

COMMUNICATION IN PALLIATIVE CARE

Dr. Seema R Rao

- Associate Director (Education and Research), Bangalore Hospice Trust – Karunashraya, Bangalore
- Faculty, Cancer Treatment Centers Program, Lien Collaborative for Palliative Care, Asia Pacific Hospice and Palliative Care Network, Singapore
- Honorary Tutor, School of Medicine, Cardiff University (UK)



Bangalore Hospice Trust-Karunashraya



The Abode of
Compassion



BANGALORE HOSPICE TRUST

Karunashraya Institute for Palliative Care Education and Research (KIPCER)



What would matter to you if you knew you had weeks or days to live?

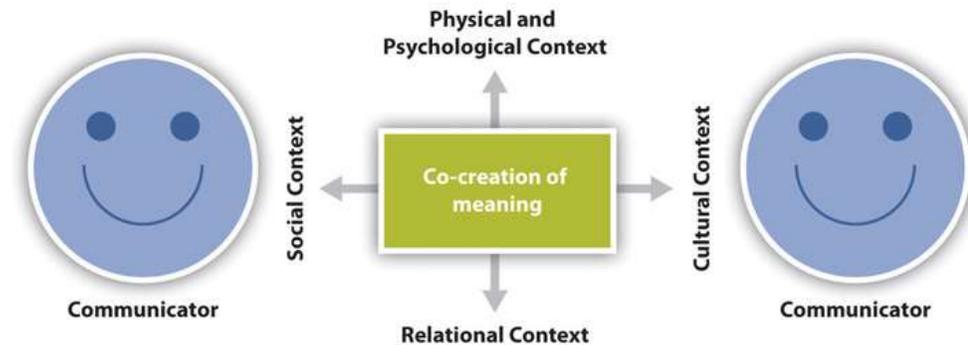


- Retaining control
- Dignity and privacy
- Pain & Symptoms managed
- Choice of place of death
- Access to spiritual & emotional support
- Access to hospice care
- Who is present at the end
- Ability to decide what treatment you want
- Time to say goodbye

(Age Concern 2010)

What is Communication?

- Two-way process of imparting, conveying or exchanging ideas, knowledge, emotions
- About patients or about patient care
- Between patients, caregivers, media or colleagues
- In an understandable manner
- Face-to-face verbal, written or through other media (telephone, written, electronic)



COMMUNICATION SKILLS

- To maintain trust
- To reduce uncertainty
- To prevent inappropriate hope and guilt
- To allow appropriate adjustment
- To prevent a conspiracy of silence

Overview

Is communication
with seriously ill
difficult?



"It's not what you say, John,
it's how you say it."

Case Scenario

- Ms. Sita is a 38-year-old woman with breast cancer
- She was on treatment for the last 3 years and has undergone multiple sessions of chemoradiotherapy
- Now cancer has spread to the bone and is compressing on her nerves
- She has developed weakness of both her lower limbs and it is unlikely that she will walk in the future
- She is worried about her two young children
- Her family has not told her about the spread of cancer
- You are volunteering in the hospital and have gone to see Sita
- She tells you, “I am having some weakness in my legs. I am worried about not being able to look after the children. I think this will become okay like last time. Do you think I will be able to walk again?”

