



# ***Osteopathic EPEC***

**Education for Osteopathic Physicians on End-of-Life Care**

*Based on The EPEC Project, created by the American Medical Association and supported by the Robert Wood Johnson Foundation. Adapted by the American Osteopathic Association for educational use.*



AMERICAN OSTEOPATHIC ASSOCIATION

**American Osteopathic Association  
AOA: Treating our Family and Yours**

## **Module 2**

# **Communicating “Uncomfortable” Information**



# Objectives

- Know why communication of “*uncomfortable news*” is important
- Understand the 7-step protocol for delivering bad news
- Know what to do at each step



# Importance

- **Most people want to know**
- **Strengthens physician-patient relationship**
- **Fosters collaboration**
- **Permits patients, families to plan, cope**



# 7-step protocol . . .

1. Know yourself
2. Create a plan
3. What does the patient know?
4. How much does the patient want to know?

Adapted from Robert Buckman



# . . . 7-step protocol

5. Sharing the information
6. Responding to patient, family feelings
7. Planning and follow-up

Adapted from Robert Buckman



# Step 1: Know Yourself

- *Physicians communicate their own emotional responses*
- *Be aware of your own responses*
- *Process your feelings with others*



## Step 2: Create a Plan

- *Allot adequate time*
  - *Prevent interruptions*
- *Determine who else the patient would like present*
  - *If child, patient's parents*
- *Plan what you will say*
  - *Confirm medical facts*
  - *Don't delegate*
- *Create a conducive environment*



# Step 3: What does the patient know?

- Establish what the patient knows
  - Child's parents
- Assess ability to comprehend new bad news
- Reschedule if unprepared



## Step 4: How much does the patient want to know? . . .

- Recognize, support various patient preferences
  - Decline voluntarily to receive information
  - Designate someone to communicate on his or her behalf



## . . . Step 4: How much does the patient want to know?

- People handle information differently
  - Race, ethnicity, culture, religion, socioeconomic status
  - Age and developmental level



# Advance preparation

- **Initial assessment**
- **Preparation for critical tests**
  - **What does the patient know? (step 2)**
  - **How does the patient handle information? (step 3)**



# When family says “don’t tell” . . .

- Legal obligation to obtain informed consent from the patient
- Promote congenial family alliance
- Honesty with a child promotes trust



# . . . When family says “don’t tell”

- Ask the family:
  - Why not tell?
  - What are you afraid I will say?
  - What are your previous experiences?
  - Is there a personal, cultural, or religious context?
- Talk to the patient together



# Step 5: Sharing the information . . .

- **Say it, then stop**
  - Avoid monologue, promote dialogue
  - Avoid jargon, euphemisms
  - Pause frequently
  - Check for understanding
  - Use silence, body language



# **. . . Step 5: Sharing the information**

- **Don't minimize severity**
  - **Avoid vagueness, confusion**
- **Implications of "I'm sorry"**



# Step 6: Responding to feelings . . .

- **Affective response**
  - Tears, anger, sadness, love, anxiety, relief, other
- **Cognitive response**
  - Denial, blame, guilt, disbelief, fear, loss, shame, intellectualization
- **Basic psychophysiologic response**
  - Fight-flight



# Step 6: Responding to feelings . . .

- Be prepared for
  - Outburst of strong emotion
  - Broad range of reactions
- Give time to react



# **. . . Step 6: Responding to feelings**

- **Listen quietly, attentively**
- **Encourage descriptions of feelings**
- **Use nonverbal communication**



# Step 7: Planning, follow-up . . .

- **Plan for the next steps**
  - Additional information, tests
  - Treat symptoms, referrals as needed
- **Discuss potential sources of support**



# . . . Step 7: Planning, follow-up

- Give contact information, set next appointment
- Before leaving, assess:
  - Safety of the patient
  - Supports at home
- Repeat news at future visits



# When language is a barrier . . .

- Use a skilled professional translator
  - Familiar with medical terminology
  - Comfortable translating bad news
- Consider telephone translation services



# . . . When language is a barrier

- Avoid family as primary translators
  - Confuses family members
  - Difficulty translating medical concepts
  - May modify news to protect patient
  - May supplement the translation
- Speak directly to the patient



# Communicating prognosis . . .

- **Some patients want to plan**
- **Others are seeking reassurance**



# Communicating prognosis . . .

- Inquire about reasons for asking
  - “What are you expecting to happen?”
  - “How specific do you want me to be?”
  - “What experiences have you had with:
    - others with same illness?
    - others who have died?”



# Communicating prognosis . . .


- **Patients vary**
  - “Planners” want more details
  - Those seeking reassurance want less
- **Avoid precise answers**
  - Hours to days ... months to years
  - Average



# . . .Communicating prognosis

- **Limits of prediction**
  - Hope for the best, plan for the worst
  - Better sense over time
  - Can't predict surprises, get affairs in order
- **Reassure availability, whatever happens**





# **Communicating “Uncomfortable” Information**

## **Summary**

