

# Communication with Older, Seriously Ill Patients



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## KEYWORDS

- Communication • Palliative care • Empathy • Information • Decision making
- Tailoring • Geriatrics • Surrogates

## KEY POINTS

- Communication serves 3 core functions: (1) empathic behavior, (2) information provision, and (3) enabling decision making.
- Communication with older people poses specific barriers, because age is associated with cognitive, physical, and social changes.
- Empathic communication, including assuring a continued relationship, is an important prerequisite for optimal outcomes.
- Older people's abilities for information processing decreases, stressing the importance of tailoring information, and empathy facilitates information processing.
- Eliciting patients' goals of care—with or without the help of surrogates—is important to come to effective decision making.
- Surrogates need assistance when making decisions for patients although they also have their own caregiver needs for support and information.

## INTRODUCTION

Communication is an essential palliative care skill and core element of effective care for patients with serious and life-limiting illness.<sup>1</sup> Effective communication by health care providers results in multiple positive patient and family outcomes. These include improved patient satisfaction,<sup>2,3</sup> information recall,<sup>4–6</sup> caregiver well-being and bereavement outcomes,<sup>7</sup> and lower costs of care.<sup>8</sup>

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Scholars have proposed a variety of theoretic goals that effective communication can serve (see de Haes and Bensing<sup>9</sup> for an overview). The commonalities of the functions of communication center around 3 themes: (i) Empathic behavior (eg, building a relationship and responding to emotions); (ii) Information provision (in addition to gathering); (iii) Enabling decision making (in addition to implementation of treatment plans).

Patients desire to be seen as individuals instead of a bundle of symptoms.<sup>10</sup> They value the provision of clear and timely information<sup>11</sup> and often express a preference for some control over or involvement in treatment decisions.<sup>12</sup>

Despite these proposed common goals of skilled communication, patients differ in their communication needs, with age often mentioned as influencing preferences<sup>13–15</sup> as well as posing specific barriers to effective communication.<sup>16</sup> Although older patients form a heterogeneous group,<sup>17</sup> several elements might contribute to these posed barriers. As described in **Box 1**, aging is associated with cognitive, physical, and social changes. These changes (in)directly affect the way older people process information and make decisions and stress the importance of identifying strategies to promote effective communication with this group.

This article describes key components of effective communication in caring for older people with serious illness. Specific skills that are effective in 3 core functions of communication are described: (1) empathic behavior, (2) information provision, and (3) enabling decision making. Specifically, the needs of older patients and their surrogates/family caregivers are focused on, and strategies for overcoming potential communication barriers unique to this patient group are discussed.

## EMPATHIC BEHAVIOR

The use of empathy is critical for building trust and relationships and is especially important as the disease progresses.<sup>22</sup> Empathic communication is associated with greater patient satisfaction,<sup>2</sup> decreased feelings of anxiety,<sup>23</sup> and better information recall.<sup>5,6</sup>

Patients frequently place high value on relationship with their clinicians and may fear being left alone when active treatment options are exhausted.<sup>24</sup> When clinicians stress their continued support and availability, this can profoundly influence patients' perceptions of communication.<sup>25</sup> Of course, such promises should be lived up to.

Although empathic communication, including reassurance about a continued relationship, is a critical component of patient care, the specific skills needed may be challenging for providers. The NURSE acronym<sup>26–28</sup> offers a scaffolding to promote empathic verbal communication during difficult conversations (described in **Table 1**

### Box 1

#### Older people's unique characteristics contributing to communication barriers

- First, older people face functional declines,<sup>18,19</sup> such as hearing and vision loss, posing significant barriers to effective verbal and nonverbal communication
- Next, cognitive decline often occurs,<sup>18,19</sup> which can affect processing and recall of information<sup>20,21</sup>
- Of particular importance are situations of severe cognitive decline, such as in dementia, making elderly patients dependent on surrogates and family caregivers (often the same persons)
- Multimorbidity may lead to increasingly complex medical and also communicative situations<sup>18</sup>
- Lastly, social problems and isolation threaten older peoples' social network<sup>19</sup>

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