Communication in Palliative Care
“How do you ask the right questions in the right way?”

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Communication in Palliative Care “How do you ask the right questions in the right way?”

- My encounters with ideas and models of professional communication
- People who gave us the ideas, in no particular order
- How what we think about our task makes us talk in a particular way to patients and families
- Limitations to our methods and what could be next
“I like my doctor.....
He studies me.”

Mary Ann Hodgson 1974
1. **Manifest intervention** such as a grand mal seizure triggering the decision to prescribe anticonvulsants.

2. **Criterion based decisions** as in the diagnosis of depression according to DSM V or ICD10 rules. These support the decision to prescribe antidepressant medication.

3. **Pattern recognition** as in the diagnosis of hypercalcaemia where vague symptoms are recognised and investigated, leading to the decision to prescribe bisphosphonate infusions.
The traditional medical clerking

A structured interview or medical history that precedes the examination. It consists of:
- Presenting complaint
- History of presenting complaint
- Past medical history
- Family history
- Social history
- Drug history
- Systemic enquiry
- Differential diagnosis
- Plan for investigation, treatment and communication
The field of social medicine seeks to implement care through understanding how social and economic conditions impact health, disease and the practice of medicine and fostering conditions in which this understanding can lead to a healthier society.
Cambridge-Calgary

72 items naming tasks relating to:

1. INITIATING THE SESSION
2. GATHERING INFORMATION
3. PROVIDING STRUCTURE
4. BUILDING RELATIONSHIP
5. EXPLANATION AND PLANNING
6. CLOSING THE SESSION
7. OPTIONS IN EXPLANATION AND PLANNING
Neighbour’s model (1987)

Five consultation tasks are defined: 'where shall we make for next and how shall we get there?'

- **Connecting** - establishing rapport with the patient
- **Summarising** - getting to the point of why the patient has come using eliciting skills to discover their ideas, concerns, expectations and summarising back to the patient.
- **Handing over** - doctors' and patients' agendas are agreed. Negotiating, influencing and gift wrapping.
- **Safety-netting** - ensure a contingency plan has been made for the worst scenario - "What if?"
- **Housekeeping** - clear the mind of the psychological remains of one’s consultation to ensure it has no detrimental effect on the next - "Am I in good enough shape for the next patient?"
Kay Stewart
SBAR - Situation-Background-Assessment-Recommendation

- Developed by US Navy
- The tool consists of standardised prompt questions within four sections, to ensure concise and focused information.
- Adapted for use in handovers between UK hospital doctors
- It allows staff to communicate assertively and effectively, reducing the need for repetition.
- Adapted in Sheffield to structure conversations with patients and families at the end of life.
Psychodynamics in the consultation

• Transference
• Countertransference
• The “Flash” as a means of empathy
• Rapport
• Doctor as drug
• Reflection with professional peer group
Palliative care: A need for a family systems approach
Palliative care: The value of a family systems approach

- Relationships
- Resonance
- Boundaries
- Roles
- Hierarchy
- Family scripts
- Family myths
- Homeostasis
Oral history and Photography service

The oral history and photography service is enabling patients to produce audio recordings and photographs with specialists in history and photography.
The Inner Consultation

Roger Neighbour

- The traditional approach to teaching consulting has been to identify skills and tasks.
- Determination to apply such can come to dominate the doctor's thoughts.
- Alternatively the doctor, in the heat of the encounter, forgets about performance and responds spontaneously.
- The Inner Consultation is a technique not of instruction, but for releasing communication abilities which have already been installed.
Advanced Communication Skills Training

• Residential, three day courses for senior professionals in cancer services
• Multidisciplinary small group experiential learning with role-play
• Reflexive teaching methods with some theoretical validation of consultation structure
• Cue based interviewing, empathy and candour
• Peer feedback and group discussion
The 2004 NICE level 1 guidance states that all health and social care staff should be able to:

- recognise psychological distress
- avoid causing psychological harm
- communicate honestly and compassionately
- know when they have reached the boundary of their competence.
Connected – National Advanced Communication Skills (ACST)

• **Who is it for**  Senior healthcare professionals
• **Duration** 2 days
• **Method**  Experiential learning with feedback
• **Model**  Cue-based interview
• **Aim**  Elicit Concerns
• **Promotes**  Empathic responses
Serious Illness Conversation Guide