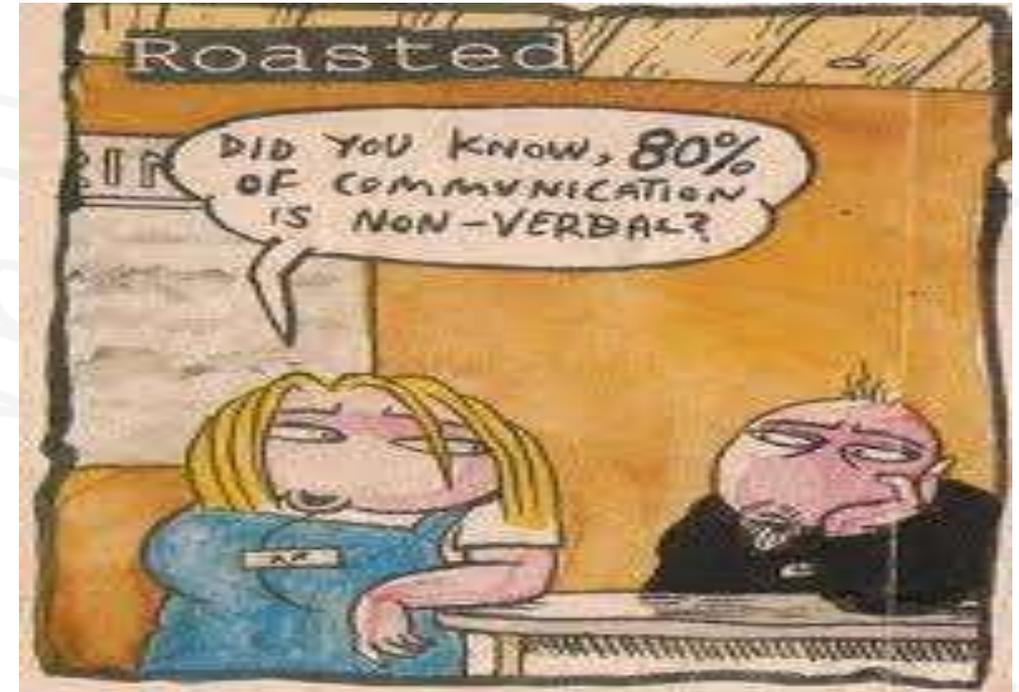
Pitfalls to Avoid

1	“Don’t worry. It is going to be alright.”
2	“I’m sure you will be able to with time”
3	“Doctors are doing everything they can” “It could have been worse”
4	“We should be able to face whatever comes in life” or “Everyone has their load of suffering” “Be positive”
5	“Don’t think about it now. Let your husband handle these”
6	“By the way, I hope your pain is under control?”
7	Start talking about her children

1	Pacify prematurely
2	False reassurance
3	Nullify patient issues
4	Advise
5	Shut down the door for self-expression
6	Deflect to physical issues
7	Pay no attention

What are the Skills Required?

- The way you talk – slow, fast, medium pace
- Your posture – close, distant
- Your expression – happy, unhappy, ‘stone face’
- Do you make eye contact?
- Who starts first? You or patient?
- Do you find it difficult to respond effectively?
- Do you interrupt often?
- Do you advice or ask too many questions?

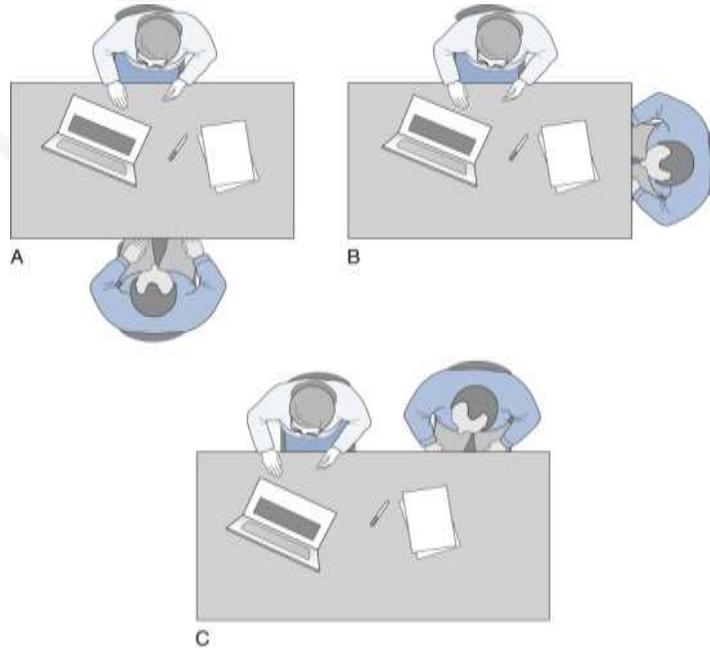


The Power of Nonverbals



- Face **S**quarely
- **O**pen posture
- **L**ean forward
- **E**ye contact
- **R**elax

