Words Matter
Earlier, Better and More Conversations with Seriously Ill Patients
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Learning Objectives

• Practice language to initiate conversations
• Identify language which hinders conversations
• Identify language which promotes conversations.
**COMMUNICATION PEARLS**

*Ethical Principle Guiding Truth Telling:* Patients have the right to decide to receive, or decline to receive, information, as long as they have capacity, and their decision is voluntary, and without coercion.

### 6 STEPS to Communicate Effectively

2. **PERCEPTION** – What do they know? “What do you understand?” “What have your doctors told you?”
3. **INVITATION** – What do they want to know? With whom should I speak? Some want details, others want an overview, how is it for you? **WARNING SHOT** “I have some bad news” “The news is not what we had hoped”
4. **KNOWLEDGE** – Tell the news. Say it then stop. Short sentences. No jargon.
5. **EMOTION** – Permit response to news. **SILENCE** is the most effective initial response “I wish things were different” “I can see this makes you sad” “Tell me what you are thinking”

### Language with Unintended Consequences

- “I’m Sorry” “Do you want us to do everything?” “Shall we be aggressive?”
- “It is time to pull back.” “Can we discontinue care?”

### Positive Language

- “I want to give the best care possible.” “We will focus on improving the quality of your child’s life.” “We will aggressively manage your symptoms.”
- “He’s dying despite maximal medical therapy.”

### 6 Steps for Discussing DNR Status

1. What do you know?
2. What are you expecting?
3. What are you hoping for?
4. Have you thought about dying?
5. How do you want it to be?
6. Write DNR if the patient or decision maker describes wanting a peaceful, natural death. No need to describe details unless patient/family has questions.

### 6 Steps for Discussing Hospice

1. What do you know?
2. What are you expecting?
3. What are you hoping for?
4. What does hospice mean for you?
5. Correct misperceptions.
6. Write order for hospice evaluation/information visit to explain details. You can help evaluate information.


NB: These Palliative Cards are guidelines only and do not replace careful clinical judgment specific to each patient/family situation. Palliative Cards are Copyright 2013, 2014 OhioHealth Corporation. All rights reserved. Permission to reproduce Palliative Cards is granted for non-commercial educational purposes only, provided that the attribution statement and copyright are displayed. To reproduce for all other purposes, contact Frank D. Ferris, Palliative & Hospice Care, OhioHealth, 1-888-389-6231 or 1-614-533-6299 or visit IPCRC.net. Y6, Sept 2014
6 STEPS to Communicate Effectively


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   “What do you understand” “What have your doctors told you?”

3. **INVITATION** – What do they want to know?
   With whom should I speak? Some want details, others want an overview, how is it for you?
   **WARNING SHOT**
   “I have some bad news”
   “The news is not what we had hoped”

4. **KNOWLEDGE** – Tell the news. Say it then stop.
   Short sentences. No jargon.

5. **EMOTION** – Permit response to news.
   SILENCE is the most effective initial response
   “I wish things were different”
   “I can see this makes you sad”
   “Tell me what you are thinking”

6. **SUBSEQUENT** – What next?
   Make a plan, get more information, get help.
Step 2: Perception:
What do they know?

- Thinking?
- Feeling?
- Worried about?
- Afraid of?
- Hoping for?
- Expecting?

...Tell me more...
ASK – TELL - ASK

SUMMARY
Vignette 1

- 75 yo widow with 2 married children is in the office for f/u of hypertension, CHF, diet-controlled diabetes. Her blood pressure today is 160 / 95. Blood Pressure has consistently been above 150 / 90.
WHAT HELPED ? WHAT INHIBITED ?

DEBRIEF
Count Off

- Count Off by 2
WHAT HELPED? WHAT INHIBITED?

DEBRIEF
Vignette 2

• 2 sons, and 2 daughters-in-law are in the office for f/u visit
WHAT HELPED ? WHAT INHIBITED ?

DEBRIEF
1 year later, she was found sitting in chair at home, awake but non-verbal and non-responsive. Severe right sided hemi-plegia. Left side movement but purposeless. The ‘squad’ was called. She is now in the ED. CT shows large intracerebral hemorrhage.
WHAT HELPED ? WHAT INHIBITED ?
DEBRIEF
Key Message
Most patients are happy to talk about this area IF the doctor brings it up
Gandhi... **You need to be the change you want to see in the world...**