

Communications by Professionals in Palliative Care



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KEYWORDS

- Geriatric • Palliative care • Clinical practice • Communication • Caregiver
- Family ageism • Uncertainty • End of life

KEY POINTS

- Involve family caregivers in decision making, as this enables them to make plans and complete advance directives that conform to their values and preferences.
- Family meetings are useful during transitions in care; addressing the emotions and fears of family members through empathic connections and strategies may improve outcomes.
- Recognize ageist bias.
- Assist patients to share what matters most before discussing advance directives.

INTRODUCTION

Good communication is at the core of palliative care, providing a medium for clinicians to express their concern and respect for patients that honors the mission of medicine. The patients' humanity evokes feelings of solidarity and empathy that lead to the compassionate care we all want for ourselves and for those we love. The moral aspects of caring become apparent in the guidance we provide and also in the choices patients and their loved ones make every day. Fluid communication allows clinicians to inform patients and to receive valuable information in return. Thus, communication skills are essential for responding to challenging clinical situations, providing leadership to a multidisciplinary team, and supporting trainees.

Although there is a robust literature on clinician-patient communication, clinical practice is derived from observed practices and consensus-driven guidelines. Many such guidelines were formulated with young or middle-aged patients in mind, individuals who prefer to act autonomously and who are interested in sharing the responsibility of medical decisions with professionals. Research has focused on

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how best to inform those patients who still think of their future in very broad terms, imagining they have decades left to live, but fail to capture the pressing concerns of the very old. It seems reasonable that middle-aged patients may consider present tradeoffs for the sake of future gains, whereas older individuals may prefer not to sacrifice their independence or present quality of life for the possibility of a short extension of their life. These differences in outlook and perspective add another layer of complexity and need to be taken into consideration.

Excellent communication conveys a powerful message of service and compassion to patients and their families and helps to establish collegial relationships among members of a multidisciplinary team. Cultivating these skills is essential in order to broach difficult topics and to help patients and their families articulate their preferences for care when confronted with complex treatment options or when they transition to end-of-life care. Communication can be just as powerful as any drug and needs to be carefully dosed and tailored to meet the needs of individual patients. Meaningful conversations can enable patients and family caregivers to make plans and complete advance directives that conform to their values and preferences. Engaging patients and families in the process of completing advance directives and designating a health care proxy is an important step toward closing the gap between those who say they hope to spend their final days at home and the small proportion that actually do.

In 2009, approximately 1 in 4 adults aged 65 years and older died in acute care hospitals, 1 in 3 in nursing homes, and 1 in 3 at home.^{1,2} Among all decedents, 1 in 3 experienced an admission to the intensive care unit (ICU) in the month preceding death. A recent report by the Institute of Medicine, *Dying in America*, provides convincing data that too many older individuals die in overmedicalized environments because they were unprepared to make important decisions that could have helped them maintain a semblance of control and dignity in the final weeks and months. The report is a call to action, clearly noting that there is an urgent need to engage older patients and their family caregivers in frank conversations about death and dying and to coach them to think about their preferences for care during the final weeks or months. Furthermore, given our inability to predict the final weeks or months of life, it is imperative that these matters are discussed before the illness becomes advanced.

In this article, the author first examines the ageist bias that is prevalent in clinics today and then reviews the basic communication principles and strategies that can help clinicians make their conversations with patients more focused and meaningful, thereby preparing patients and their family caregivers to make decisions in a crisis and to engage in planning for end-of-life care as early and intensively as possible.

AGEISM

Adults worry that as they grow older, they will be less able to fully enjoy the world. New research has begun to emerge showing that the opposite is true; in fact, when adults of all ages are asked about their sense of well-being, the oldest group tends to respond more positively than other age groups. In a new and optimistic book on aging, Holland and Greenstein³ posit that well-being is in the shape of a U: high during young adulthood dropping to its lowest around 50 years of age then rebounding and rising continuously. Stanford Psychologist Laura Carstensen⁴ suggests that with age comes greater motivation to find a sense of meaning in life and less of a need to focus on expanding personal horizons. This mindset allows for more thoughtful decision-making when it comes to life or economic choices.^{4,5} Unfortunately, we know very little

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