
Communicating with Seriously Ill Patients

Communicating with seriously ill patients can be one of the most challenging and difficult aspects of nursing care. Patients, their families, and caregivers often do not want to mention the possibility of dying and death, even in the face of great suffering. Here's what you can do to help your patients, keeping in mind that conversations with patients cannot always be planned.

Be prepared

- Know your patients' history and current situation. This is a way to help build trust.
- Create a supportive environment where the setting is private, for the patient and loved ones, and that is comfortable, and quiet.
- Allow enough time for conversation so patients do not feel rushed. Include important people of the patient's choosing in the conversation.
- Try to plan your schedule so there is enough time for discussion; however the best time for conversations may be during care.
- Be culturally sensitive when caring for your patients. Know their social and spiritual practices and understand how these factors may affect your patients' needs and desires. This is especially helpful for older patients.

What to do

- Maintain privacy.
- Speak loud enough for patients to hear you, but in a calm voice. Do not shout
- Listen with full attention. Limit disruptions or distractions including the use of cell phones and texting.
- Acknowledge patient's emotions with caring and empathy. It doesn't mean that you agree with the emotion, but that you have some insight into how the patient feels.
- Give your patient time to ask questions and express thoughts.
- Use proper body language, tone of voice, and manners to communicate respect and understanding. Positive body language can include relaxed posture, facing the patient, and being at the same eye level.
- Sit face to face, making eye contact and speaking directly with patients and family members. Ensure you are aware of patients' cultural practices. Ask the patient or family what would be the most comfortable and appropriate way of communicating. For example: Some cultures may find it offensive to talk directly at the patient, or to make eye contact.

Helpful statements to start the conversation

- “Tell me more about,” or “how does this make you feel,” will give you clues to patients’ emotional states.
- Stating: “I hear your concern, your worry, or your frustration,” is a helpful way to acknowledge that you heard what patients say.
- “What do you understand about your illness?”
- “How has this illness affected your life?”
- “What are you most concerned about at this time?”
- Offer supportive comments to your patients for controlling pain and other symptoms. Let patients and families know you will express their concerns to the nurse. Offer emotional support to them and their loved ones as you share this journey together.

Other HPNA Teaching Sheets on are available at www.HPNA.org

Reference

Curtis JR, Engelberg R, Young JP, et al. An approach to understanding the interaction of hope and desire for explicit prognostic information among individuals with severe chronic obstructive pulmonary disease or advanced cancer. *Journal of Palliative Medicine*. 2008;11:4:610-620.

Martinez J, Care at the time of dying. *Hospice and Palliative Nursing Assistant Core Curriculum*. Pittsburgh PA: The Hospice and Palliative Nurses Association: 2009; 77-86.

Quill T. Initiating end-of-life discussions with seriously ill patients. *The Journal of The American Medical Association*. 2000;284:19:2502-2507.

Robinson T, White G, Houchins J. Improving communication with older patients: Tips from the literature. *Family Practice Management*. 2006. Available at www.aafp.org/fpm. Accessed: November 21, 2013.

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