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DE4PP
Death Education For Palliative Psychology

Università degli Studi di Padova

Universität Klagenfurt

אוניברסיטת חיפה
University of Haifa

Fondazione ANT 1978 Onlus
Assistenza Nazionale Tumori

Katolicki Uniwersytet Lubelski Jana Pawła II
KUL 1918

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Universitatea "Lucian Blaga" din Sibiu

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Communication in PC

Fondazione ANT 1978 Onlus
Assistenza Nazionale Tumori

Dr. Franchini Luca – Psychologist
Dr. Raccichini Melania - Psychologist

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Concept

This third module will examine how to deal with serious illness conversations with patients and families, and good practices for health care staff about breaking bad news.

Competences to be acquired:

- Being able to recognize the importance and the implications of communicating both prognosis and interventions in Palliative Care context
- Promoting communication skills among health care professionals teams
- Understanding the principles of empathic communication and strategies for applying it

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VOLUME 35 · NUMBER 31 · NOVEMBER 1, 2017
JOURNAL OF CLINICAL ONCOLOGY | ASCO SPECIAL ARTICLE

Patient-Clinician Communication: American Society of Clinical Oncology Consensus Guideline

Timothy Gilligan, Nessa Coyle, Richard M. Frankel, Donna L. Berry, Kari Bohlke, Ronald M. Epstein, Esme Finlay, Vicki A. Jackson, Christopher S. Lathan, Charles L. Loprinzi, Lynne H. Nguyen, Carole Seigel, and Walter F. Baile

- Health care professionals, in particular physicians, often have **to share devastating news** related to poor diagnosis and prognosis, both to the patient and the family
- Patients react to the diagnosis and treatments with fear, anger and sadness, and all these **negative emotions** make conversation management extremely difficult and delicate
- Oncology and Palliative Care deal with a very wide range of pathologies with both complex characteristics and treatments, and **often patients do not have the cultural background** to easily understand what is happening to them

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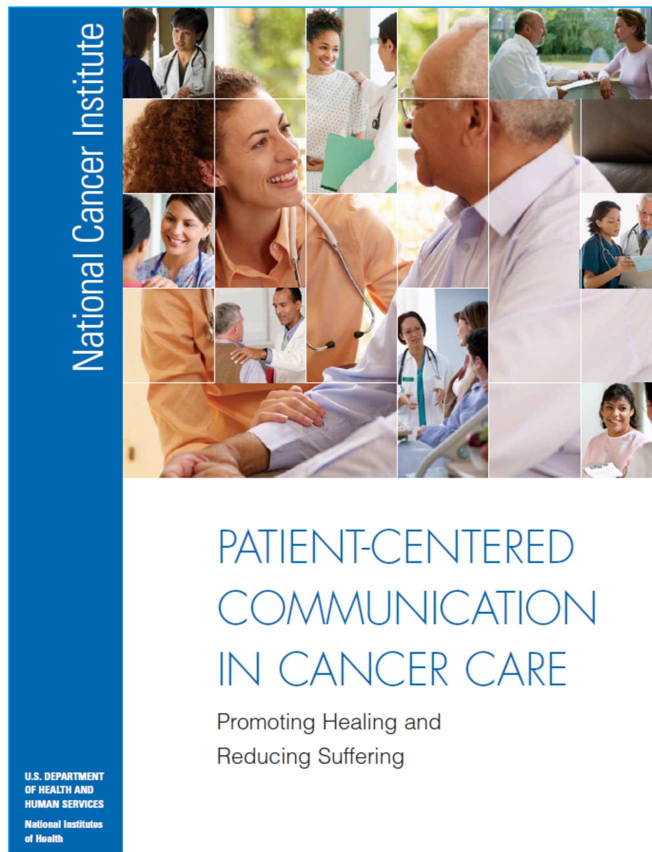
A good doctor-patient communication is related to:



- Higher patient satisfaction
- Better management of symptoms
- Better end of life management
- Better adherence to treatments
- Less presence of anxious symptoms
- Fewer claim for medical malpractice

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GILLIGAN, SALMI, AND ENZINGER

Patient-Clinician Communication Is a Joint Creation: Working Together Toward Well-Being

Timothy Gilligan, MD, Liz Salmi, and Andrea Enzinger, MD

2018 ASCO EDUCATIONAL BOOK | asco.org/edbook

Oncology clinicians face a monumentally difficult task: **to guide patients on what may be the scariest and most unpleasant journey of their lives.**

They must **preserve their patients' hope** while at the same time giving them **accurate information**.

