

Principles of Communication

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In collaboration with



Igniting the pioneer spirit

Success or failure of communication correlates with patient gratitude & complaints

Poor communication has been identified as the primary source of malpractice suits

How a clinician talks to his patients makes a difference to the quality of care

Conversations are two-way affairs

They are as much about listening
as about talking

Doctors don't listen much

1 study showed that during consultations, doctors listened for 16 seconds before interrupting the patient

A more recent study showed that on average doctors listen for 23 seconds

During most consultations doctors do most of the talking

Even at family conferences, e.g. 51 audiotaped family conferences of conversations in ICU patients, clinicians spoke 71% of the time

Yet the proportion of time spent allowing the family to talk increased family satisfaction

Yet even when doctors listen they miss or avoid picking up emotional signals

In a study of 298 cancer patients
seeing their oncologists
Physicians responded to
72% informational cues
28% emotional cues

Doctors are often not comfortable to handle a patient's emotions

They block discussion of psychosocial issues by

- ▣ changing the subject
- ▣ ignoring the patient's emotional state

This leads to the patient not disclosing the majority of his concerns & inaccurate assessment of the patient's distress

What are most patient encounters about?

- ▣ information gathering
- ▣ information giving
- ▣ relationship building

Information gathering

This is the primary tool for diagnosis & treatment

Try to use facilitative techniques with

- open-ended questions
- empathic responses

Try not to block discussions

Conversation topics

About the disease

About the treatment

Information giving

Patients want to have adequate information for decision making given in an emotionally supportive way

Parker et al, J Clin Oncol 2001; 19:2049-2056

How information is given influences decisions

RRR	“A cholesterol lowering pill resulted in a 34% reduction in heart attacks.”	88% accepted treatment
ARR	“It was found that 2.5% of the people who took the cholesterol medicine had a heart attack, compared to 3.9% of those people who did not take it - a difference of 1.4%.”	42% accepted treatment
NNT	“If patients took a cholesterol lowering pill for an average of 5 years the medicine would prevent one of the 71 from having a heart attack.”	31% accepted treatment

Information giving – what do patients want?

Preference for prognostic information in 126 Australian patients with recently diagnosed incurable cancer

Assessed for anxiety /depression

>95% wanted info on side effects, symptoms & treatment options

80-85% wanted survival rates

Preferred to hear info in words vs graphs

Information giving – what do patients want?

Timing:

59% wanted to hear it straightaway

40% wanted to negotiate timing of discussion

Haherty et al, J Clin Oncol 2004; 22:1721-1730

Relationship building

This is to create an environment of trust

This leads to

- ▣ better adherence to recommendations for management
- ▣ more likely to have emotional needs met

What do patients & their families want?

- ❑ talking in a honest, straightforward way
- ❑ being willing to talk about dying
- ❑ giving bad news sensitively
- ❑ listening to the patient
- ❑ encouraging questions
- ❑ being receptive to when patients are ready to talk about death

Wenrich et al, Arch Intern Med 2001; 161:868-874

How to tell

Stepwise approach for giving bad news

S P I K E S

- preparing the **S**etting
- assessing the patient's **P**erception
- **I**nvitation to disclose the news
- sharing the **K**nowledge
- responding to the patient's **E**motion
- **S**ummarizing the plan

Perception of Prognosis

Oncologists make

3.3 optimistic statements per encounter

1.2 pessimistic statements per encounter

At least 1 pessimistic statement makes patient more likely to agree with oncologist's estimate of chance of cure while optimistic statements does not correlate with this

Conclusion: OK to sound optimistic, but must communicate pessimistic aspects as well

What's going to happen to me?

A practical question?

A spiritual question?

