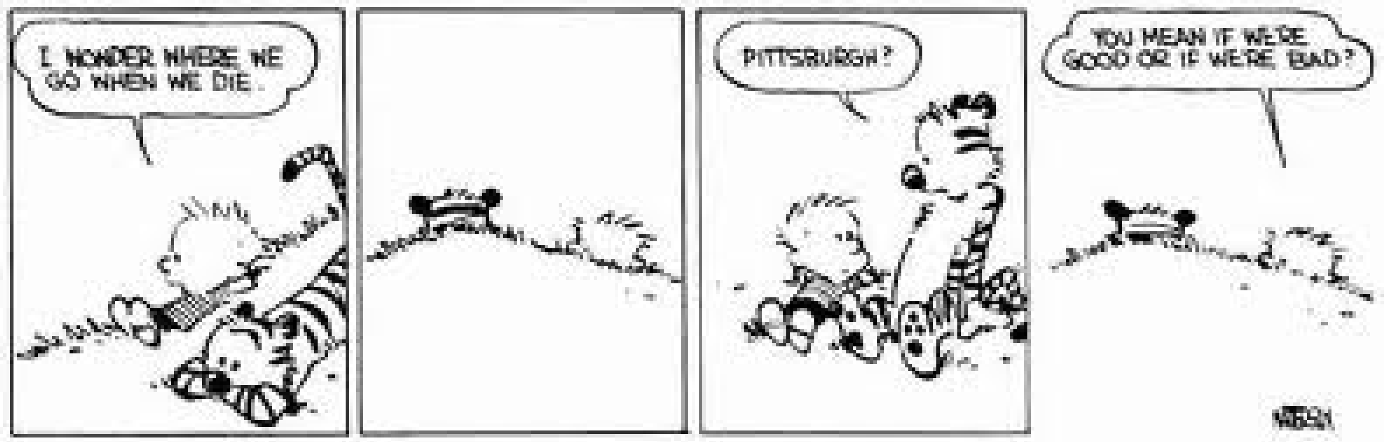
What are some cues from the patient that s/he might be open to talking about ACP?

End of Life Conversations

- Keys here are honesty and self care
- Don’t make assumptions about how they will act/react
- Don’t say too much. Silence *is* golden
- Do share your condolences
- Do think about your body language and facial expression
- Do recognize that these can be draining and take a great deal of emotional energy

The *really* hard conversations

- Language is important here. Use the “d” words – dead, dying, death
- Be aware of what you carry with you to the conversation



Final Thoughts

- What’s minor to us isn’t necessarily minor to them.
- You may never get comfortable with these conversations, but you will get more confident in them.
- Be mindful of what you say verbally and with body language.

Resources

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