CARE CONVERSATIONS WITH CLIENTS ABOUT LIFE LIMITING ILLNESS, DYING & DEATH

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MENTAL HEALTH NURSES

- Often the ‘constant’ in the client’s care journey
- Possess most of the prerequisite skills
- Are person- & family-centered in their approach to care
- Counselling skills
- Education/teaching skills
- Work collaboratively with interdisciplinary teams

CARE CONVERSATIONS

- Knowing communication skills (verbal & nonverbal)
- Knowing how to engage clients
- Recognizing every care conversation may be different
- Developing therapeutic relationship
- Allowing the client to tell their story
- Allowing client to set the pace, to lead the discussion, to ask questions
- Listening
- Honoring the client's wishes
- Reflecting – on what you would want or not want at end of life
- Addressing any ethical, medical or legal issues

IMPORTANT CONSIDERATIONS

- When & where to ensure privacy & confidentiality
- Who should be involved
- Focus on goals of care rather than end of life
- Clients may change their choices over time
- Cultural & spiritual values, beliefs & practices
- Gender expression, identity,
- Emotions & fears; sense of control, safety, dignity
- Life review, photos, journaling, story telling, reminiscence,
- Past experiences with death & loss
- Potential burden & responsibilities of families

OTHER CONSIDERATIONS: TRAUMA INFORMED CARE

T o Meet Client's Needs with Trauma or Re-traumatization

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

DISCLOSING SERIOUS NEWS
WHEN GIVING DIFFICULT NEWS, LESS IS MORE

- Ask -Tell – Ask, Video 1:25 min.
- Assessing Understanding Before the News, Video, .33 sec.
- Giving Serious News: The Middle, Video .33 sec.
- When the News is Indeterminate, Video, 58 sec.
- Using ‘I Wish”, Video :36 sec.

www.vitaltalk.org/topics/disclose-serious-news/

WHAT IS PALLIATIVE CARE?

"An approach that improves the quality of life of patients & their families facing the problems associated with life-threatening illness, through the prevention & relief of suffering by means of early identification & impeccable assessment & treatment of pain & other problems, physical, psychosocial & spiritual" (WHO, 2013).

Hospice palliative care is based on the development of a therapeutic relationship between the clinician & the dying person & their family

PHASES OF PALLIATIVE CARE

Early palliative phase

- Pt ambulatory & functioning relatively well & life expectancy may be months more

Advance palliative phase

- Pt may be ambulatory & functioning is reduced & assistance is often required & life expectancy may be months & even years in some cases