Though patients want to discuss emotional concerns, they are frequently reluctant to bring these up spontaneously
They need to be prompted

Detmar et al, J Clin Oncol 2000; 18:3295-3301

Dealing with emotions

Empathic Verbal Skills

NURSE

- Naming
- Understanding
- Respecting
- Supporting
- Exploring

The good news is that communication skills can be taught & learnt

Several RCTs have shown that communication skills can be taught

The most effective methods are intensive (several days)

Use active learning methods

e.g. role play with simulated patients

Oncotalk

A successful teaching model for improving communications skills for post-graduate medical trainees

Back AL et al Arch Intern Med. 2007; 167:453-460

Oncotalk

- 4-day residential workshop
- experiential curriculum for medical oncology fellows
- 5 patients with cancer seen at critical incidents along illness trajectory
- step-by-step cognitive roadmaps for specific communication tasks
 - breaking bad news
 - discussing transition to palliative care
- skills practice in small groups

Oncotalk

- ❑ 5 simulated patients with breast cancer, prostate cancer, lymphoma, lung cancer, melanoma

Curriculum:

- ❑ developing a relationship / dealing with uncertainty
- ❑ giving bad news
- ❑ discussing transition to palliative care
- ❑ discussing do-not-resuscitate orders

Oncotalk

Students are assessed on:

- ❑ remaining silent for at least 10 seconds in response to a non-verbal emotional cue
- ❑ making an empathic statement in response to a cue, "Doctor, I'm really scared."
- ❑ making an empathic statement instead of jumping to offer new therapies in response to the cue "Is there any hope of cure?"

What about the family?

Taking a social history

Psychosocial Assessment

Seeing the patient as a whole person

Who makes the decisions in the family?

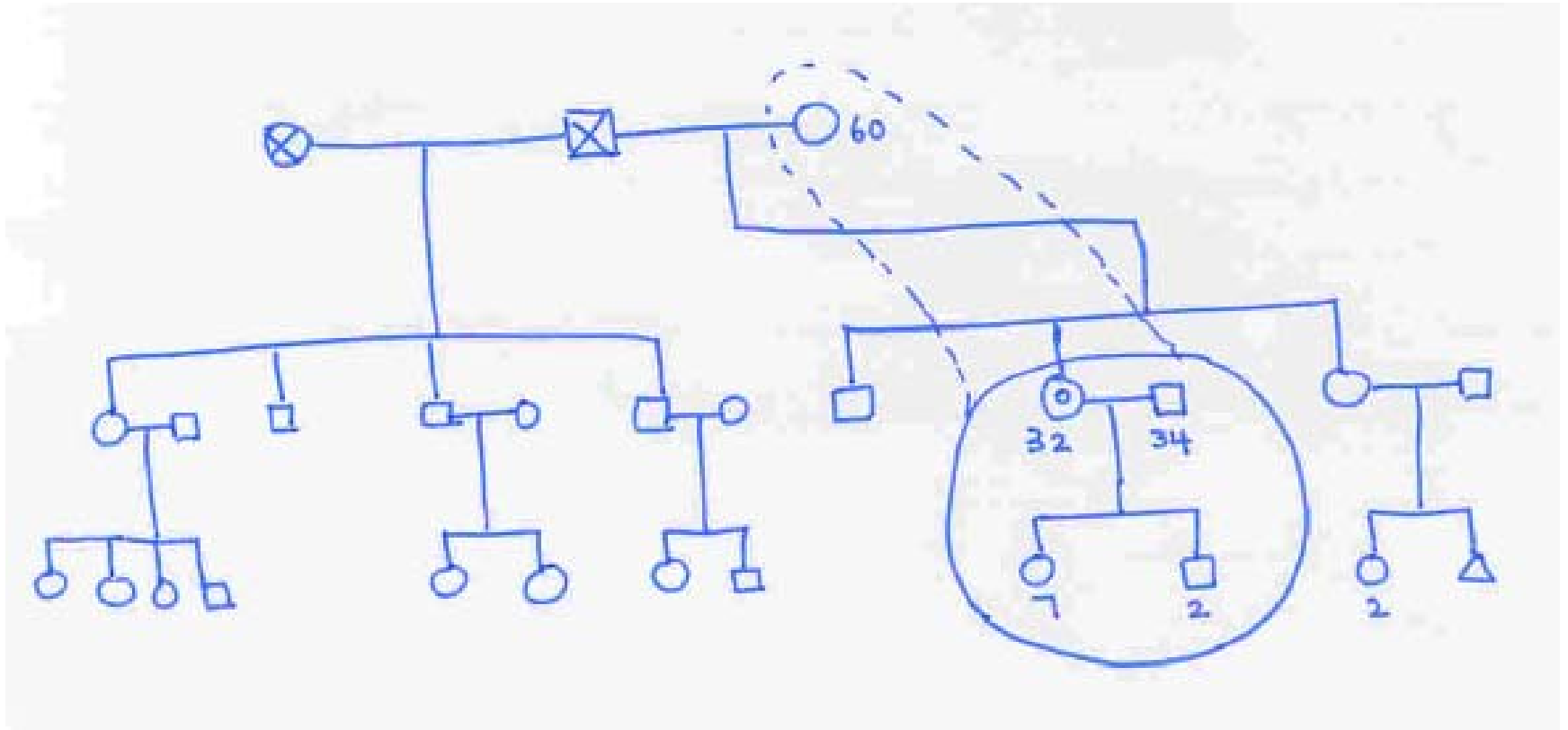
Do they all agree?

