Difficult Conversations In Cancer Care

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Questions:

Have you had to talk to a patient about “bad news?”

Was it stressful?

Were you honest with the patient/family?
Difficult conversations: It is not easy

- Giving bad news is stressful:
- One of the most difficult tasks HCPs engage in:
  - 42% of physicians say that the stress lasts hours to days after
  - Lying is less stressful than giving bad news
- Can lead to burnout and depression

Difficult conversations cause physiologic changes

- N = 77
- 2nd year medical students
- Simulated bad news consultations associated with a significant increase in:
  - Stress levels
  - Anxiety
  - Cortisol
  - Systolic blood pressure
  - Heart rate

Giving bad news: suboptimal

- Most patients don’t receive accurate information:
  - Only 37% of cancer pts do
  - False hope may lead to adverse patient outcomes

- Reasons for inaccurate information:
  - Protect patients
  - Protect ourselves
  - Lack of communications training
    > 50% learned to give bad new by “trial and error”

Difficult conversations with patients are important

- Permits patients and families time to plan/cope
- Most people want to know
  - 98% of pts wanted their HCP to be realistic

When done properly, giving bad news does not make things worse

- **Patients:**
  - Those informed about prognosis did not have higher levels of anxiety/pain or other symptoms
  - ↑ pt satisfaction and QoL
  - Strengthens HCP-patient relationship

- **HCPs:**
  - Those who viewed communication as a central part of care and had specific strategies → less burnout and more job satisfaction

Lundquist G et al: J Clin Oncol. 2011; Sep 12 (ahead of print)
Video
Giving bad news

The characteristics most valued by patients are those that help patients/families:

- Feel guided
- Build trust
- Support hope

Tailored specifically for the needs of the patient

6 step protocol

1) Setup

- Prepare!
  - Have the necessary medical facts
  - Plan what you are going to say

- Avoid distractions:
  - Have enough time

- Make the pt and family feel comfortable:
  - Sit down!
  - Make eye contact

2) Perception

- Find out what the patient/family knows:
  - About the disease process or recent tests
  - About expectations of treatment
  - About his/her goals

- Gently correct any misconceptions or misunderstandings

3) Invitation

- Ask permission to discuss the information
- Find out how much info the pt wants to know
  - Sometimes patients don’t want to know
  - Designate a loved one to hear the information

4) Knowledge

Tell the patient the information that you have:

- Give a warning that bad news is coming
- Keep it short
- Avoid using medical jargon
- Be direct
- Use pictures/drawings

- It is ok to be quiet
- Give the pt time to absorb the info and respond

5) Empathize

- **Name the emotion:**
  - i.e. “I wonder if you’re feeling angry?”
  - Avoid direct statements: “I can see you’re angry about this”

- **Understanding:**
  - i.e. “my understanding of what you are saying is that you’re concerned about the emotional effects your cancer journey on your kids”

Respect:
- i.e. “I am very impressed with how well you’ve continued to care for your children during this long illness”

Support:
- Verbal and non-verbal communication

Explore
- i.e. “tell me more about how this makes you feel”

“NURSE”

“I wish”

- i.e. “I wish there were more treatment we could give you that would make a difference”
- Better than: “There is no treatment to help you”
- More effective than: “I’m sorry”

“hope for the best, prepare for the worst”

- i.e. “I really wish your mother could get better, and we should still hope for that; at the same time, we need to prepare for what will happen if she doesn’t get better”
6) Summarize and strategize

- Summarize the information
  - Have the pt articulate what has been discussed

- Plan for the next step
  - Reframe hope using pts goals
  - Hope is complex, multidimensional and flexible
  - Set boundaries or endpoints

- Few pts want to make treatment decisions alone (16%)

Heyland DK, et al: J Crit Care 2003;18:3-10
Breaking bad news

S: Setup

P: Perception

I: Invitation

K: Knowledge

E: Empathize

S: Summarize and strategize
Bad news: The patient perspective

- N = 248 adults who had previously received bad news
- Given 48 bad news vignettes
- Emotional supportiveness and knowledge quality were the most important factors
- Level of bad news did not matter

Bad news: The patient perspective

- N = 104
- Breast cancer patients and healthy volunteers
- 4 scripted bad news scenarios
  - Explicit prognosis (yes vs. no)
  - Reassurance about non-abandonment (yes vs. no)
- Best scores = Explicit prognosis + non-abandonment
Does communication training improve outcome?

Yes:
- Improves communication style, skills and behaviors
- Improves care-giver empathy

Remaining questions:
- How much training?
- What type?
- How sustainable are the changes?