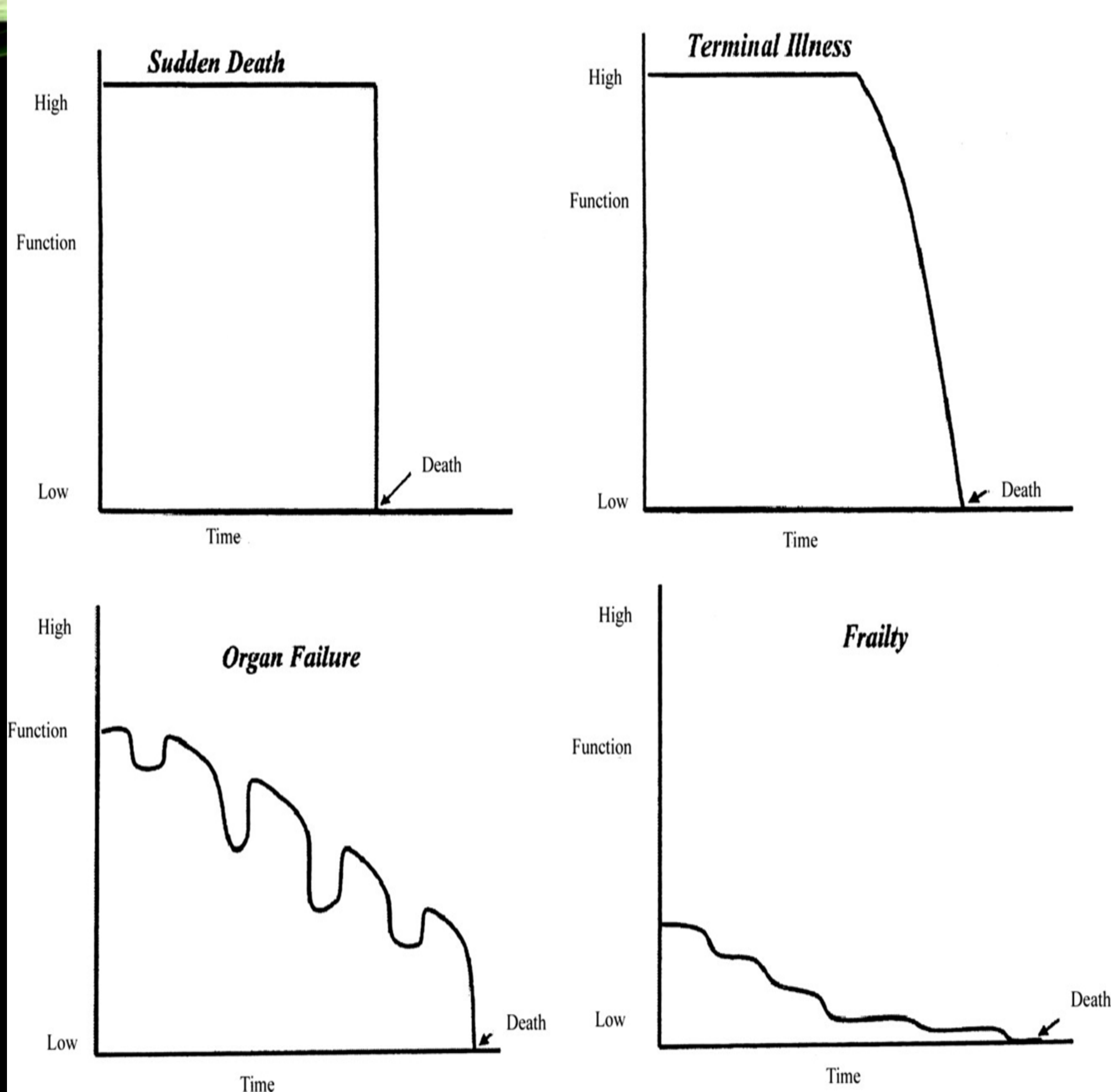
Terminal palliative phase (end of life)

- Mainly bed bound & require total care & life expectancy is days to a few weeks
- Within these phases you can have acute & stable periods

The Pallium Palliative Pocketbook (2016)

Proposed Trajectories of Dying

- Sudden death – cardiac arrest
- Terminal Illness ex. cancer – rapid or predictable decline; often a few years; decline usually seems less than 2 mo.
- Organ failure – erratic decline; begins to use hospital often; 2-5 years but death usually seems sudden
- Frailty/Comorbidity – ex. dementia – gradual decline; time is variable – up to 6–8 yr.



CARE SETTINGS

Palliative care approaches need to be an integrated part of care & people can have a peaceful & good death in keeping with their wishes

- Home (most people prefer to die at home in the company of family)
- Community/retirement home
- Long- term care
- Hospital
- Residential hospice
- Palliative Care Unit

PALLIATIVE CARE FOR INDIVIDUALS WITH MENTAL HEALTH ISSUES

- Often End of Life Care is not available/accessible to mental health patients because of stigma, waiting lists, fragmented & uncoordinated services; their life expectancy is 15 - 20 years shorter

- Most often, mental health clinicians are not equipped with the knowledge/skills to meet the needs of patients near the end of life

- Educating mental health clinicians about a palliative care approach can be helpful in enhancing the knowledge, confidence & skills of clinicians

ESTABLISH RAPPORT: HOW YOU START A CONVERSATION MAKES A DIFFERENCE BY VITALTALK

Ask-Tell Ask, Tell me more, Asking Permission

Tell Me More, Video .32 sec.
Don't Talk too Much, Video 44 sec.
Prepare Yourself First, Video 1:05 min.
Beyond How You Feel, Video .51 sec.

www.vitaltalk.org/topics/establish-rapport/

RESPONDING TO CLIENT'S EMOTIONS VIDEO 17 MIN. BY VITALTALK

- **N** – Naming the emotions
- **U** – Understanding the emotions
- **R** – Respecting
- **S** – Supporting
- **E** – Exploring

www.vitaltalk.org/topics/on-demand-webinars/

TRACK & RESPOND TO EMOTION: THINGS TO REMEMBER WHEN YOUR PATIENT IS EMOTIONAL BY VITALTALK

Watch for emotion. Acknowledge the emotion explicitly

Emotion & Cognition, Video .52 sec.