Is the decision compatible with the patient's wishes?

Has the patient delegated decision making to the family?

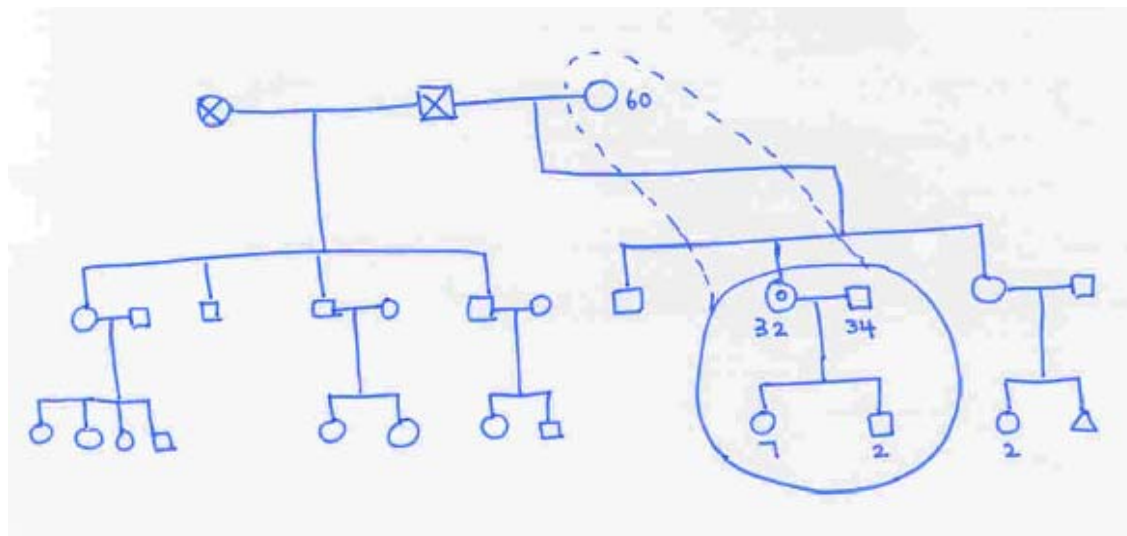
Or is she the real power behind the throne?

Family Chart



Financial issues

Occupation



Previous personality

Religion

Hobbies/interests

Patient:

Family:

Practicalities at the end of life

Who will look after me?

Where will I be cared for?

What about money?

- insurance, pension
- bank accounts
- property
- will

What will happen to my family?

