A scenic landscape featuring a range of mountains in the background, a rocky coastline in the foreground, and waves crashing against the rocks. The sky is overcast and hazy.

Medicine is not merely a science but
an art. The character of the physician
may act more powerfully upon the
patient than the drugs employed

Paracelsus

quozfancy



“They Just Don’t Get It”
Serious Illness Communication
Skills
Pitfalls
Opportunities

Diana Barnard, MD
Associate Professor of Family Medicine
Division of Palliative Medicine
UVM Health Network-Porter Medical Center
Dbarnard@portermedical.org
802-388-4707

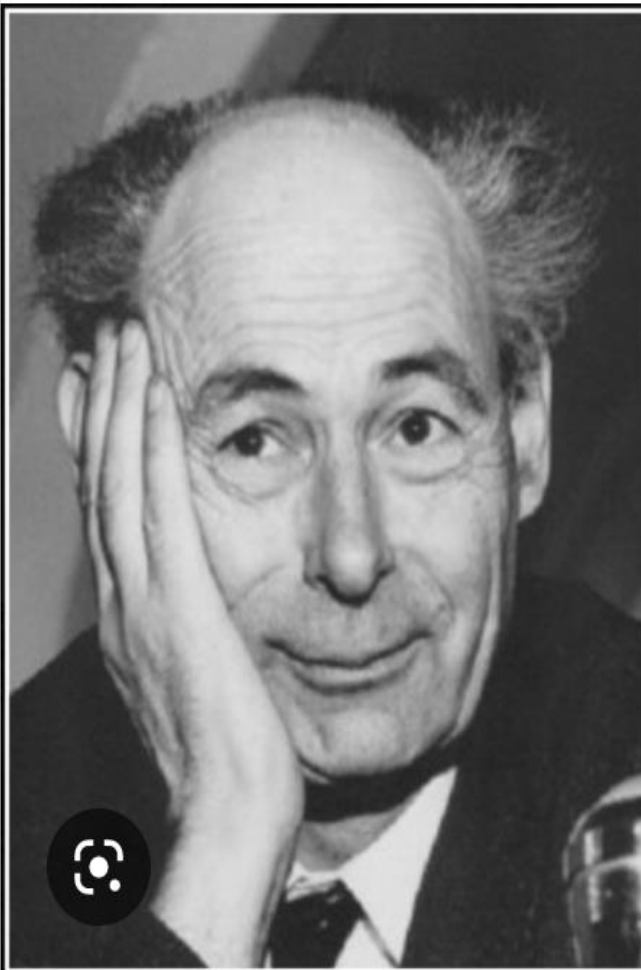
Disclosures



I have no Financial Disclosures

Objectives

- Identify specific tools for recognizing and responding to emotion
- Explain the challenges and opportunities in navigating prognostic uncertainty
- Overview of essential concepts in serious illness communication



What happens then is like what happens when we separate a jigsaw puzzle into its five hundred pieces: The over-all picture disappears. This is the state of modern medicine: It has lost the sense of the unity of man. Such is the price it has paid for its scientific progress. It has sacrificed art to science.

