

Difficult conversations

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What are the difficult conversations in palliative care?

- Advanced care planning
- PPD
- DNACPR
- Breaking bad news
- Driving
- Sexual history

Why are they so difficult

- Personal beliefs/feelings
- Perceived reaction from patient/relatives
- Religious/cultural beliefs vs medical futility
- Patient denial
- Lack of knowledge/experience on discussing the subject
- Worry about how we can deal with the fallout/questions

Strategies for difficult conversations

Utilize the opportunity given to you- patient brings it up/bad results etc

Time- make time for the conversation

Don't dance around your handbag-elephant in the room. Be concise and to the point
but not blunt or clumsy

Listen- pick up/address non verbal and verbal cues

Strategies for difficult conversations

- Prepare your facts- solid knowledge base makes the conversation easier
- Use open questions initially to allow the patient to open up.
- Active listening-open body language/ supportive gestures/ eye contact/ reflect on words or phrases
- Use of silence- be comfortable with pausing after questions/statements to allow patient to process and answer

tips

- Pick your battle- can't make the person discuss something they don't want to discuss but giving the opportunity is important
- Ask yourself-am I the right person to be doing this?
- Ask is this the right moment?- pick up on cues/ do I have time/does the patient have time?
- Be honest about the limitations of knowledge
- Practice different ways of asking and see what feels comfortable?

When to have the difficult conversations

- Patient demand-patient asks to discuss
- Clinical need-last few days of life
- Opportunity-times of breaking bad news/deterioration in condition/
giving results
- Picking up on cues during a conversation
- Important for achieving PPD

Thank you

Any questions?