BSH Heart Failure Day for Revalidation and Training 2017

Presentation title: Communication skills; tips from a palliative care specialist

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Conflicts of interest: None
Communication skills: tips from a palliative care specialist

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Objectives

- To consider what pieces of information we might need to deliver
- To think about ways to ensure that patients and families understand what we are trying to tell them
- To ensure empathic communication that does not do harm
- To make sure that we enable patients to have honest conversations whenever possible
- To acknowledge that we might not always be able to the conversations that we want to have
SPIKES

• Setting Up
• Perception
• Invitation
• Knowledge
• Emotions
• Strategy and Summary
Difficult conversations

- What is heart failure
- Worsening medical condition
- Advance care planning
- DNACPR
- Switching off defibrillators
Advance Care Planning

• An opportunity!
• To help patients understand that they may have a poor prognosis
• To explain choices that individuals may or may not have
• To start conversations in families about what might lie ahead
• To help people to understand that they are not going to live forever!
Advance Care Planning

- DNACPR
- Preferred Place of Care/ Death
- Where do patients not want to be cared for
- Advance Decision to Refuse Treatment
- Lasting Power of Attorney (health/welfare or property/affairs)
- This in turn may trigger discussions about wills and funerals, organ donation etc.
Why Advance Care Planning (ACP)

- Patients often prefer not to be in hospital
- Hospital managers & CCGs keen to avoid ‘inappropriate’ admissions
- Controversy around hospital death rates, lack of dignity for patients and compassionate care
- More than 50% complaints about hospitals received by the former Healthcare Commissioner related to End of Life Care
- For OOH services, hospital admission is the easy option

ACP EMPOWERS PATIENTS AND FAMILIES
If We Don’t Do It

• Inappropriate hospital admissions
• Inappropriate investigations in dying patients
• Inappropriate interventions in dying patients
• Families feeling guilty about how loved ones have died
• Patients dying in hospital when they don’t want to be there
When to do it

- When patient and family are present if possible
- When you have time and can be present
- When something has changed—a change in care location, a hospital admission
- When it is clear that the patient is deteriorating
- The patient asks you to
Useful phrases or questions

• I understand that you have been in hospital-how was that?
• How do you think that things are going at the moment with your heart?
• Are you the kind of person who wants to know everything about their illness?
• It seems that you are a lot more poorly at the moment
More useful phrases

• We are doing everything that we can to help you get better
• Planning for the worst, hoping for the best
• I’m not expecting anything to happen imminently
• You can change your mind, that’s ok
• This will help us to give you choices about what happens to you if you become more unwell

ALWAYS ASK PERMISSION TO COMMUNICATE THE ACP & DNACPR WITH OTHER HCPS
Resuscitation

Remember

• You are not offering a choice
• Be clear-this is a medical decision
• We write the menu and for some people resuscitation is not on the menu.
• Making families feel that they have to make this decision has a huge impact on bereavement
What are you proposing?

- Full active management to the point of cardiac arrest
  
  OR

- Withdrawal of active treatment and symptom control
Resuscitation - useful phrases

- I need to talk to you about what might happen if your heart stops.
- We will do everything we can to stop this from happening but if it does, your heart is so weak that we will not be able to restart it.
- Even if we could restart your heart, you would be on a breathing machine on the intensive care unit and your heart is so weak that we would not be able to get you off it.
DNACPR and ICDs

IT IS POSSIBLE TO HAVE AN ACTIVE ICD AND A DNACPR

- ICDs will only treat shockable rhythms
- We should not be trying to resuscitate patients with an ICD who have gone into asystole or PEA
- Difficult to explain to some lay people.
- ‘There are different ways that your heart can stop pumping. Your ICD works for one of those ways. For the others we will not be able to restart your heart and we should not try’
Resuscitation – useful phrases

- ‘CPR is a brutal process that can do a lot of damage including cracking ribs. We should only do it if we think that there is a chance that it might work’

- ‘The point of this discussion is to allow you to have a peaceful and dignified death when the time comes and for us not to do things to you that are harmful and will not work.’
Switching off ICDs

- Timing is fundamentally important, especially in those whose device has fired recently
- Must explain that we are only switching off the defibrillator part and the rest of the device will continue to work to support the heart
- Patients often think that if you switch off their device they will die straight away
Emotions

Observe the patient for signs of emotion
Identify and name the emotion
Identify the reason for the emotion
Allow the patient to express the emotion
Let the patient know that you have understood the emotion and the cause
Show empathy
People are very different

‘Do not go gentle into that good night,
Old age should burn and rave at close of day;
Rage, rage against the dying of the light.’

Dylan Thomas

‘Good-by to the life I used to live,
And the world I used to know;
And kiss the hills for me, just once;
Now I am ready to go!’

Emily Dickinson
The Way Forward

• Have courage!
• Work together
• Learn from each other
• We all have a responsibility for this work
• Communication, communication, communication!
• Hospice Enabled Heart Failure Care publication 2017