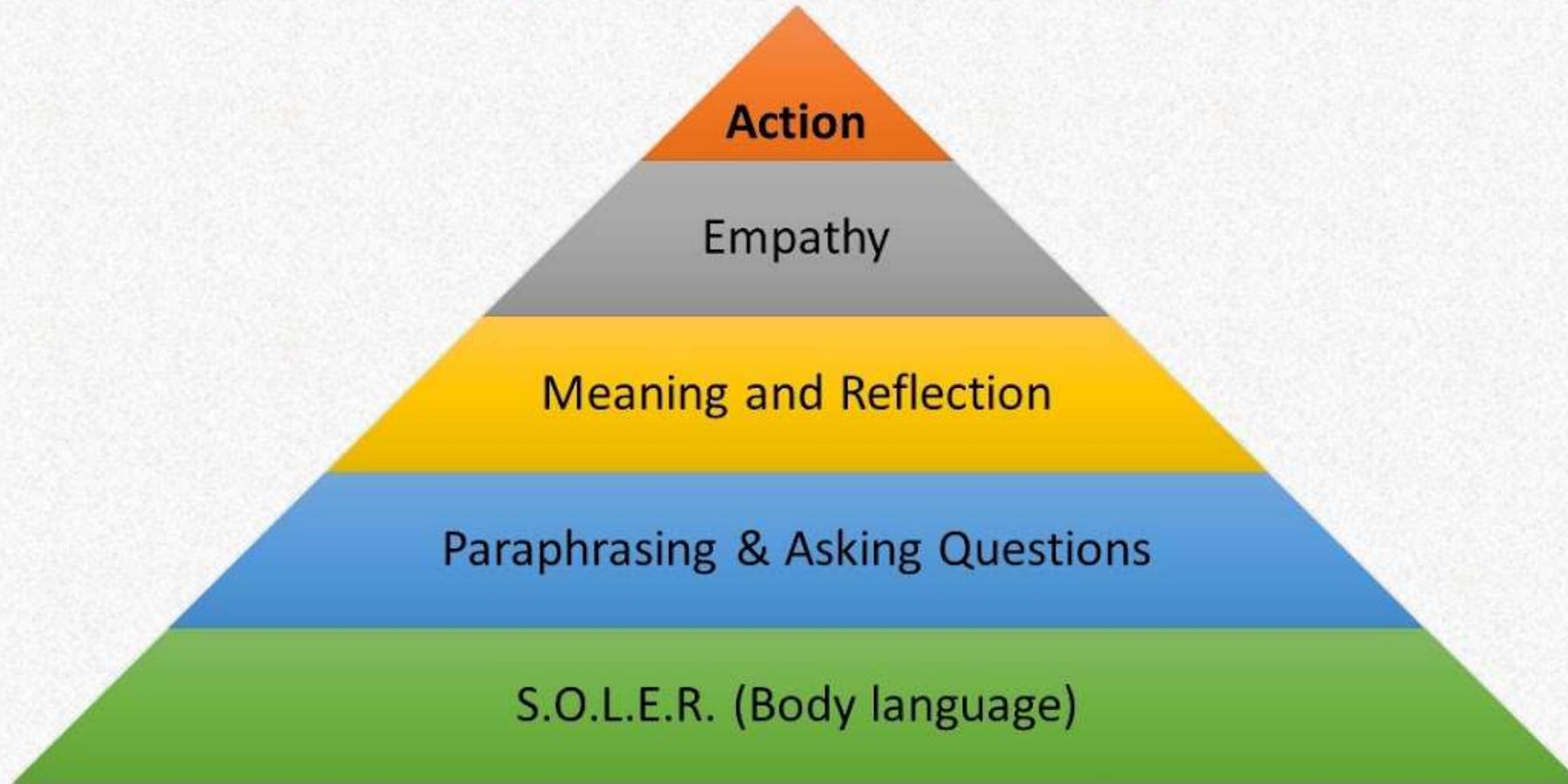
Comfort



- Setting
- Ensure Privacy
- Manage Time
- Introduce Yourself
- Make Eye Contact
- Avoid Distractions

Introductions are about making a human connection between one human being who is suffering and vulnerable, and another human being who wishes to help

Stages of Active Listening



Seekhle Learning

The weakness is getting worse. I am unable to do anything. What will happen to my children? Will I be able to walk?

Repeating

Repeating the words using **exactly the same** phrase used by the speaker

Your weakness is getting worse, you are not able to do anything. You are worried about your children and your ability to walk

Paraphrasing

Rendering the message using **similar** words or phrases used by the speaker

It appears to me that your worsening weakness and your inability to do anything is making you worried about your children and your ability to walk

Reflecting

Rendering the message using **your own words** and sentence structure

The progression of the weakness and the uncertainty is causing you to worry about your children and your ability to walk

Summarizing

Compassionate Communication

Table 2. “NURSE” – Steps for Responding to Emotional Aspects of Patient Communication

Step	Action	Example Statements
N	NAME the emotion	“You sound worried”; “I can see this is making you sad”
U	UNDERSTAND the emotion	“I understand how you must feel right now”; “I can imagine how scary this must feel to you”
R	RESPECT the emotion	“I’m so impressed with how strong you have been through all of this”; “You have shown a lot of courage”
S	SUPPORT the patient	“We are in this together, no matter what you choose”; I will be here for you until the end”
E	EXPLORE the emotion	“Tell me more about what is most scary to you”; “What worries you the most?”