The centerpiece of Ariadne Labs Serious Illness Care Program, following principles set out by Atul Gawande. Designed to facilitate meaningful conversation among physicians, patients and families focuses on optimizing quality of life for patients based on what matters most to them.
The seven-question guide

• Patient understanding of their medical situation
• Patient information preferences to assure that patients have the knowledge they need to make appropriate decisions
• Life goals that are most important at this stage of their health and illness
• Fears and worries about the future
• Views about what abilities are essential to the patient’s definition of quality of life
• Perspectives on tradeoffs between quality of life and the possibility of more time
• Patient preferences for level of family involvement in decision-making
Advance care planning (ACP)

A voluntary process of discussion about future care between an individual and their care providers. Family and friends may be included. With the individual’s agreement, this discussion is documented, regularly reviewed, and communicated to profession and other cares.

An ACP discussion might include:

• the individual’s concerns and wishes,
• their important values or personal goals for care
• their understanding about their illness and prognosis,
• their preferences and wishes for types of care or treatment that may be beneficial in the future and the availability of these.
Five priorities for care of the dying person

Recognise
The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person’s needs and wishes, and these are regularly reviewed and decisions revised accordingly.

Plan & do
An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

Communicate
Sensitive communication takes place between staff and the dying person, and those identified as important to them.

Support
The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.

Involve
The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
In an attempt to describe the all-encompassing nature of pain within a “whole-person” framework, Dame Cicely Saunders coined the concept of “total pain”.

She suggested that pain has psychological, social, emotional, and spiritual components that make up the “total pain” experience.
Holistic Needs Assessment (HNA)

A concept that describes the method developed by nurses in palliative care use to structure their nursing assessment.

An HNA should include:

- **Physical concerns** Tired/exhausted or fatigued, pain, wound care after surgery, memory or concentration, sexuality.
- **Practical concerns** Caring responsibilities, work and education, money or housing, insurance and travel.
- **Family/relationship concerns** Partner, children, relatives, friends, other.
- **Emotional concerns** Loneliness or isolation, sadness or depression, spiritual or religious concerns.
- **Lifestyle or information needs** Support groups, exercise and activity, smoking, alcohol or drugs, sun protection, hobbies.

As part of this process, a care plan is developed that enables timely interventions, including support and information, and signposting or referral to other services if required; thus preventing concerns from escalating and supporting self-management.
Sam Ahmedzai
Sheffield Profile for Assessment and Referral to Care (SPARC)

45 item holistic needs assessment questionnaire that gives a profile of needs to identify patients who may benefit from additional supportive or palliative care, regardless of diagnosis or stage of disease:

- Physical symptoms
- Psychological symptoms
- Spiritual issues
- Activities and independence
- Family issues
- Social issues
- Treatment issues
Conclusion
This trial result identifies a potential negative effect of SPARC in specialist palliative care services, raising questions that standardized holistic needs assessment questionnaires may be counterproductive if not integrated with a clinical assessment that informs the care plan.

Kiichiro Toyoda
The Liverpool Care Pathway
RITUAL

The alternative to scientific analysis and creative synthesis?
Marie Curie
“Be less curious about people and more curious about ideas.” ...
The fundamentals of good clinical communication

- Contextual understanding
- Communication micro-skills
- Clarity of intention and method
- Empathic responses
- Cue recognition
- Collaborative style
- Relational continuity
- Person centred thinking
- Family and systemic thinking
- Narrative co-creation
The fundamentals of sustaining good clinical communication

- Documentary record
- Fast training method
- Training cascade
- Multidisciplinary application
- Peer group cultural support
- Amenable to audit and evaluation
- Effectiveness described by research
- Benefit on clinical outcomes
- Cost-effectiveness
CRISP
Five points of agreement

• Context – why we are meeting today
• Relationships – who is involved
• Issues – what the problems are
• Story – what is happening and why
• Plan – what we are going to do
Compassionate Communities: The Frome Project

- The complex intervention in Frome was a model of enhanced primary care and compassionate community.
- It was associated with highly significant reductions in unplanned admissions to hospital, with a decrease in healthcare costs across the whole population of Frome.
Xavier Gomez-Batiste
Catalonia

• The WHO resolution on "Strengthening of palliative care as a component of comprehensive care throughout the life course," together with other related WHO initiatives, support the development of a person-centered integrated care Palliative Care model with universal coverage.

• The Catalan Department of Health, together with key institutions, developed a new program in 2011 to promote comprehensive and integrated PC approach strategies for individuals with advanced chronic conditions.
Eric Wilkes