

# Talking About Serious Illness



Are you involved in talking about serious illnesses or supporting patients when bad news is given?

This guide provides a structured approach to these conversations

- Talking about serious illnesses is one of the most difficult tasks that healthcare professionals undertake.
- However well it is done there is no getting away from the fact that bad news is bad news.
- Bad news is any news that drastically alters the view of their future, this can include a wide range of diagnosis' and situations ranging from a patient no longer being able to drive due to epilepsy, to a life threatening diagnosis of a terminal illness.
- The manner in which bad news is given can have a profound effect on both the recipient and the giver.
- If done badly it is likely to negatively affect future contact with health care professionals and can have an impact on quality of life and well-being.
- Done well, it can **form the basis of a helpful and constructive partnership between patients, relatives and the team caring for them.**
- All of us will receive bad news in the course of our lives, if haven't already.
- Studies have shown that patients and their families remember the way bad news is delivered more than what is said during the discussion.

The communication of significant and bad news should always be undertaken by a senior clinician who has experience and training in communication skills. However, patients and carers will often ask less experienced staff difficult questions and it is important to know the limits of your own competence and skills and also know when to ask for help and support from another more experienced clinician.

## Do

**Give direct, honest prognosis when asked for**

Present prognostic information as a range

**Focus on patient's quality of life, fears, concerns.**

Allow Silence

**Acknowledge and explore emotions**

Make recommendations

## Don't

Talk more than half the time

**Fear silence**

Give premature reassurance

**Focus on medical procedures**

Provide factual information in response to strong emotions

**Try and solve problems**

Discussions about serious illnesses are a lot to take in. it is good practice to follow up the discussions at a later time. The follow up conversation could be about;

GOALS – if their health worsened what are their important goals?

FEARS/WORRIES - what are the biggest fears and worries about the future of your health?

FUNCTION – What abilities are crucial to your life that you can't imagine living without?

LIMITS – How much are you willing to go through for the possibility of gaining more time?

FAMILY – How much does your family know about your priorities and wishes?

This is a guide that has been developed to support and advise professionals when talking about serious illnesses. Each situation is different and will have its own particular characteristics. This guidance is not intended to take over clinical judgement.

# Talking About Serious Illness

## Setting

Maximise privacy – private, quiet room where possible, prevent interruptions

Allow adequate time, sit at the same level

Give a warning shot, that this may involve bad news

Do they want a friend, relative or carer present, would another member of staff be helpful? i.e, ward nurse, specialist nurse

Be prepared – know your stuff and have the facts

## Conversation Guide

### Understanding

What does the patient know already? – it would help me to know what you understand about your illness

What do they think you are going to say?

From this you should get an impression of their understanding of their illness and what the patient has experienced

### Information Preferences

Obtain permission to share information. What do they want to know and at what level ?

Patients have the right and the choice to hear as little or as much as they like. Try and understand why they do not wish to talk about it – maybe past experiences have been negative. It is hard to make decisions on future management if they don't understand what is happening. Respect their decision.

### Prognosis

Don't offer too much information at once – give information in small chunks, a little at a time, pause and check they have understood and that they wish to continue

Use clear simple language

If you cannot answer their questions, be honest and agree how you will get the answers to them at a later time

Give written information

Details will not be remembered – but the way you explain will

## If the patient is happy to continue, discuss:

**GOALS, FEARS/WORRIES, FUNCTION, LIMITS, FAMILY**

## Summarise and Act

Summarise what you have told them and their concerns

Know and discuss options available – what happens now, appointments

Have they any questions, have I left anything out?

Offer specialist support and communicate with ward team

Offer to talk to relatives/carers

Document summary of discussion

REMEMBER TO FOLLOW UP THE CONVERSATION AT A LATER TIME TO OFFER SUPPORT AND CAPTURE ANY AFTER THOUGHTS

**Other things to discuss when/if appropriate:** Cardiopulmonary Resuscitation, Advance Decisions to Refuse Treatment, Advance Care Plans, Carers, Lasting Power of Attorney, Advance Statements