**Help and suggestions for having difficult conversations**

**Remember the distinctions between Advance Care Planning and DNACPR**

* **ACP and ceilings of care** – are **ALL** about understanding the patient’s wishes, helping them to make informed realistic decisions about each aspect of care, and doing our best to offer care in line with their choices.
* **DNACPR** – is one aspect of ACP. (please read Kathryn Mannix’s article about DNACRP)

**Start with open questions**

Explore the patients understanding to get an idea of how to pitch further discussion.

**Be yourself**

Don’t try to memorise phrases or say things that just don’t sound like you. Use your knowledge of your patients to help you. Remember you have many skills to draw upon. Don’t try to be someone you are not.

**Be human**

Don’t think of yourself as a health care professional as such. Think about how you would want someone to talk to your loved one. You can be honest about the fact it is hard to talk about or that you don’t have exactly the right words – nobody will mind that.

In fact – I think it often helps patients to see us as real people too – and that’s all they want. As we would want ourselves - someone who is human and has emotions and recognises how hard this is– not a robot without feelings.

**Have compassion**

You will all be worrying about your performance, but that isn’t what counts the most. Evidence suggests that people are far more likely to remember how you made them feel, than remember exactly what you said.

Allow them to **feel heard.**

Think about when you are expressing distress to your friend or partner. Do you want them to come up with a solution for you? Usually no! You just want them to hear and understand how upset you are and express some empathy to you. This in itself is far more powerful than trying to take the problem away for them.

**Take the responsibility off yourself for the fact people will die.**

Whether we acknowledge it is going to happen or no it is going to happen for us all one day. One of the most courageous things we can do is allow a safe space to be present with that person while they express their emotions. You will find a lot of people are relieved and grateful to have somewhere safe to be heard.

And families can actually be the hardest places to have those conversations – because the people who dearly love their relative are often not yet ready to cope with the prospect of their death – and this can cause the patient’s wishes to be lost.

**Ways to make someone feel heard:**

This can be through silence, nodding, sounds that acknowledge you are listening.

Silence and pauses are very powerful things. Showing you are in no hurry, allowing them to process how they feel, demonstrating that you aren’t uncomfortable and wanting to fill the gap. This can build trust between you and the patient.

When you feel you don’t know what to say – don’t panic about finding new things to say - instead try to reflect back what the person has just said to you.

*‘ I am hearing that you feel very afraid about being alone’*

*‘You mentioned you will be so sad to leave your grandchildren behind’*

This is powerful because the patient knows you have really been listening, and that you **understand** the things that matter to them most, so much more powerful than offering any solutions – to a problem where there simply are none.

**‘Plan for the worst hope for the best’ is really useful phrase**

Humans need hope. So, we don’t want to take it all away. We can still be positive and look forward to the best outcome – but I always say that I would be doing them a real disservice if I hadn’t made a plan for the worst outcome too.

The words I use are, ‘it’s my job to think about all the possible things that might happen over the next few days/weeks/months – to make sure we get things right for you. There are things we can’t control, but there are also things we can control and have choices about. I want to make sure we have things in place for these things that we can control. That starts with understanding your own wishes – so we know can make sure we take these into consideration. Plans don’t always work out but they really help us ensure we offer you the best possible care we can.”

I often say that it isn’t just this patient I am having the conversation with – but that it is my role to talk to every patient about this. As it is important for me to have a plan myself, and my family members too.

Remember – it’s not for you to know or dictate what is right or wrong for people. Take them down the path of each possibility they are considering – try and help them understand what that would entail so they appreciate what it means. Not with judgement or bias. We want to patients to make their **own** balanced and informed decision – to be empowered to do what is right for them and take ownership of that decision.

Remember what a valuable role we have to play in doing this. We are the patient’s advocate.

**We have a duty to help people die well, as well as live well.** **Reminding ourselves that this is NOT about giving up on people, denying them treatment they deserve, or rationing resources. It’s about being brave enough to share the reality with them of their own mortality. Never underestimate how very important that role is.**

**Most of all – please don’t feel alone i**t is natural to feel anxious about these conversations, share your concerns, explore what other doctors have found useful and read some of the excellent resources.

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