— *Paul Tournier* —

AZ QUOTES

Science

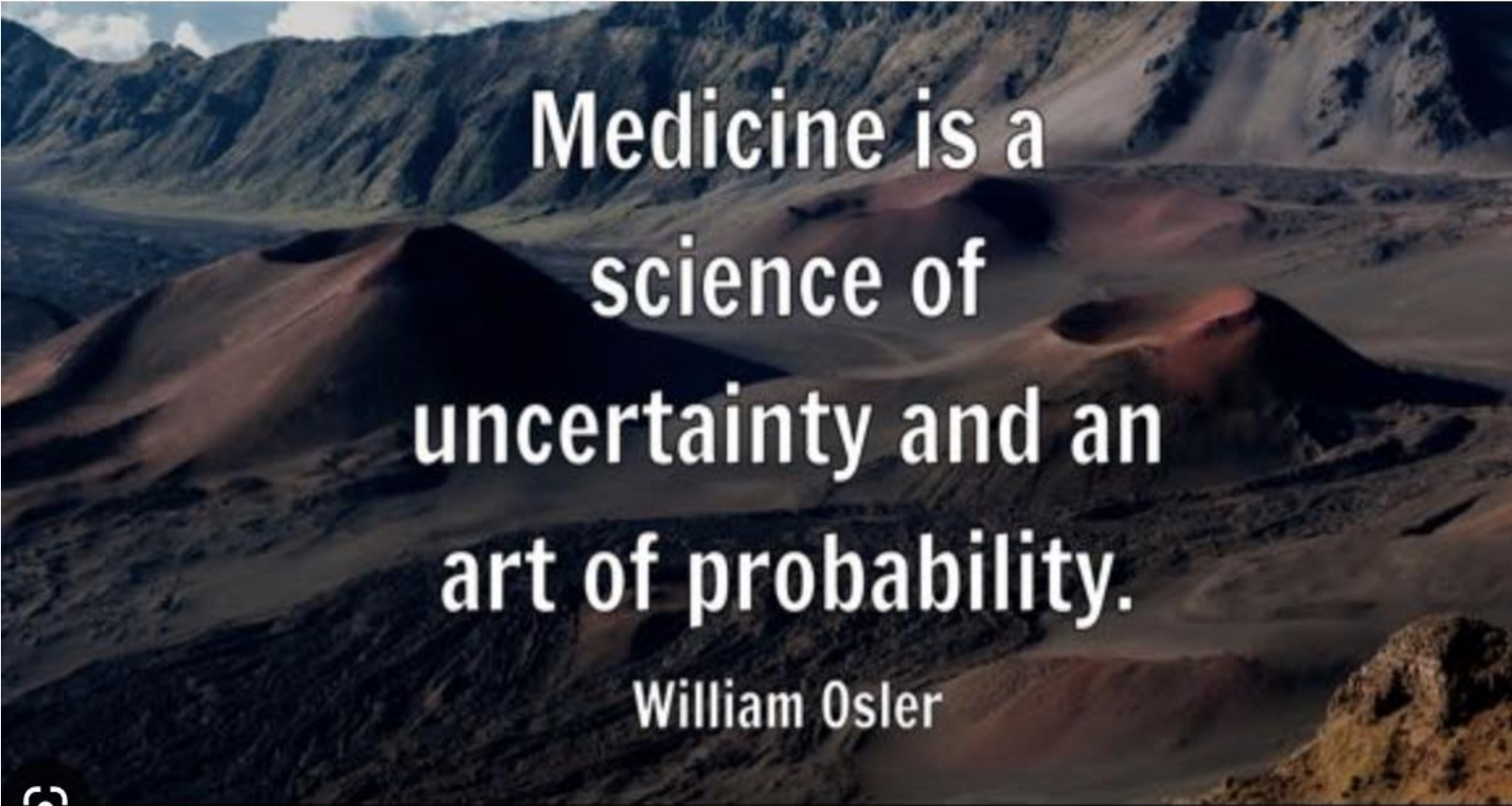


Science

- In a 2010 survey of patients with CKD, <10% had discussed end-of-life care with their physician in the last year.²
- In a 2012 state report, 61% of Californians 65+ want to discuss end-of-life care with their doctor, but only 13% have.¹
- In a 2017 survey of 1212 bereaved family members, 1 in 8 believed care in the last month of life was inconsistent with patient wishes. Inconsistent care was associated with worse clinician communication and quality of care.³

Why have serious illness Conversations

- Higher likelihood of goal-concordant care
- Higher patient-rated care experience
- Lower likelihood of aggressive care at end of life
- Increased likelihood and length of hospice stay
- Lower rates of depression and anxiety in bereaved families

A landscape photograph of sand dunes, likely in a desert or coastal area, with a quote overlaid in white text. The dunes are in the foreground and middle ground, with a range of mountains in the background under a blue sky with some clouds. The quote is centered and reads: "Medicine is a science of uncertainty and an art of probability." Below the quote, the name "William Osler" is written in a smaller font.

Medicine is a
science of
uncertainty and an
art of probability.

