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Death talk: Basic linguistic rules and communication in perinatal and paediatric end-of-life discussions



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ABSTRACT

Objective: This paper considers clinician/parent communication difficulties noted by parents involved in end-of-life decision-making in the light of linguistic theory.

Methods: Grice's Cooperative Principle and associated maxims, which enable effective communication, are examined in relation to communication deficiencies that parents have identified when making end-of-life decisions for the child. Examples from the literature are provided to clarify the impact of failing to observe the maxims on parents and on clinician/parent communication.

Results: Linguistic theory applied to the literature on parental concerns about clinician/parent communication shows that the violation of the maxims of quantity, quality, relation, and manner as well as the stance that some clinicians adopt during discussions with parents impact on clinician/parent communication and lead to distrust, anger, sadness, and long-term difficulties coping with the experience of losing one's child.

Conclusion: Parents have identified communication deficiencies in end-of-life discussions. Relating these communication deficiencies to linguistic theory provides insight into communication difficulties but also solutions.

Practice implications: Gaining an understanding of basic linguistic theory that underlies human interactions, gaining insight into the communication deficiencies that parents have identified, and modifying some communication behaviours in light of these with the suggestions made in this article may lead to improved clinician/parent communication.

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"A good doctor is someone who knows the content; a great doctor is how he interacts with the patient and the patients' families." (Father interviewee [1]).

1. Introduction

End-of-life (EoL) discussions are difficult and emotionally challenging but when such discussions are held with expectant parents or parents of children with life-limiting conditions, the difficulty is magnified for all parties involved and the emotional demand on parents is enormous.

The centrality of the role of communication in medicine is indisputable, as evidenced, for example, by the literature relating to breaking bad news to patients [2–5], doctor–patient communication [6–10] and communication skills training for clinicians [11–13]. Despite acknowledgement of the importance of communication in medicine and considerable focus in this area over many decades [9], parental concerns about communication in EoL discussions for their child are recurring and persistent.

Several issues may affect the progress made in this area. The quality of communication is greatly affected by the limited time healthcare professionals have at their disposal; the personal challenge health care professionals themselves face when dealing with parents also seems to play a role [14,15], and, importantly, there is a lack of sustained training in communication [12,14]. The focus of doctors' training has traditionally primarily been on the technical aspects of treatment and the preservation of life. It is only

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in very recent years that the focus of the role of medicine has shifted to a more holistic approach. Therefore, communication may still be impacted by this long tradition in medical training,

especially given the variation in communication skills training. Where communication training is provided, it has been shown to be effective but such programs are not always available for all

Table 1
Grice's four Maxims

Category	Supermaxim	Maxim	Examples of the violation of the maxims in EoL	How the Maxims have been violated
			discussions in parents' own words	
Quantity (amount of information provided)	n/a	Make your contribution as informative as required (for the current purposes of the exchange) Do not make your contribution more informative than is required	1. A "Please keep parents informed. It seems a constant uphill struggle to obtain information, particularly in the hours immediately after delivery or transfer [15]." 1. B "I think they knew more than they wanted to tell me. Like the last day, I think they knew, and they weren't they just didn't want to I guess but sometimes they need to prepare that person. I would have been able to deal with it better; I would have been more prepared, my husband would have been there [16]." 1. C "We were very much on our own. We had a lot of questions and we didn't have anyone to answer them [17]." 1. D "It was very important for us to get some time with these very busy doctors. I think that on certain occasions the doctors should perhaps take the initiative to work out an agreement with parents such as: 'Shall I bother you with all the details that worry me, or shall I not say anything, or shall we try to find a good middle ground about what I tell you?' I had more than enough problems without having to worry about all the things that could go wrong [18]." 2. A "there was times where it was too much information [1]. 2. B Father did not want so much information because "point blank, I'm scared [1]."	The first four examples indicate parents' perception that too little information was made available. Violation of the first part of this maxim is evident in the described struggle to access information (1A), the sense that doctors were withholding details (1B), the isolation created by a lack of healthcare professionals to provide answers (1C) and the need to secure time with doctors (1D). Quote 1D also highlights the need parents might have for varying degrees of information provision and points to the need to check how the Maxim of Quantity should apply in this challenging context. Parents in 2A and 2B indicate that they found the information provision more detailed than desired thus pointing to the violation of the second part of this maxim. In 2B we are provided with an explanation of why too much information was unwelcome for this father; it was overwhelming and created fear.
Quality (factual accuracy of information provided)	Try to make your contribution something that is true	Do not say what you believe to be false Do not say that for which you lack adequate evidence	1. A "Be honest with parents and don't be scared of telling the truth. People cope-they don't have a choice [15]." 1. B "I would like to know why, when there were so many physical signs that led us to believe that it was a very, very serious situation, why didn't they say that [19]?" 2. A " the thing that bothered me the most is that she told me I am sorry for your loss before they checked her heartbeat Before they took me to the delivery room and she kept telling me I am sorry, I am so very sorry for your loss and then they found that she had a heartbeat [20]."	Maxim of Quality be observed in interactions with parents. Such a request usually only arises when a violation of the maxim has already been experienced. In 1B, the parent highlights the violation of this maxim by stating that the information they were given was contrary to the
Relation (pertinence of information provided to the matter at hand)	n/a	Be relevant	"[There were] too many doctors explaining things, there really should be just a few. It's too confusing [21]." "I think the doctors need to talk to one another. I think that is a very important thing to do [19]"	It is difficult for parents to ascertain which information they need to take into account to make decisions when there are multiple sources of information (which often differ both in content and focus). Parents here are requesting fewer sources of information so that they are better able to accurately relate the information to their child. The request for fewer sources of information points to the need for group consultations so differing views can be discussed, clarified, and differences can be resolved so parents do not have to question the relevance of multiple bits of information for their child (See Section 3.3 for more detail)
Manner (clarity of information conveyed)	Be perspicuous	Avoid obscurity of expression Avoid ambiguity Be brief (avoid unnecessary prolixity)	1. A "There got to a point in our hospital stay when a certain doctor came in and I couldn't tell you a word he said. I know he was there, I couldn't tell you a word he said [28]" 2. A "No one ever told me the baby could die. I never understood what was happening medically. The doctor came out during the operation and asked my wife if they should stop or continue the operation. I didn't understand that the baby would die either way at that point. No interpreter came during this conversation [31]."	Manner but may also be a violation of part 2. In 2A the father indicates that part 2 of the Maxim was violated, as the information provided was ambiguous and did not clearly convey the expected outcome of the operation. His quote may also indicate that the information was

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