



Project ECHO-PACA: Communication about impending death

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Making Cancer History[®]

Goals

- Present a few challenging scenarios
- Discuss a specific clinical vignette
- Briefly discuss “SPIKES”, a conceptual framework for discussing any sensitive topic
- Present serious illness conversation guide

Most challenging aspects of end of life discussions

- Patient's adult son asks *"Please don't tell my mother..."*
- Patient who is near death says *"I trust God will heal me. I will never give up."*
- *"How long do I have?"*
- *"You mean you are just going to let him starve?!"*

Patient Scenario

- 38 year old woman with progressive stage 4 cervical cancer no longer responding to chemotherapy
- Married with 3 children: 4, 7, and 11 years old
- Bedridden with liver failure and shortness of breath related to extensive lung metastases
- *“I need to live for my children. My husband does not know how to cook or care for them, since he works as a truck driver and is gone frequently.”*

The first step:

take stock of our emotions

- What can we fix, and what is unfixable?
- Fix what can be fixed.
- Do not try to fix the unfixable.
- Accepting reality is not the same as admitting defeat.
- We can only do our best
- Presence and genuine empathy are therapeutic

SPIKES

Baile, The Oncologist 2000

- **S**etting
- **P**erception
- **I**nvitation
- **K**nowledge
- **E**mpathy
- **S**ummary

The “Perception” part of the SPIKES paradigm

- Ask first (or ask-tell-ask):
 - *“Where do you think you are in your illness now?”*
 - *“Tell me more....”*
 - *“What is most important to you now?”*
- Whenever anyone asks a question that you do not know how to answer or “throws you a curveball”, ask for more information: *“Tell me more about what you mean.”*

“Ask-tell-ask” skill applied to the prognostic question

- *“How long do I have doc?”*
- *“I will give you facts and figures in a moment if you want, but first tell me more why you ask this question. Help me answer the best way possible. What is on your mind?”*
- Often people ultimately do not care about a time frame.

Prognostic question part 2

- If patient does want a time estimate, answer with ranges:
 - Hours to days
 - Days to weeks
 - Weeks to months
- Consider saying the following to set realistic expectations:
 - *“We hope and pray for the longest and best possible life for your husband. However, as sick as he is, he could go suddenly at any time.”*
 - Additional empathic response: *“As difficult as it is to consider the worst, I think we should be prepared.”*

NURSE

Empathic “Continuer” Phrases

Pollak, JCO 2007

- **N**ame
- **U**nderstand
- **R**espect
- **S**upport
- **E**xplore
- **Bonus:** “I wish....”

Name the emotion

- *“You seem sad. Tell me what’s going on.”*
- *“This must be incredibly frustrating for you.”*

Understand the emotion

- *“I don’t blame you for being anxious during radiation. That face mask would make anyone anxious.”*
- *“I don’t blame you for being mad. I would be too if I had to wait so long to see your doctor.”*

Respect the emotion

- *“I respect your religious faith. That is strong medicine.”*
- *“I respect your fighting spirit. You have fought your illness bravely.”*
- *“I respect the love between you and your family.”*

Support the patient and family

- *“No matter what happens, we will be here for you. We will do the best we can for you.”*

Serious Illness Conversation Guide

Bernacki, BMJ 2015

- Check list approach
- Encourages patients to tell their “stories”
- Allows us to recommend a course of action rather than make an ultimatum.