William Osler

Communication is a Procedure

- Learned Skill
- Takes practice
 - Use your IDT team
 - Vital Talk, Talk Vermont, CAPC, Serious Illness Communication
- Is a dialogue ; not a soliloquy
- Keep in mind Patient and Family values
- GOOD data to show patients want honest information

© Cartoonbank.com



"There's no easy way I can tell you this, so I'm sending you to someone who can."

cine

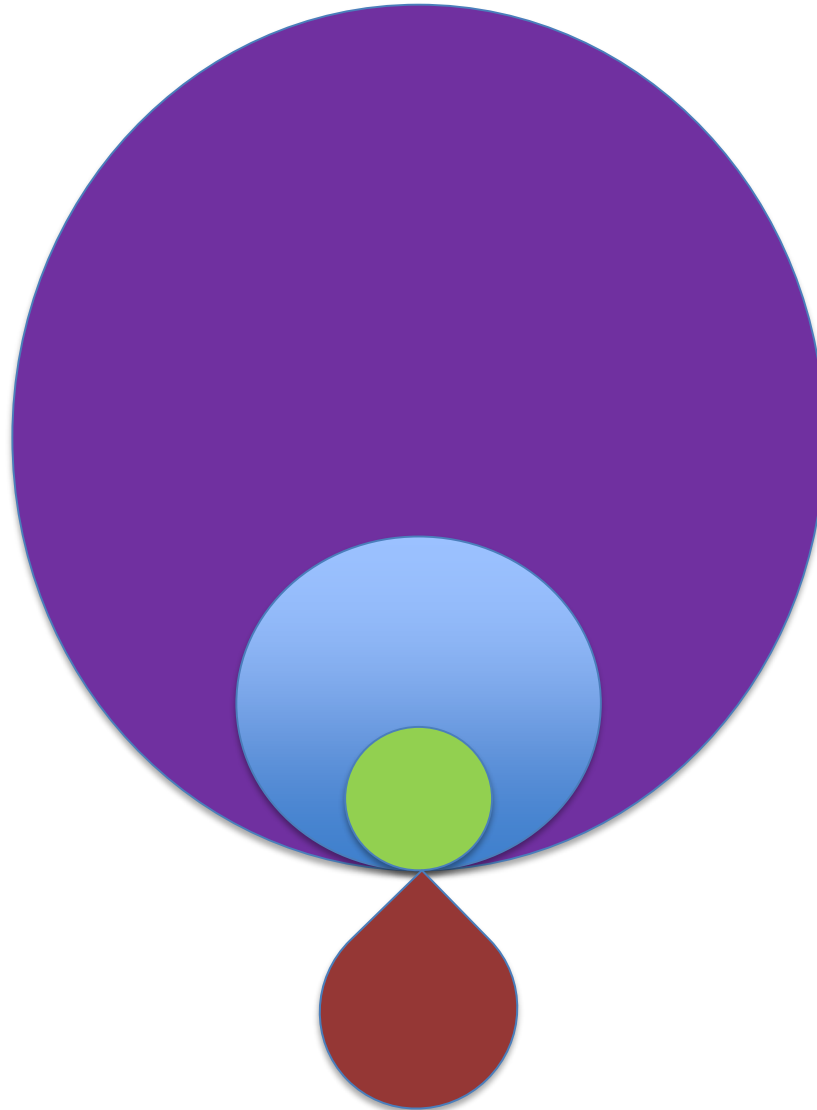
UNIVERSITY OF COLORADO ANGELOUITE MEDICAL CAMPUS

