

## Communication with the Patient who is Dying

### Module II

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### Objectives

- Verbalize Basic Communication Skills
- Describe effective communication with hospice patients
- Identify barriers to communication with hospice patients

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### Communication

- Definition: the exchange of information between people
- Communication is much more than words. The research reveals the delivery of the message is comprised of:
  - Words 7%
  - Tone 38%
  - Non-verbal behavior: 55%

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### Basic Skills for Communicating

- Active Listening
- Paraphrasing/Summarizing
- Open-ended questions
- Reflections of feelings
- Self-disclosures
- Confrontation
- Interpretations
- Directives/advice
- Questions—sometimes overused and misused

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### Active Listening

- Listening With Full Attention To The Person Speaking
- Use Positive Body Language
- May include: Paraphrasing, asking open-ended questions reflection of feelings

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### Active Listening

- Is more than hearing. Processing the words along with the non-verbal and tone
- Listening with objective ears
- Focus on listening
- Avoid distractions

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### Paraphrasing

- Restating what you believe you heard the person say to confirm understanding
- Use your own words
- May use lead-ins:
  - So you are saying...
  - Are you saying...
  - Did you say....

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### Open-ended Clarifying Questions

- To get knowledge from our patients we can use questions that start with:
  - What
  - When
  - Why
  - How
  - Who
  - Where

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### Communication in Hospice

- Working in hospice does not allow us to avoid the subject of death
- Major component –to allow patients to die comfortably at home
- Your challenge—the emotional drain you may feel, and still communicate effectively with your patients

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### The Thought of Death evokes:

- Fear
- Fright
- Universal fear
- Anxiety
- Stress
- It's a subject we like to avoid

Kubler-Ross 1969

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### The Patient who is Dying Faces

- Isolation
- Avoidance by loved ones
- Being stigmatized

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### Hope and Dignity

- Should be maintained for the terminal patient
- Hope can change as the circumstances change
- Promote a sense of dignity with the hospice patient

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### Why is it difficult to Communicate?

- We have to face reality of our own death
- Not enough time to get involved
- Unable to handle the intense emotions
- Loved ones feel guilty
- Health professionals feel like failures

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### Why is it difficult to Communicate?— continued

- May be terrifying for family
- Produces anxiety and anger
- Defensiveness-fear of rejection

These feelings make it even more important that we have clear and honest communication—which may be a challenge----WHY?

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### WHY—Here is the Answer

- Both parties—the Aide and the patient are looking for cues (both verbal & non-verbal) that there is acceptance between the two
- Hospice patients feel limited in what they may reveal because they are “dying patients” or “hospice patients”

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## How to Overcome That Obstacle

- Being open
- Genuine/honest
- Empathetic
- Understanding

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## Expressions of Secret Fears

- I'll die a painful death
- Giving up
- Having to say good-bye
- My dad is dying
- That I may get cancer when I grow up
- That I will die without coming to peace with life
- Being totally dependent on others
- That I won't be there when I am needed the most

The Helper's Journey

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## Secret Hopes

- That I can keep laughing at this
- That I beat this
- That my mom will not suffer
- I hope for courage and lots of it
- That my wife can overcome this
- That I can give the emotional support throughout this
- Communication, forgiveness, patience & that there is hope

The Helper's Journey

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## “Conspiracy of Silence”

- Usually a secret or unstated agreement to remain silent among those who know something whose disclosure might be damaging, harmful, or against their own best interest or that of their associates.

Dictionary.com

- Health care workers often find loving, caring families unable to share their fears, worries, and strengths, and a "conspiracy of silence" is developed to protect the patient.

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## The Truth about the Conspiracy of Silence

- Prevents honest, open communication
- Doesn't protect anyone
- Prevents the opportunity for preparatory grief
- No chance to say good-byes

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## What is Our Role in this Situation

- Show compassion
- Honest and open communication
- Active Listening
- Be present
- Emotional support

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### Tips about Communication

- Remain objective
- Remember & respect patient's beliefs, even when they don't match ours
- Listen more than we talk
- Quiet time is ok
- Be honest and true to your word
- Don't give advice

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### Statements to Avoid

- "I know how you feel."
- "It will be alright."
- "You'll get through this ok."
- "Everything will be alright."
- "All things happen for a reason"

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### Later stages of dying

- Less expressive
- Emotional support may be needed
- May only need to be there
- Hold their hand/ sit beside them
- Silence is okay

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### Suggestions for What One might Say When Someone is Dying

- I will not leave you alone
- Is there anything I can do to make you more comfortable
- Thanks for all you have taught me
- I love you
- I will be truthful with you
- I respect you

HPNA

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### Special notes

For patients who do not talk, and are semi-comatose remember:

- That hearing is the last sense to leave the body before death
- Speak to them as you normally would
- Communication with great compassion is important to the hospice patient
- If the patient communicates, it is with expressions
- Watch for signs of pain in the patient who is dying

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### Additional Measures When Working with the Dying Patient

- Encourage expressions of feelings
- Be honest with the patient
- Assist with short-term goals
- Use touch if appropriate- hold hand, hug, place hand on shoulder (get permission)
- Don't confuse terminal awareness with delirious or agitation

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### Take Away

- Each patient and family is unique. Different diagnosis have different trajectories or paths that lead to death
- Your presence, compassion, honesty, understanding and support for each patient and family is a gift you give during this significant event in their lives

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