The Technique

Ask what the patient already knows

- What have they been told about your illness?
- What are they suspecting?
- What they would like to know

Tell

- Deliver the Information – only if you have the competency to do it

Ask

- Address the emotions – empathetic communication
- Ask what they have understood

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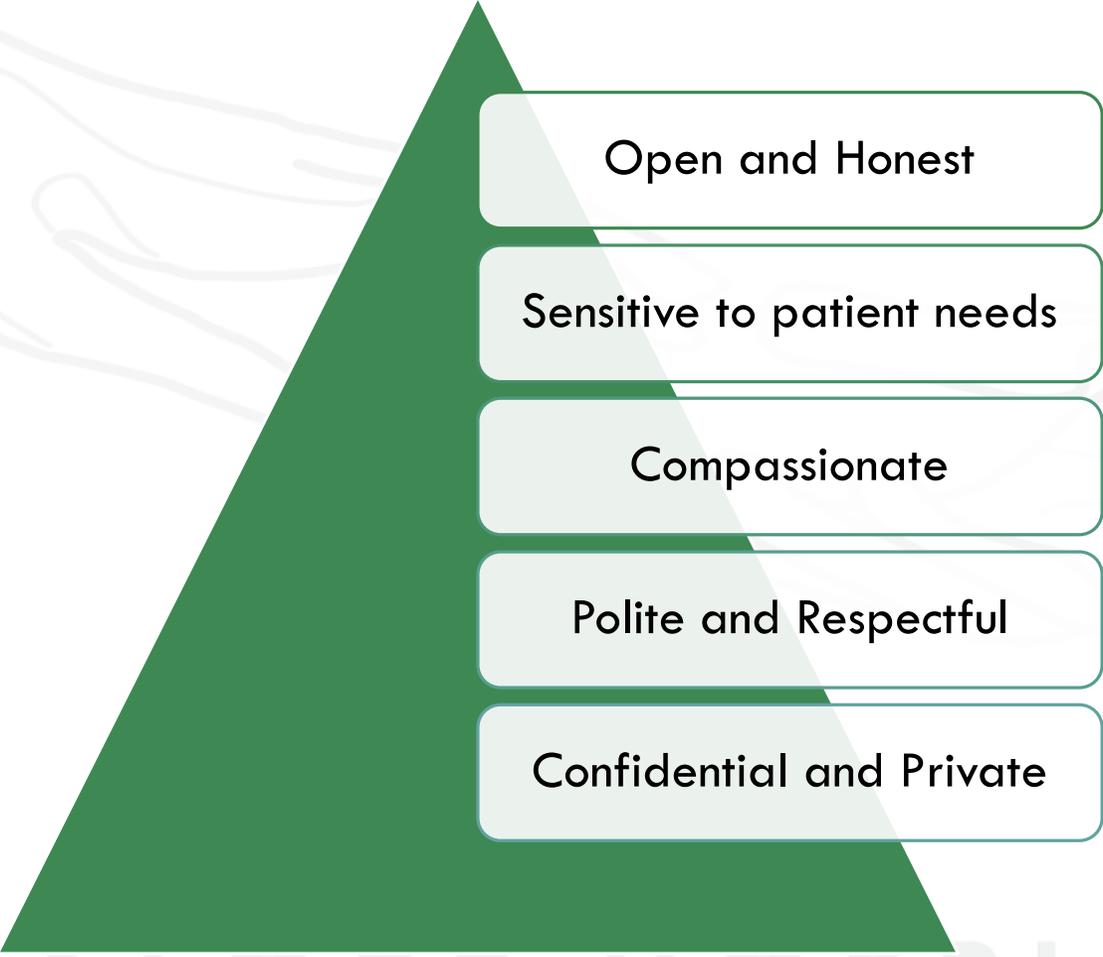
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Ask

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The Building Blocks



Open and Honest

Sensitive to patient needs

Compassionate

Polite and Respectful

Confidential and Private

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How will you proceed?





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Conference Secretarial
Dr. Seema Rao
Organizing Secretary, IAPCON 2023
Bangalore Hospice Trust, Karunashraya
Old Airport Varthur Main Road, Kundalahalli Gate,
Marathahalli, Bangalore - 560 037

Conference Manager
ALPCORD NETWORK
Abstract Related Queries
Ms. Maria Sonia
PH: + 91 9898036567
Email: iapcon2023@karunashraya.org

Registration and Overall queries
Mr Milan Singh
PH: + 91 9910609688
Email: iapcon2023@gmail.com

Email:

seema.rao@karunashraya.org

Mob: 9892336650