Palliative Care

Hospice

Dying

Bereavement



Essential Elements of Communication

- ASK, Tell, ASK.
- Values, Priorities

- Benefit vs. Burden
- Trade offs
- Quantity of Time vs. Quality of Time

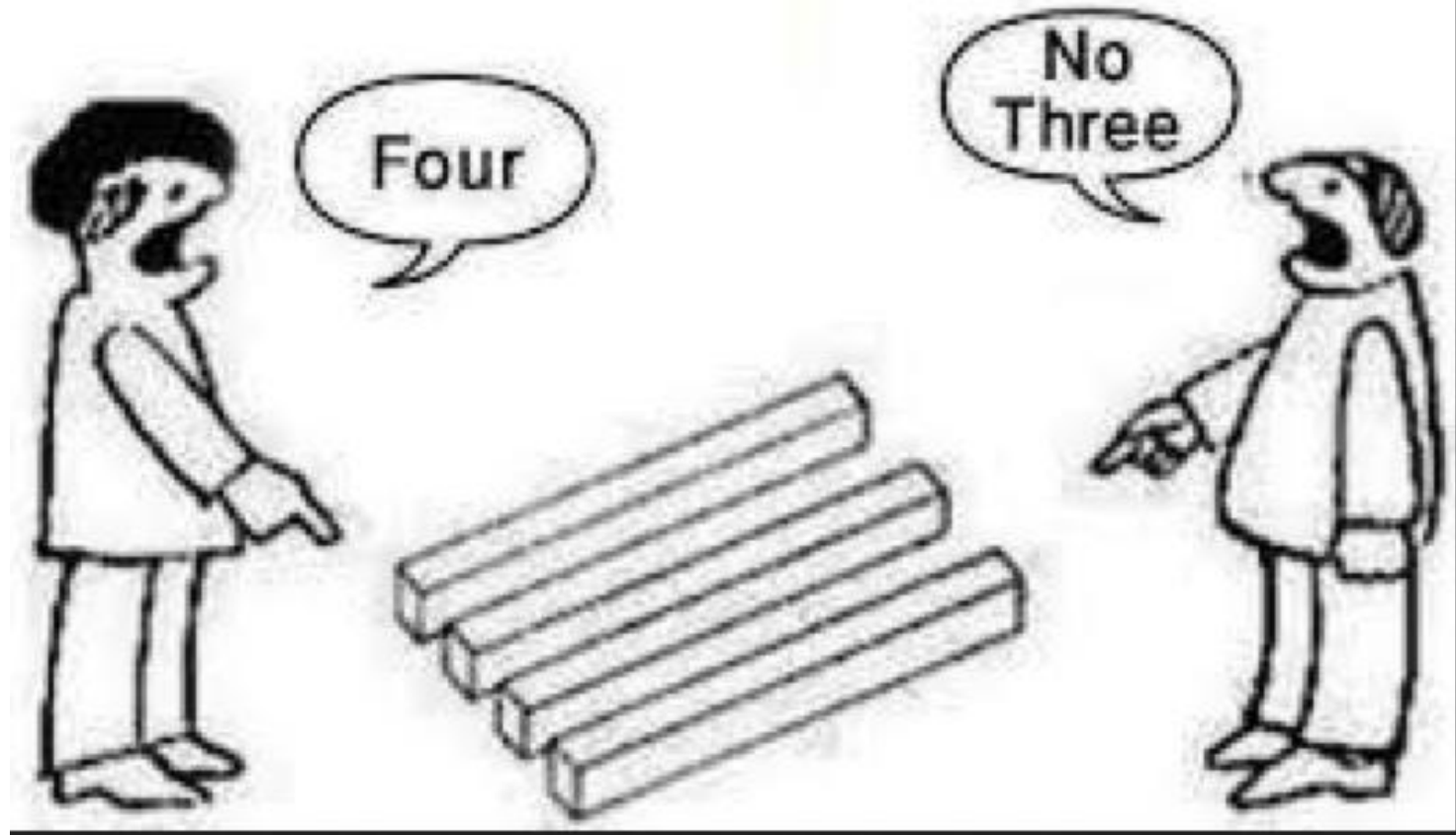
- Burden of Uncertainty
- Living or Dying
- Identify Goals; short and long term
- Shared Decision Making
- Make a Recommendation



Serious Illness Communication

- Team Family Meeting
- Do your work
- Introductions, listen to everyone
- Pause after sharing significant/emotional news
- Normalize questions
- Watch for nonverbal cues
- Respond to emotion
- Listen for what sounds cognitive but is emotional
- Summarize, repeat important things
- Include uncertainty; parallel planning

It is really confusing!!!



