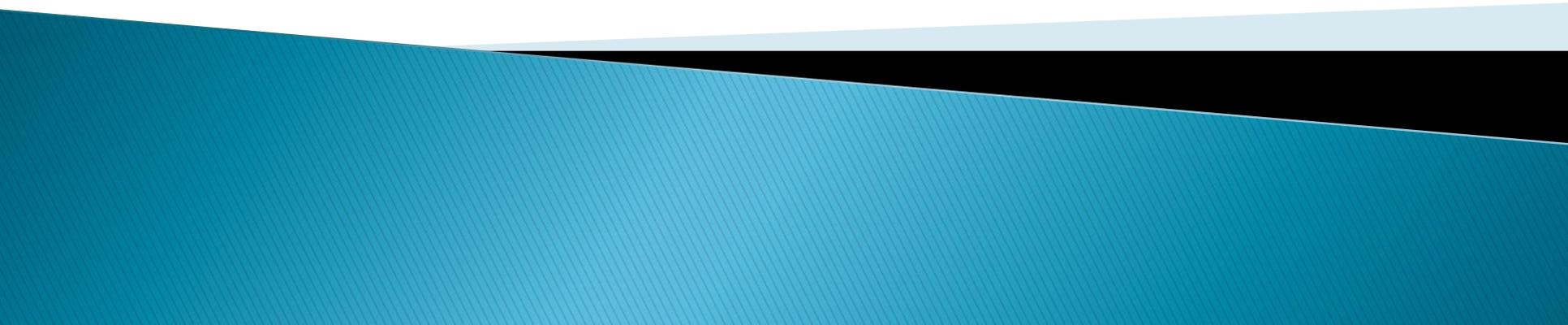


DIFFICULT CONVERSATIONS IN PALLIATIVE MEDICINE AND BEYOND

SOBELL HOUSE, OXFORD

Dr Sarah Hanrott



#hellomynameis

- ▶ ‘I’m in a side room. I can hear everything that’s going on outside. I’m in pain and alone.
- ▶ ‘A junior doctor comes to see me to talk to me about the results of the MRI scan I’d had earlier in the week. I’d never met this doctor before. He came into my room, he sat down in the chair next to me and looked away from me.
- ▶ ‘Without any warning or asking if I wanted anyone with me he just said, “Your cancer has spread”.
- ▶ ‘He then could not leave the room quick enough and I was left in deep psychological distress. I never saw him again. I am a little bit psychologically scarred by that experience.’

#hellomynameis



Dr Granger, pictured with her husband, said doctors would routinely refer to her as 'bed 7'

#hellomynameis

Key Values

- ▶ Four **key values** as both a clinician and as a patient:
- ▶ Proper effective communication
- ▶ “Little things” such as holding someone’s hand or sitting down at their level really matter
- ▶ **“No decision about me without me”**
- ▶ **“See me, not just my disease.”**

#hellomynameis

Competence and compassion

I am yet to meet a compassionate doctor on this journey who wasn't also competent.

The gentle arm rub by the consultant on Saturday night when I was at my most frightened and vulnerable was maybe one of the most important aspects of care I received that weekend



INTENDED LEARNING OUTCOMES

- ▶ 1. To be able to adapt the steps for breaking bad news to other consultations
 - ▶ 2. To feel more confident in using your communication skills in difficult conversations
 - ▶ 3. To recognise some of the ethical issues that arise in consultations
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HOW AND WHY?

- ▶ OSCE—all about communication and passing the exam!
- ▶ BEYOND—all about communication
 - patients adjust better and doctors have less stress and greater job satisfaction

TOOLS:

- ▶ SPIKES
 - ▶ PREPARED
 - ▶ SAGE + THYME
- 

SPIKES-6 STEPS

SETTING UP THE INTERVIEW

Prepare, who is there?

PERCEPTION

Before you tell ,ask – what do they know?

INVITATION

What do they want to know?

KNOWLEDGE

Align with above. Diagnosis, plan, prognosis,
Check in – 'does this make sense?'

EMPATHY

Acknowledge/ normalise their feelings

SUMMARY – repeat, what will happen next. Any
questions?

DOCUMENT



Be PREPARED

- ▶ Prepare
 - ▶ Relate to person
 - ▶ Elicit preferences
 - ▶ Provide information
 - ▶ Acknowledge emotions
 - ▶ Realistic hope
 - ▶ Encourage questions
 - ▶ Document

 - ▶ (Australia)
- 

TAKE HOME MESSAGES

- ▶ Adapt the SPIKES protocol for each situation actively listen, check back, reflect, pick up verbal and non verbal clues
 - ▶ Denial is a coping strategy – some patients will not want to hear the truth– think before you tell.
 - ▶ If communication seems difficult consider ‘blocking’ by patient or doctor
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