

**Having the Conversation**  
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**Webinar Summary**

Difficult conversations about end-of-life can arise during discussions of diagnosis, prognosis, clarification of treatment options, discussion of goals and preferences for care, significant changes in health situation, and code status -- meaning what would the patient's quality of life be like after given resuscitation. Healthcare workers should develop skills to have these difficult and impactful conversations.

**Essential elements of these conversation include:**

- Provide ample time (tell the patient how much time is available for the conversation so they can get their questions and comments in before the time is up).
- Use silence wisely so that the patient has time to reflect on what they have heard.
- Attend to body language (make eye contact, face someone, make sure that the patient is comfortable wherever they are – be aware of changes in the patient's body language that might indicate physical or emotional pain).
- Avoid medical jargon (kidney vs. hepatic, talk in regular person language, not medical).
- Avoid platitudes & false reassurances and promises that cannot be kept (tell them what you know and recommend from a genuine place, so they know that you will be there for them through the next steps).
- Be genuine and honest (treat people like you would like to be treated at this point).

**Prepare for the conversation:**

- Your environment matters, control it to the best of your ability.
- Is it quiet, comfortable?
- Have you turned off your phone and let people know that you do not want to be interrupted? If you cannot avoid being interrupted, let the patient know why you may be interrupted.
- Make sure you have all the information that you need to discuss their situation, including Advance Directives so that you understand where the patient stands and what decisions they have already made. You will also want their history of present illness (HPI).

**Prepare yourself for the conversation:**

- Check in with yourself and be honest with yourself. What issues do you have that you may project onto this conversation and how can you manage these to ensure that your emotions do not get in the way of this important discussion -- which should be all about the patient.
- What are your fears around this conversation?
- How comfortable are you with the word "dying?" Culturally we have done a poor job of the continuum of life ending in dying, how can you get more comfortable with that as a concept?
- How do you deal with difficult conversations in your own life?
- What barriers do you anticipate?
- Do you know this patient well enough to know what might come up? Understand what information you need to clarify before having this conversation.
- Make sure you have the right people involved such as any decision-makers, caregivers, other providers, and other disciplines you may be working with so that you can describe in full what care the team understands about the patient's situation and what they can provide at this point.

## Having the conversation:

- **Start with open-ended questions** to get an overview of what the patient already knows:

*“Tell me what the doctors/providers have told you about your condition?”*

*“Can you describe your sense of how things are going?”*

*“What’s your understanding of your diagnosis?”*

*“Tell me about the past 3-6 months.”*

Usually, this period is a good one to inform what a patient is thinking. Questions like this will give you an idea of what the patient knows and how they feel about their situation.

- At this point you can **review, correct, and add information**. This is an overwhelming time for your patient, and it is important to acknowledge that. Ask permission to review the information you have been given and proceed by providing a recap like *“Can I bring you up to date on what we know?”* Using a bottom-line statement is important. You should be using information that you discussed like *“from what we know now your \_\_\_\_\_ is getting worse”* so that the patient understands you have a full understanding of their health situation.
- After your recap you should **prepare to be asked tough questions** like:

*“How long do I have? What will happen? Will there be suffering? What do we do next? Who \_\_\_\_\_ will be able to help us?”*

Of course, you will not have all the answers. Discuss uncertainty in the illness, process, or the unknown. You cannot know everything and communicate with an honest *“I don’t know.”* when you truly do not. You can ease the patient’s emotions by providing hopeful statements such as: *“I hope there’s no suffering,” “I hope you have \_\_\_\_\_ (this much time).”*

- **Provide a very brief wrap-up of this discussion.** *“Today we reviewed your options and agreed.... hospice is your chosen option to get the care and support you need, and we can make a referral today and you will hear from them within 3 days.”* Reiterate the next steps so that the patient understands these important steps.

Having difficult conversations is truly a skill. Like any skill, the more you practice, the easier it will become to have an honest and helpful conversation with the patient.

You can effectively use some canned language when you are practicing, for example saying *“wish.... worry.....wonder.”*

*“I really **wish** things were going better, but I **worry** that if we do not talk about how quickly things may change, we could miss an opportunity to make some important plans with your family. I **wonder** if we should talk about next steps.”* Using canned language like this that you have practiced and are comfortable with will keep you focused on the message, and not tripping over choosing the right words.

### **Additional Resources:**

[From Ariadne Labs, a Serious Illness Conversation Guide](#)

[From Palliative Care Network of Wisconsin Delivering Bad News](#)

Hospice of Southern Maine is available to help you with difficult conversations, please consider us your resource as well.



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