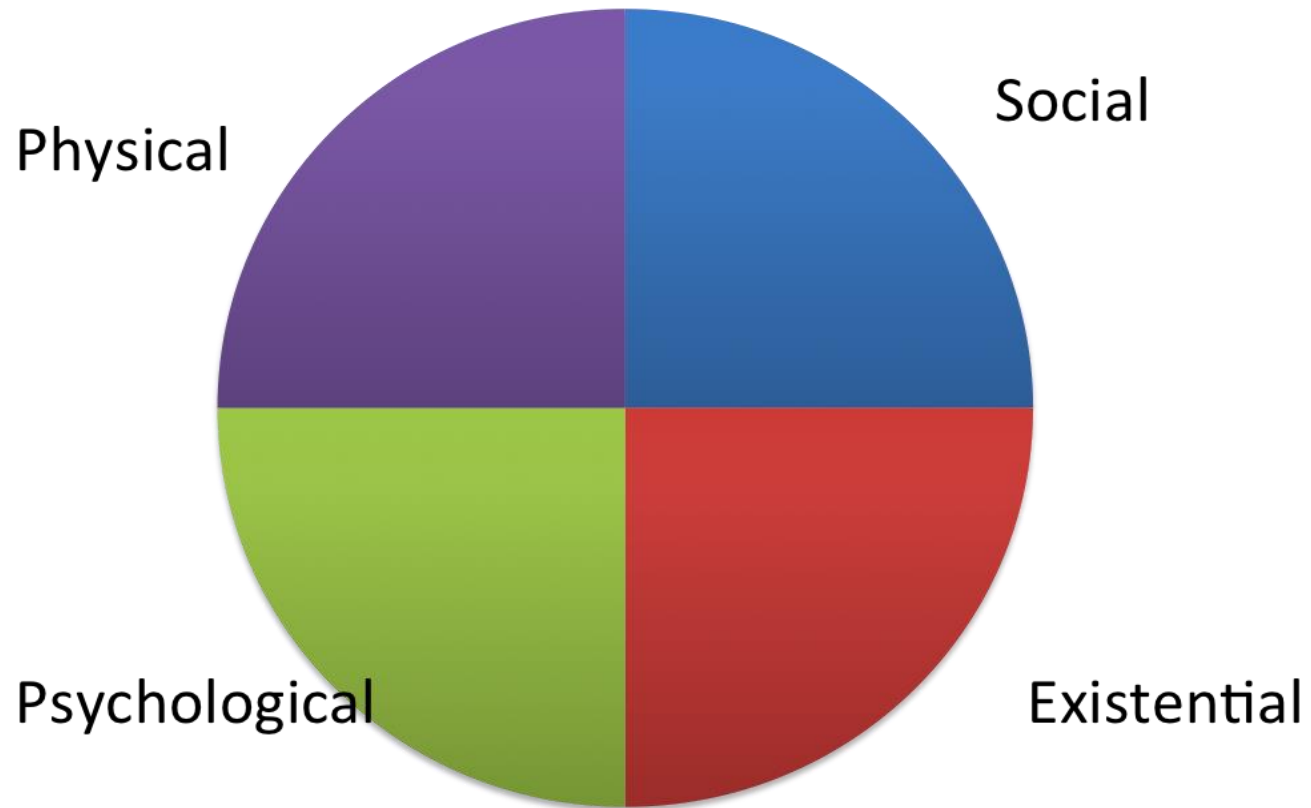
Dr. Eric Cassell- N Engl J Med. 1982; 306:639-45

Suffering is experienced by persons, not merely by bodies, and has its source in challenges that threaten the intactness of the person as a complex social and psychological entity.

Suffering can include physical pain but is by no means limited to it. The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick.

Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.

Whole Suffering



© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com



search ID: dcr0574

"I'M THE ONE WITH THE MEDICAL DEGREE, I'LL DETERMINE
IF YOUR BACK IS BOTHERING YOU, OR NOT..."

Stay Humble, Be Curious



"A stabbing pain, you say?"



