Communication as the Cornerstone of Palliative Care Practice

Barbara Reville, DNP, CRNP, ACHPN
“Sick people need physicians who can understand their diseases, treat their medical problems, and accompany them through their illnesses.”

Rita Charon, 2007
National Consensus Project Guidelines

Communication is key element of palliative care

- Developmentally appropriate and effective sharing of information
- Active listening
- Determination of goals and preferences
- Assistance with medical decision-making
- Effective communication with colleagues

Communication Barriers Physicians

- Uncertainty in prognostication
- Reluctance to disclose frank prognosis
- Fear of eliciting strong emotion
- Sense of clinical failure
- Bearing burden of bad news conversation
RN Communication Skills Deficits

- Block pt’s emotional expression of distress
- Lack skills to express empathy
- Concern for physical care needs over emotional needs
- Difficulty discussing spiritual or religious issues
- Broaching palliative care issues with MDs

Reid-Ponte, 1992; Kruijver, 2000
Outcomes of Poor Communication

• Patient
  – Futile life-prolonging care in conflict with values
  – Suffering
  – Psychosocial morbidity for family members
  – Underutilization of palliative care or hospice care

• HCPs
  – Moral distress
  – Emotional burnout
  – Economic cost

Deharnais et al., 2007
What makes for a Good Death?

Essential end-of-life care from perspective of families and professional (hospice) caregivers following end-of-life experience:

1. Pain and symptom management
2. Clear decision-making
3. Preparation for death
4. Completion
5. Contribution to others
6. Affirmation of the whole person

Steinhauser, KE et al., 2000
Committee on Quality HealthCare

Communication is 1 of 6 key elements of high quality care

National Cancer Institute

- Patient-centered communication improves health outcomes

Communication Skills Mnemonics

- BATHE
- NURSE
- ICE
- LEARN
- VALUE
- SPIKES & ABCDE
- SOLER
- COMFORT

Knops & Lamba, 2010; Wittenberg-Lyles et al., 2010
Grant Wood
1930
Narrative Competency

“...the ability to listen to the narratives of the patient, grasp and honor their meanings, and be moved to act on the patient’s behalf.”

-Absorb
-Interpret
-Reflect
-Respond

R. Charon, 2007
Narrative Clinical Practice

• Storytelling is a natural human interaction
• Narratives reveal patient’s illness experience
• Narrative competence requires clinicians to deconstruct the illness story
• Develop self-reflection on practice
• Guide patient to new appreciation of situation

Mezza & Passerman, 2011
“If we do it badly, they may never forgive us-if we do it well, they will never forget us.”

Robert Buckman