The time of communication between the doctor and the patient is time of care!

PLEASE NOTE..

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Empathic communication

The only way to be empathic towards patients is to make them feel that their emotions are recognized and validated

WALTER BAILE

The Communication in Medicine
Academy of Science of Palliative Medicine
16th March 2013

The Good Doctor
Don S. Dizon, MD, FACP, FASCO
@drdonsdizon
Sep 25, 2018

ASCO® Connection The professional networking site for ASCO's worldwide oncology community

DIZON, POLITI, AND BACK, MD

The Power of Words: Discussing Decision Making and Prognosis

Don S. Dizon, MD, Mary C. Politi, PhD, and Anthony L. Back, MD

*"Despite the progress in medicine, **the patient-doctor relationship remains at the heart of clinical care,** and this may be especially true in oncology".*

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EDITORIAL

Communication in cancer

Elie Isenberg-Grzeda and Janet Ellis

COMMUNICATION is an essential component of the **human being.**

Clinicians are human beings first and then health professionals.

This concept sometimes risks getting lost during medical training and practice, and therefore why we may **need to re-learn how to communicate** at various levels and with different subjects.

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For the first time in 2017, ASCO produced a **consensus guideline on communication**, which contains 9 recommendations

1. BASIC COMMUNICATION SKILLS
2. DISCUSSING BOTH THE TREATMENT GOALS AND PROGNOSIS
3. DISCUSSING TREATMENT OPTIONS AND CLINICAL TRIALS
4. DISCUSSING END OF LIFE TREATMENTS
5. USING COMMUNICATION TO ENCOURAGE THE INVOLVEMENT OF FAMILY IN THE CARE PLANNING
6. OVERCAMING COMMUNICATION BARRIERS
7. DISCUSSING THE COSTS OF TREATMENTS
8. MEETING THE NEEDS OF PEOPLE AT RISK OF EXCLUSION
9. TRAINING THE CLINICIANS ON COMMUNICATION SKILLS

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Review

OPEN ACCESS

How to communicate with patients about future illness progression and end of life: a systematic review

Parry R, *et al*. *BMJ Supportive & Palliative Care* 2014;**4**:331–341. doi:10.1136/bmjspcare-2014-000649

Fishing questions and **indirect talk** have proven to be effective in fostering conversations on sensitive issues. These way to communicate provide patients the possibility to avoid engaging discussions on these issues

This approach is mainly considered useful when a doctor is not sure whether the person is receptive to the discussion of subjects sensitive to his health.

Hypothetical questions lead more strongly to a conversation on a specific topic, and therefore set the framework for discussion.

This kind of questions can be used when the clinician think it is prominent for the patient to have this conversation (I.e. when a decision should be made about a treatment).

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Communication Skills and Skill Training

The Oncologist

Symptom Management and Supportive Care

Effect of a Skills Training for Oncologists and a Patient Communication Aid on Shared Decision Making About Palliative Systemic Treatment: A Randomized Clinical Trial

Inge Henselmans[a,d,e], Hanneke W.M. van Laarhoven[b,e], Pomme van Maarschalkerweerd[a], Hanneke C.J.M. de Haes[a], Marcel G.W. Dijkgraaf[c], Dirkie W. Sommeijer[b,f], Petronella B. Ottevanger[g], Helle-Brit Fiebrich[h], Serge Dohmen[i], Geert-Jan Creemers[j], Filip Y.F.L. de Vos[k], Ellen M.A. Smets[a,d,e]

The Oncologist 2019;24:1–11 www.TheOncologist.com

Multicenter randomized controlled trial with four parallel arms (2016-2018)

- 31 randomized oncologists were asked to take part or not in a Share Decision Making (SDM) Communication Skill Training
- 194 randomized cancer patients with advanced stage of disease were asked to receive or not a communication support program with their clinicians

