

WORDS MATTER

Communication Tools in End of Life Care

ASK – TELL – ASK

ASK

What do you understand about your illness?

What have the doctors told you about your medical condition?

TELL

Deliver information you need to. “It is a serious condition.”

ASK

Sometimes I don’t communicate well. Can you tell me what you heard?

Is there something more that I can help you understand?

Can we delve deeper knowing the seriousness of your condition?

RESPOND to PATIENT EMOTION

“I WISH”

Aligning with the patient while acknowledging that bad things can happen:

“I wish things were different.”

“I wish I had better news.”

N.U.R.S.E.

Naming (the problem or emotion)

Understanding (where are they coming from and what are their feelings)

Respecting (show it verbally and NON VERBALLY)

Support (give them credence and express your concern)

Explore (Tell me more about...dwell more in depth on their concerns)

Explore Values and Elicit Goals

Given the severity of your illness, what is most important to you?

As you think about the future, what are your most important hopes?

What are your biggest fears?

How do you think about balancing quality of life with length of life in terms of your treatment?

What do you consider your quality of life to be like now?

What makes life most worth living for you?

Giving Bad News – S.P.I.K.E.S.

Set up the interview

Assess the patient’s Perception

Obtain the Patient’s Invitation

Give the Knowledge to the patient

Address patient Emotions with Empathetic responses

Summarize and provide strategy

Phrases to Avoid

“There is nothing more we can do for you.”

“I know what this must be like.”

“Would you like us to do everything possible?”

“Stop the machines.”

“Withdrawal of care.”

“It is futile.”

HOSPICE

Hospice care is a covered benefit under Medicare and other insurance programs for patients with a prognosis of six months or less. A patient can remain in hospice care beyond six months if a physician re-certifies that the patient is terminally ill.

- Hospice is a **concept of care** designed to provide comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments.
- Hospice care neither prolongs life nor hastens death.
- Hospice team members have **specialized knowledge** of medical care, including pain and symptom management.
- The goal of hospice care is to improve the quality of a patient's last days by offering **comfort and dignity**.
- Hospice deals with the **emotional, social and spiritual impact** of the disease on the patient and the patient's family and friends.
- Hospice offers a variety of **bereavement and counseling services** to families before and after a patient's death.

Basic Structure for Discussing DNR

Setting

“I’d like to talk with you about possible health care decisions in the future.”

Perception

ASK – TELL – ASK

Expectation

The “Invitation” from SPIKES

What are the **goals of care**?

Discuss DNR

The “K” from SPIKES

Instead of giving knowledge, discuss DNR

“If you should die in spite of all of our efforts, do you want us to use heroic measures to attempt to bring you back?” OR “How do you want things to be when you die?”

Make a recommendation

“Most people who express similar opinions have a DNR order.”

Emotions

Respond to emotions, NURSE

Establish and implement the plan

The “Summary” from SPIKES

- Patients do not want CPR. They want OUTCOMES they think are likely to result from CPR.
- DNR order does not mean “Do Not Treat.”
- It is OK to use the word “die.”
- Don’t introduce CPR in mechanistic terms (e.g., “starting the heart” or “putting on a breathing machine”).