Psychosocial Assessment

Seeing the patient as a whole person

Spirituality

After each encounter
reflect on what
has been achieved:

- information transfer
- medical & social
history
- a glimpse into the patient's world

What are the patient's aims and goals?

What about the family?
Are they compatible?

Conversations with family members

How much does the patient know?

How much does he want
to know?

What about treatment?

How keen is he?

Has he

- talked about his death?
- expressed a wish to die?
- talked about suicide?

Has he given instructions about his
funeral?



What about the children?
How much do they know?
How do we talk to them?

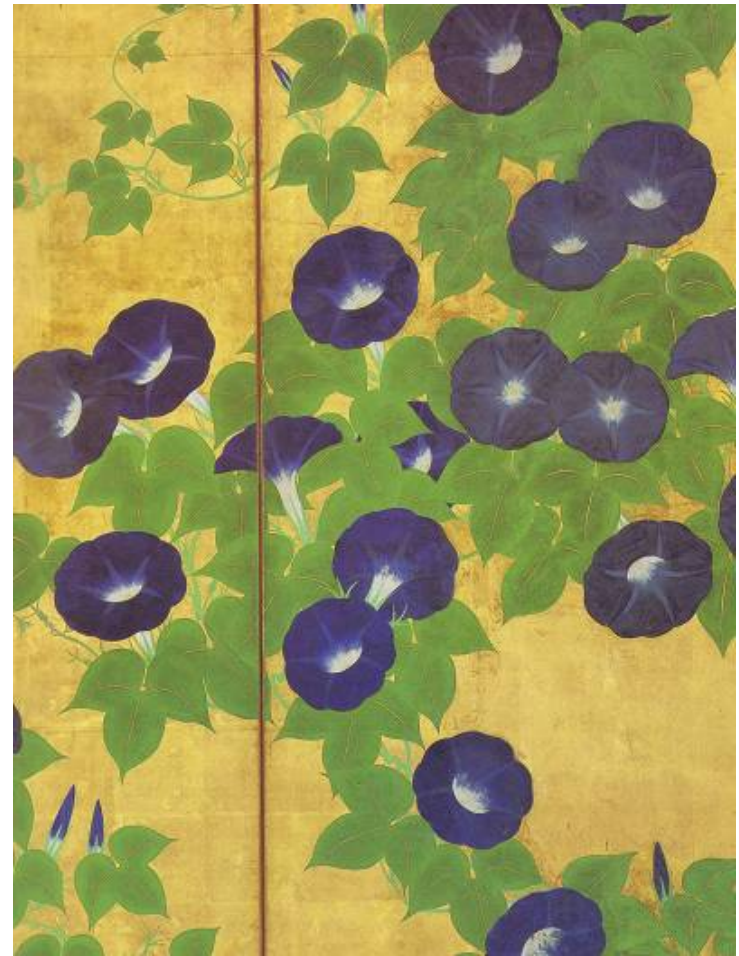
Talking to children

When relatives
can't bear to hear
it



Families and hope

- ❑ Families are always worried that the patient will “give up hope” if the truth about the illness is revealed to them.
- ❑ They believe that if the patient gives up hope he or she will die more quickly.
- ❑ But patients can and do maintain hope even when they know they are dying.



Each person hopes for different things

- ❑ Hope is individual. Different people, even in the same family, may hope for different things.
- ❑ One son may be hoping for cure.
- ❑ A daughter may realize mother is old and would die soon. She hopes there will not be suffering.
- ❑ Another daughter may hope that mother will become a Christian and go to heaven.
- ❑ This can lead to conflict.



Hope changes with time

- ❑ At the time of diagnosis - Hope for cure
- ❑ At the time of remission - Hope to prolong life



Hope changes with time

- At the time of advanced disease patients hope for many things:



- to be free of pain
- to be independent for as long as possible
- not to have to go back to hospital
- for peace and serenity
- for a peaceful death
- that family will be supported emotionally & financially

There is always something to hope for:

Even in the last days
life can be rich and
rewarding.