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Outcomes	Training		Communication aid		Combination	
	b (95% CI)	Cohen's d[a]	*b* (95% CI)	Cohen's d[a]	*b* (95% CI)	Cohen's d[a]
SDM (OPTION12, 0–100)[b]	18.06 (12.81 to 23.15)[c]	1.12	0.22 (−4.64 to 5.51)	0.01	19.33 (14.66 to 24.25)[c]	1.21
SDM (4SDM, 0–24)	6.68 (4.52 to 8.74)[c]	1.13	1.62 (−0.24 to 3.49)	0.28	7.17 (5.28 to 9.24)[c]	1.22
SDM step 1 (0–6): Setting SDM agenda	1.87 (1.30 to 2.45)[c]	1.07	0.42 (−0.16 to 1.06)	0.25	2.19 (1.67 to 2.79)[c]	1.24
SDM step 2 (0–6): Informing[d]	2.08 (1.36 to 2.79)[c]	1.19	0.32 (−0.23 to 0.87)	0.19	2.15 (1.44 to 2.86)[c]	1.24
SDM step 3 (0–6): Exploring	1.59 (1.00 to 2.21)[c]	0.90	0.28 (−0.30 to 0.87)	0.16	1.61 (0.98 to 2.22)[c]	0.92
SDM step 4 (0–6): Deciding[d]	1.08 (0.34 to 1.81)[c]	0.60	0.32 (−0.33 to 0.97)	0.19	1.26 (0.52 to 1.99)[c]	0.71

This **10-hour communication skills training** can significantly **improve the shared decision making (SDM),** both as observed by the physicians and as reported by patients, even many months after the training.

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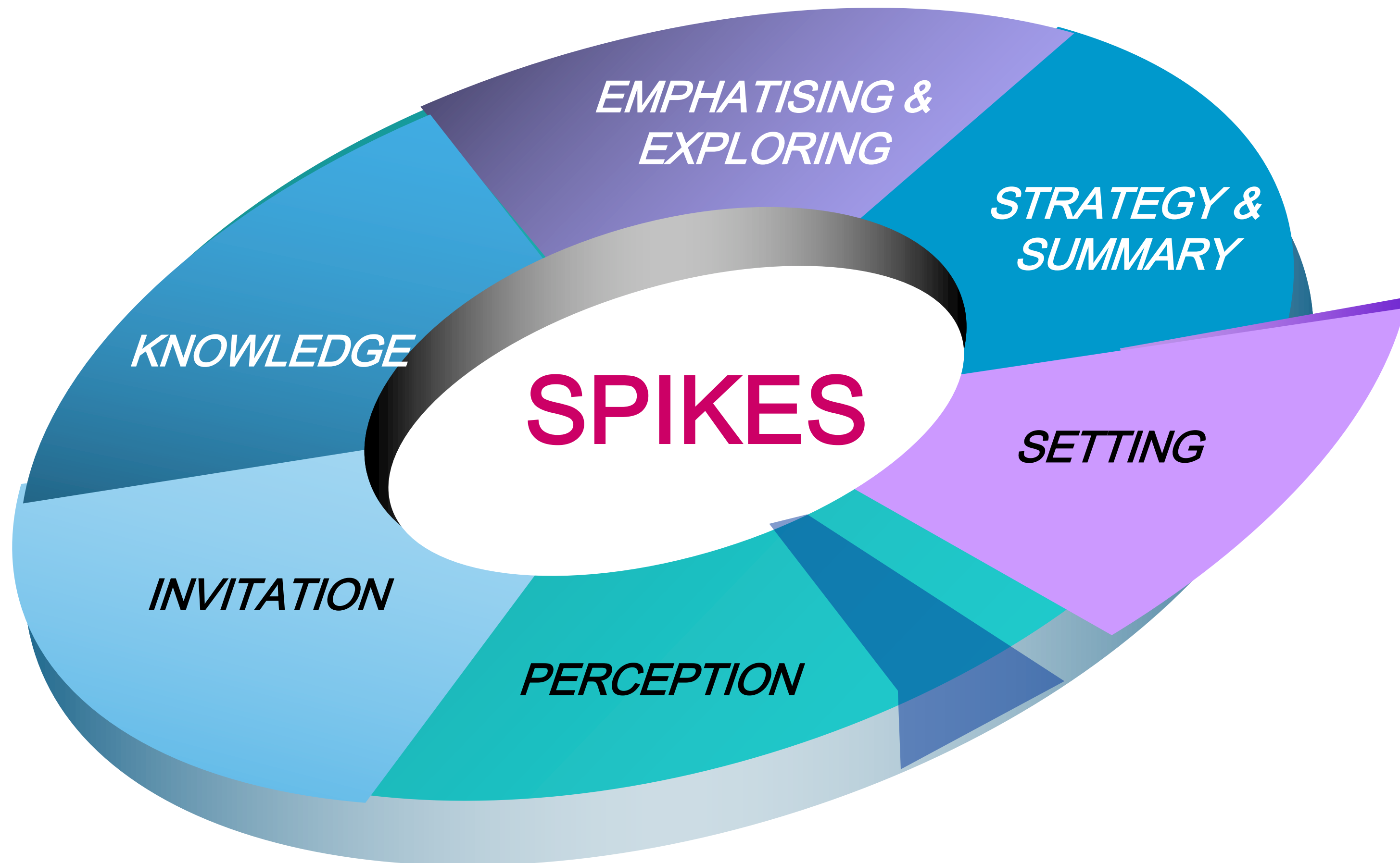
Communicate bad news - the SPIKES protocol



Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP (2000)
SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. Oncologist 5:302-311

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- **SETTING:** Take time to prepare place, time and mental asset for the talk.

Some helpful guidelines should be taken into consideration:

- Reflect before the talk on what you are about to say
- Manage time constraints and interruptions
- Ask people if they want to involve significant others
- Arrange for some privacy (Sit down in a private place as quietly as possible)
- Maintain eye contact during the interaction

- **PERCEPTION** Understand how much and what the interlocutor knows.

The goal is to evaluate the person perception of the disease, trying to grasp the possible discrepancies between the clinical state and the patient's ideas. A way to proceed:

- Use open-ended or close questions depending on the situation
- Kindly adjust the incorrect information that the person has
- Address denial and reducing unrealistic expectations

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➢ **INVITATION:** Obtain the person invitation to be informed

- While a majority of patients express a desire for full information about their diagnosis, prognosis, and details of their illness, some patients do not although this desire may change.
- For this reason it is necessary to carefully evaluate how much and what information the patient wants to receive and what is the most appropriate time to communicate it

➢ **KNOWLEDGE**: Give information

The main goals are to prepare the person involved to receive the information, to provide the information as appropriately as possible, making sure that they understand. Some strategies may be:

- Warning the patient that bad news is coming
- Give stepwise information
- Always check patient is following the speech
- Use clear simple and respectful language, avoid technical language and dramatic and commiserating mood
- Address all the patient questions

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- **EMPHATISING & EXPLORING:** Be empathic and let emotions be expressed

The emotional reactions involved during the talk must be taken into great consideration by clinicians, leaving the patient the opportunity to express them, to recover after the information received, to recognize and let them feel their emotions are welcomed.

A clinician with an appropriate mental attitude must firstly expect negative emotions and be prepared to deal with them.
It is also important that clinicians be prepared to react with attention and sympathy to a behaviors such as crying, validating patients' experiences of sadness, anger, fear, etc.,

- **STRATEGY & SUMMARY:** Plan and sum up, while concluding the talk

The goal of this concluding part is to ensure that a clear, agreed and shared work plan has been defined. The ways to reach this conclusion may be:

- Check what the patient understood
- Consider each patients' doubts and concern
- Provide advices and options regarding treatments
- Make clear once again your support role
- Provide availability for subsequent moments of clarification

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Conclusion

DIZON, POLITI, AND BACK, MD

The Power of Words: Discussing Decision Making and Prognosis

Don S. Dizon, MD, Mary C. Politi, PhD, and Anthony L. Back, MD

Dr:* *"*Despite failing first-line treatment, there are many more options for you."*

Amy*: "You make it sound like this was my fault, like I did something wrong!*
I'm sorry I "failed" chemiotherapy, if that's what you think, and I'm sorry I disappointed you ."

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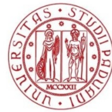

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