Prognosis



A forecast of the likely course of a disease or ailment

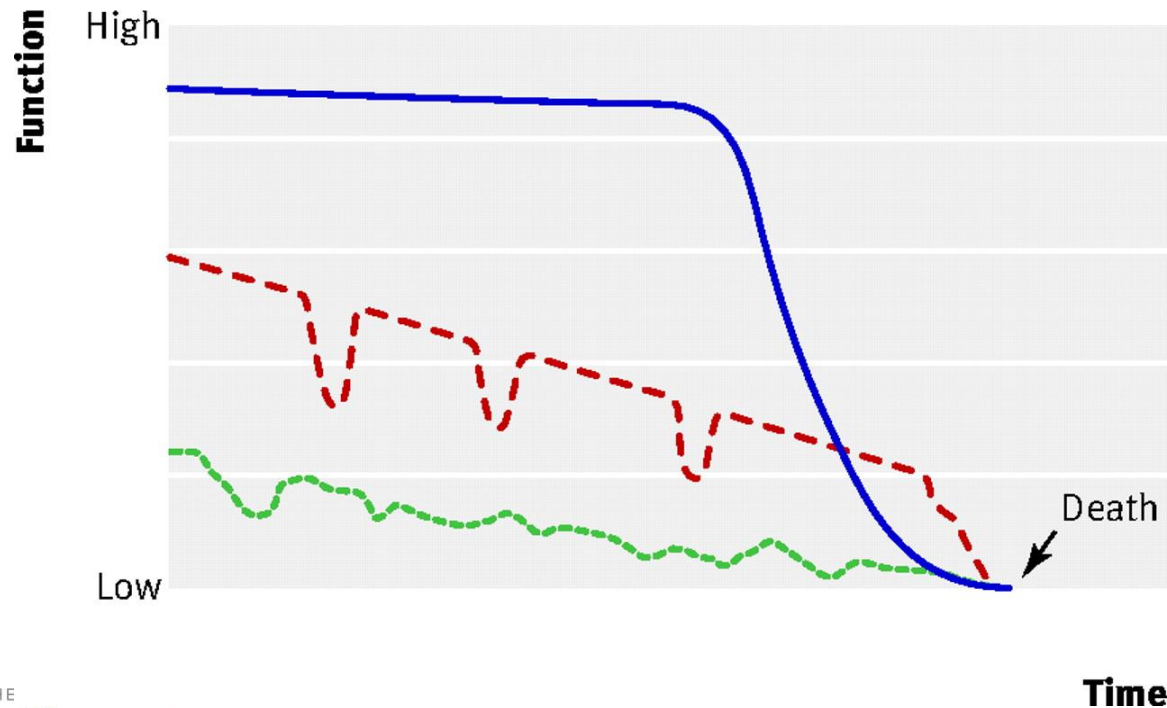
Prognosis

- Confirm IF and WHAT they want to know
- More than just Dying
 - Functional decline, hospitalization, need for physical care
- Uncertainty
 - Disease specific prognostic tools
 - Multimorbidity affects prognosis
 - Limits of technology
 - Give ranges
 - hours to days, days to weeks, weeks to months
 - Best Case / Worst Case Scenario
- Expect and respond to Emotion