Video
Communication road blocks

- **Getting agitated/ flustered:**
  - Anger is a normal part of the grieving process
  - Stay calm

- **Premature reassurance:**
  - When a physician responds to a pt concern with reassurance before exploring and understanding the concern

- **Collusion:**
  - “don’t ask, don’t tell” situation
  - Important conversations will be missed

Communication road blocks

- **Blocking:**
  - When a pt raises a concern, but the physician fails to respond
    - i.e. Pt → “how long do I have to live?”
    - Physician → “lets not worry about that” or “how is your breathing?”

- **Not enough time**

- **Lecturing:**
  - Avoid giving a large amount of information all at once
  - Pts often feel overwhelmed with new medical information

Self-care

“Being in medicine and expecting not to be impacted by the suffering of our patients is like expecting to swim through water without getting wet.”

V Rachel Naomi Remen, Kitchen Table Wisdom

Medicine traditionally has had a culture of self-sacrifice instead of self-care:

- “Things will get better in the future”
- Delayed gratification
- Poor role models

Stages of burnout

Healthy
- Compassion
- Empathy
- Wellbeing

Compassion Fatigue
- Hyper-arousal
- Avoidance
- Re-experiencing

Burnout
- Emotional exhaustion
- Cynicism
- Feeling ineffective

Other signs and symptoms of burnout...

- Physical exhaustion
- ↓ concentration
- Weight changes
- Frequent headaches
- Frequent illness
- Insomnia
- Boredom
- Addictive behaviors
- Social withdrawal
- Impaired job performance
- Detachment from the job
- Perfectionism/rigidity

Percentage of Ontario cancer care workers experiencing symptoms associated with burnout (N = 681)

<table>
<thead>
<tr>
<th>Type</th>
<th>Emotional exhaustion</th>
<th>Depersonalization</th>
<th>Low personal accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>53.3</td>
<td>22.1</td>
<td>48.4</td>
</tr>
<tr>
<td>Allied health</td>
<td>37.1</td>
<td>4.3</td>
<td>54</td>
</tr>
<tr>
<td>professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support staff</td>
<td>30.5</td>
<td>5.5</td>
<td>31.4</td>
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</tbody>
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1/3 of responders considered leaving for a job outside of the cancer care system
The risk of burnout in oncology: 2014

N = 550, Belgium

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th>Signs of Burnout</th>
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<tbody>
<tr>
<td>Medical oncology</td>
<td>51.2%</td>
</tr>
<tr>
<td>Other oncology physicians</td>
<td>38.9%</td>
</tr>
<tr>
<td>Nursing</td>
<td>22.2%</td>
</tr>
<tr>
<td>Social work</td>
<td>20.9%</td>
</tr>
<tr>
<td>Psychology</td>
<td>13.8%</td>
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Burnout

- Associated with poorer health
- Depression
- Suboptimal patient care
- ↓ patient satisfaction
- Medical errors
- ↑ Medical-legal risk

Nurture personal wellness

- Maintain relationships
- Hobbies
- Protected time/vacations
- Engaging in religion/spiritual practices
- Proper sleep
- Healthy diet
- Regular exercise
- Regular medical care
- Professional counseling
- Keep a positive outlook
- Have a sense of humor
- Find meaning in work

Be self-aware

- Identify personal and professional values important to you

- Identify what gives your work meaning:
  - Maximize these activities
  - Develop skills to minimize stress associated with difficult responsibilities

- Take time throughout the day to recharge
- Consider reflective writing

Strive for dual-awareness

- Be aware of your own needs
- Remain emotionally engaged in the needs of the patient

- Studies show practitioners with dual-awareness have more job satisfaction/less stress and burnout

Compassion fatigue program: Hospital staff (N = 97)

<table>
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<tr>
<th>Live intentionally</th>
<th>Developing and following one’s professional covenant</th>
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</thead>
<tbody>
<tr>
<td>Learn to relax</td>
<td>Even while involved in caregiving</td>
</tr>
<tr>
<td>Self-validation</td>
<td>Aiming to live and work with integrity rather than pursuing acceptance</td>
</tr>
<tr>
<td>Connection</td>
<td>Cultivating social support in the workplace</td>
</tr>
<tr>
<td>Self-care</td>
<td>Refueling and restoring energy and passion</td>
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At 6 months = Significant ↓ burnout
“Hope does not lie in a way out, but in a way through.”

- Robert Frost
Conclusions

- Difficult conversations in oncology happen often
- Giving bad news does not negatively affect patients or their families
- Using simple techniques can improve the delivery of bad news
  - SPIKES acronym
  - personal satisfaction
- Self-care & self awareness are essential for good patient care