



# Sit Down, *Lean In*

The importance of  
connection in exploring  
suffering



**Mike Harlos MD, CCFP(PC), FCFP**

Professor and Section Head, Palliative Medicine, University of Manitoba;  
Medical Director, WRHA Adult and Pediatric Palliative Care

# Disclosures

---

- **Faculty / Speaker's name: Mike Harlos**
- **Relationships with commercial interests:**
  - **Grants/Research Support: None**
  - **Speakers Bureau/Honoraria: None**
  - **Consulting Fees: None**
  - **Other: this presentation reflects my own views and approach**

# Mitigating Potential Bias

---

- Not Applicable

# Learning Objectives

---

At the end of the presentation the learner will be able to:

1. Realize that all health care providers have an obligation to explore the suffering that underlies a desire for MAID, regardless of their personal view on the issue
2. Understand that the skills involved in exploring suffering can be taught and should be modeled in day-to-day clinical practice
3. Appreciate the imperative to advocate for improved resources to address suffering related to serious illness.

## Sit Down, *Lean In*

---

1. Connect, acknowledge, validate – the expression of suffering and despair should be a show-stopper –  
**“Sit down”**
2. What is happening in this person’s life that leads them to feel they would rather not be alive? –  
Explore, **“Lean In”**

## Connecting – “Sitting Down”

---

- We all have the skills, and the obligation, and the time, to connect – to metaphorically “sit down”
- the pause may be brief, the connection may be momentary yet meaningful and impactful if it is sincere
  - may be as simple as acknowledging the difficult situation and committing to help with it

E.g.

- physician in a busy clinic
- patient transport staff
- housekeeping staff

# Connecting

---

- You're a person, your patient is a person
  - you almost certainly have thoughts/worries/fears about death and dying, as do they
  - you almost certainly have experienced loss, as they now are
- This is your foundational qualification – your “admission ticket” to the conversation; your credentials for having a role
- Your profession provides an added layer of technical information and skill to help explore suffering, but without connecting *as a person* you cannot effectively provide support

## Exploring – “*Leaning In*”

---

- impacted by skill sets, scope of practice, time constraints, environment
- may need expertise of psychosocial and/or specialists spiritual care
- exploring doesn’t mean “fixing the problem” or “talking out of MAID”



**Functional fluency in the language of suffering** should be a core competency of all health care providers, and be taught at all levels of training and practice, and modeled in day-to-day care.

**Functional** does not mean you're an expert, but at minimum reflects a capacity to connect with (acknowledge, validate) rather than ignore the suffering person.

# Some General Principles

---

1. Complex, sensitive discussions are a *process* rather than an *event*
2. Clarity is key
  - When we don't like talking about something, we tend to talk around it with vague euphemisms
  - Clarity achieved through paced titration of honest information, frequent checking in
3. Do not make assumptions regarding:
  - understanding about the illness
  - the implications of faith/culture
  - the meaning of a silent pause

Be curious, respectful - *ask*



A photograph of a person in a dark shirt and pants pushing a large, smooth, reddish-brown boulder. The boulder is balanced on a smaller rock. The words "Difficult" and "Conversations" are written in blue, curved text on the boulder. The background is a bright blue sky with scattered white clouds.

# Difficult Conversations

**With difficult conversations, the hardest part is starting them; once they get going they tend to take their own direction.**

# Elements of Palliative Care

---

- attention to comfort and quality of life
- care is grounded in the “personhood” of the patient
  - who they are (or perhaps who they wish they had been, or who they hope to be)
  - their values, priorities, goals
- consideration of the impact of the illness on family, friends, community
- supporting involved health care providers with the emotional, ethical, and technical complexities of care

**Arguably, these should be core elements of *all* health care**

Palliative care includes the above, in the context of a life-limiting illness





A palliative approach should be a thread in the tapestry of all health care - how dominant the thread is depends on the context, goals of care

QUESTIONS?