- Sensitivity to the client's emotional state before giving cognitive information

Dealing with Emotions, Video 1:18 min.

- Emotions are data. Empathize with the patient

Emotions as Data, Video. 43 sec.

- You don't have to change the data; treat with respect, acknowledge & validate

Is There Anything More? Video 1:03 min.

- www.vitaltalk.org/topics/track-respond-to-emotion/

DECISIONS IN PALLIATIVE CARE

Significant decisions include:

- Advance Care Planning
- Cardio Pulmonary Resuscitation
- Sedation for intractable symptoms
- Medical Assistance in Dying (MAID)

ADVANCE CARE PLANNING

Involves choosing Substitute Decision Maker (SDM)

Includes conversations about the person's wishes, values & beliefs as it relates to their personal care such as:

- Health care services (physicals, diagnostic tests etc.)
- Nutrition (ex.: TPN)
- Shelter considerations re setting to receive care

- Improved patient & family outcomes
- Increased clinical satisfaction
- Decrease health care costs

ADDRESS GOALS OF CARE
BY VITALTALK

- Discussion about prognosis & Treatment, Video 1:02 min.
- Aligning & making recommendations, Video 2:45 min.
- Discussing Advance Care Planning, Video 2:34 min.
- Discussing Patient Goals with Surrogate, Video .36 min.
- Mapping Out, What most Important? Video .47 sec.
- Responding to "I Want to Live as Long as I Can", Video .44 sec.
- Responding to Patient Ambivalence, Video 1:13 min.
- What's Most Important? Video 2:08 min.
- Is There Any Hope? Video 1:30 min.
- Making a Recommendation, Video 1:58 min.

www.vitaltalk.org/topics/reset-goals-of-care/

ONE PAGE GUIDES BY VITALTALK

Transitions/Goals of Care Using the REMAP Tool

www.vitaltalk.org/guides/transitionsgoals-of-care/

Responding to Emotions: Articulating Empathy Using NURSE Statements

www.vitaltalk.org/guides/responding-to-emotion-respecting/

Pause Talk Map

www.vitaltalk.org/guides/pause-talking-map/

Talking about Dying.

www.vitaltalk.org/guides/talking-about-dying/

DISCUSSION WITH PATIENTS &FAMILIES

- Focus on goals of care: not what the family want, but rather what the patient wanted when they were capable of making own decisions

- Sometimes it is not just life & death, CPR vs no CPR, there are issues in between: swallowing disorder, falls & fractures, incontinence & skin breakdown, pneumonia, urinary tract infection

- Educate patients & families re disease trajectory:

  i.e.: memory issues, incontinence, swallowing, falls

THINGS THAT WORK WELL

- Effective & open communication with family
- Connect with SDM early & clarify goals of care
- Update SDM re patient's status as it changes
- Timely communication with care team
- Knowledge transfer - reach out to experts for support
- Debrief with staff/team
- Provide support for family

SELF CARE

- Taking care of self is important
- Involves self-reflection (journaling)
- Involves participating in meaningful activities that promote health, well being & life balance
- Employee Assistance Program
- Develop your own self care practices

IMPLICATIONS

- Prevention & health promotion is a significant issue in addressing life limiting diseases
- End of Life Care can be improved
- MH nurses need to integrate palliative care into their practice
- MH nurses need knowledge/skills about End of Life Care
- Provide emotional support for nurses in a unfamiliar care situation
- Introducing Palliative care earlier in the care experience

QUESTIONS/COMMENTS?

CONTACT INFORMATION

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