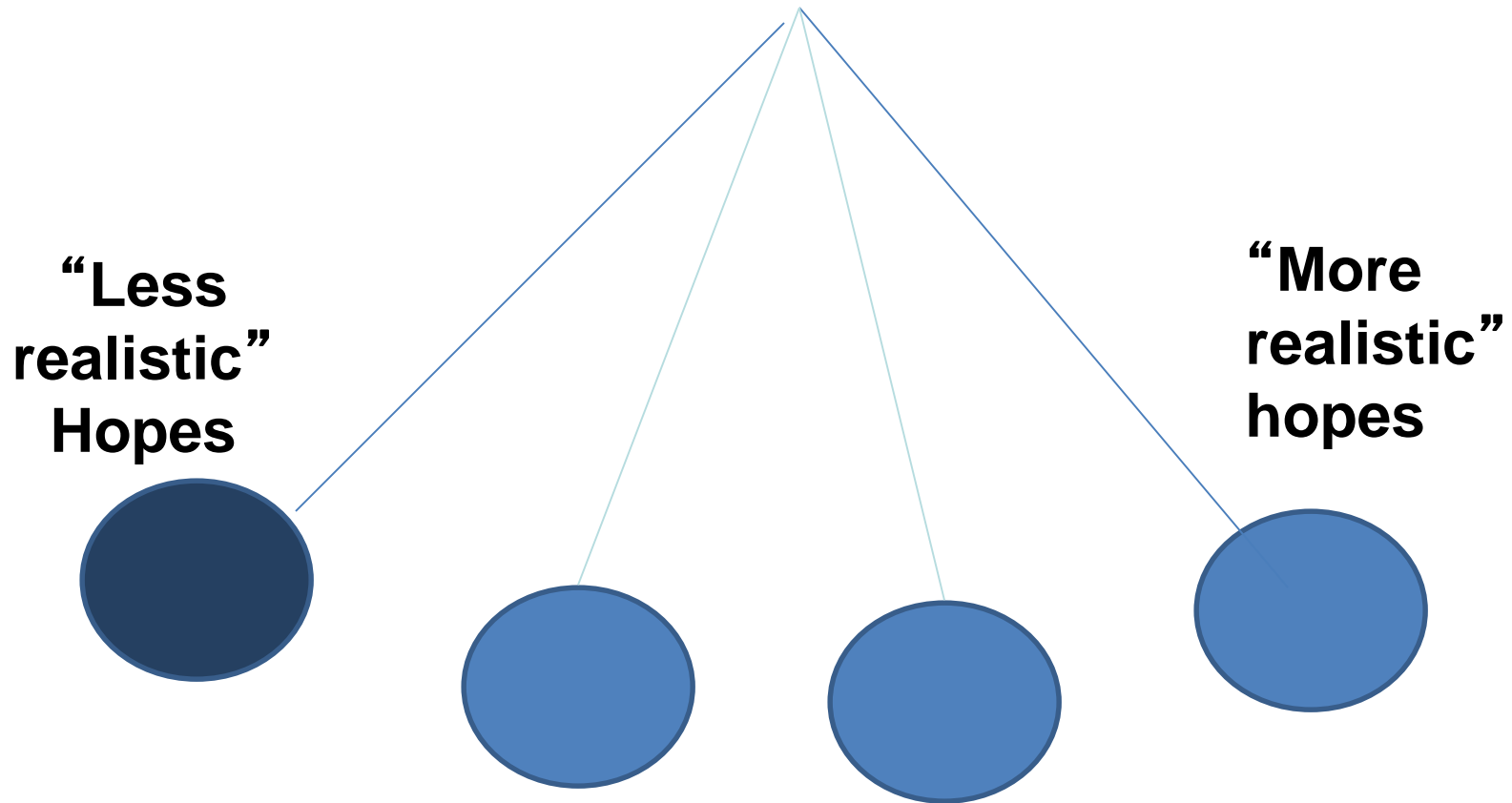
The three main trajectories of decline at the end of life

Number of deaths in each trajectory, out of the average 20 deaths each year per UK general practice list of 2000 patients

- Cancer (n=5)
- - - Organ failure (n=6)
- · - Physical and cognitive frailty (n=7)
- Other (n=2)



Patients struggle to understand their own prognosis



Spikes protocol for breaking bad news

- **S**etting
- **P**erception
- **I**nvitation
- **K**nowledge
- **E**motions
- **S**ummary and Strategy

NURSES statements in response to...

- N. NAME
 - “I can hear you are frustrated”
 - Especially useful for anger
- U. UNDERSTAND
 - “This helps me understand what you have been dealing with”
 - Validating
- R. RESPECT
 - “I can see how much you advocate for your mother’
 - Especially useful for caregivers
- S. Support
 - “I will do my best to help you”
 - Confirm you will show up and be present; do not over promise
- E. Explore
 - “Can you tell me more about that....”
 - Useful when you are not sure what to say
- SILENCE

LISTEN



References

- 1. Final Chapter: Californians' Attitudes and Experiences with Death and Dying. California Health Care Foundation. <https://www.chcf.org/publication/final-chapter-californians-attitudes-and-experiences-with-death-and-dying/>. 2012
- 2. Davison SN. End-of-Life Care Preferences and Needs: Perceptions of Patients with Chronic Kidney Disease. *Clinical Journal of the American Society of Nephrology*. 2010;5(2):195-204.
- 3. Khandelwal N, Curtis JR, Freedman VA, et al. How Often Is End-of-Life Care in the United States Inconsistent with Patients' Goals of Care? *Journal of Palliative Medicine*. 2017;20(12):1400-1404
- Being Mortal: Medicine and What Matters in the End; Atul Gawande, ISBN-13: 9780805095159; Holt Henry & Company, Inc, 2014

References

<http://www.ericcassell.com/download/ReliefOfSuffering.pdf>

<https://www.capc.org/>

<https://www.vitaltalk.org/>

<https://www.uvmhealth.org/talkvermont>

<https://dh.cloud-cme.com/course/search?P=4000&search=Serious%20Illness%20Conversations>