How do hospice doctors broach end-of-life matters in conversations with terminally ill patients?

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Communicating with terminally ill patients about the prospect of impending death is a highly delicate matter, which is primarily (if not exclusively) accomplished through talk-in-interaction. Recent national reports in the UK have pointed to the importance of improving communication in this area (DH, 2013). Engaging in conversations about dying with a healthcare professional ahead of time can provide patients with opportunities to make plans for the care to be delivered towards end-of-life. Evidence from qualitative interview studies suggests that, although some patients do not want to think too far ahead, others want to be given opportunities to engage in conversations about end-of-life issues. However, healthcare professionals reportedly find it difficult to judge when it is appropriate to initiate these conversations (Almack et al. 2012). Professionals can also be concerned about causing distress or taking away hope. Our presentation examines both challenges and strategies for communicating about end-of-life by examining how experienced palliative care doctors engage patients and their companions in related talk.

We use the method of Conversation Analysis to analyse 25 consultations, video-recorded in a hospice in England, involving 4 experienced palliative care doctors and 25 patients (and sometimes their close companions their carers). Preliminary exploration of the data revealed that broaching end-of-life matters can be complicated by several elements, including doctors' lack of information about what patients have already been told about their prognosis by other professionals (for first-time appointments) and the delicacy of discussing virtual scenarios which, for some patients, may not materialize in the near future.

One practice that the doctors employ to promote talk about end-of-life is to link back to something that the patient has said (not always in prior position) and to exploit it as a resource to inquire about the patient's thoughts and feelings about dying.

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1 DOC: But you think (.) so going back to what you were saying
2    before, ( ) Lynn part of it is the fear=of (.) what
3 might ↑happen_
4 (0.2)
5 PAT: I'll- I'll be honest.
6 DOC: ( )
7 DOC: I've never been frightened of dying¿
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Here, the doctor refers back to the patient's report of feeling fear, earlier in the consultation, and enquires about whether this has to do with "the fear of what might happen" (line 2). The way the doctor does this avoids direct reference to the prospect of dying; nevertheless, the patient's response displays her understanding of dying as precisely the topic that the doctor is trying to broach (line 3). In other cases, doctors exploit patients' references to end-of-life matters to issue much more explicit and focused inquiries, such as in the following instance:

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1 PAT: If you- lose your force,
2 DOC: M:h_
3 (0.8)
4 PAT: lie there as a vegetable, you've got no life_
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5 (0.4)
6 DOC: Mh
7 PAT: Yea:h, (0.7) (>that's/then that's) better off
8 having an injection and gu- going de sleep.
9 (0.5)
10 PAT: Yeah ( )
11 (0.6)
12 DOC: Do you (.) are you someone who (0.4) thinks about that much
13 about (.) euthanasia a[nd
14 PAT: [U::[m
15 DOC: [that sort of side of things?

In other cases, where patients have not provided materials to which doctors can link back, doctors can produce designedly ambiguous inquires, which allow patients freedom to address end-of-life issues or other concerns.

1 DOC: And with regards to the (.) cancer itself,=
2 PAT: Ye[s
3 DOC: [what's your understanding of (.) how much of you it's
4 affecting?
5 PAT: .hh Well (at the centre of) this right lu:ng (.)
6 u[:m (.) u:m tch=
7 DOC: [Yeah.
8 PAT: =and it was (.) to start with extremely- (.) I was
9 extremely breathless …

Here, the doctor's question provides the patient with an opportunity to discuss her views about the future implications of her terminal cancer, but in this case the patient selects to describe her symptoms.

In this presentation we will describe in further detail different practices for initiating talk about end-of-life matters (linking back, ambiguous and unambiguous enquiries) and examine their different implications in relation to providing opportunities to discuss thoughts and feelings about the prospect of dying.

REFERENCES

Almack, K., Cox, K., Moghaddam, N., Pollock, K. and Seymour, J. (2012). After you: conversations between patients and healthcare professionals in planning for end of life care. *BMC Palliative Care*, *11*: 15. http://www.biomedcentral.com/1472-684X/11/15

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