Mastering Difficult Family Conversations in Surgical Care

End of Life Modules

Responding to Emotions

Welcome to the third module on the topic of End of Life Family Care Conferences.

Previously, we’ve discussed a 7-step model for framing end of life conversations. In this module, we focus on family emotions. Following the “warning shot” that a loved one is dying, providers need to be prepared to be as clear as possible about the patient’s prognosis, and to respond appropriately to a wide variety of possible family reactions, from shock and grief to anger, denial, anxiety, and helplessness.

It is hard for families to process the emotions surrounding end of life, and a common reaction to bad news is denial. Providers therefore need to send clear messages about the prognosis. Family members who are in an anxious state of mind are not helped by ambiguous, evasive, or vague euphemisms. Many studies have linked patient and family satisfaction with end of life care with the degree to which their doctor was honest with them and clear about what was happening.

This means it is not only okay, but often important to say the word “dying.” Here are some suggested phrases to use. For more ideas, check out the “Cue Cards for End of Life” PDF on your course website.

One of the most important things you can do after communicating a terminal diagnosis is to check for the family member’s comprehension of what you’ve just told them. Don’t just say, “Do you understand what I’ve told you,” or “Do you have any questions?” Ask them to tell you what they have heard.

Let’s take a look at how one physician clarified that the patient was, in fact, dying.

The wife’s question, “What are you trying to say?” gave the doctor an opportunity to deliver a clear message. After a small evasion, he collected himself and found a way to answer, gently, that the man they had known and loved was, in fact, “no longer with us,” because he had been irrevocably changed by his stroke. While he didn’t say the word “dying,” the doctor was effective in bringing the message home in terms that were real for the wife.

Lack of clarity about the prognosis leads to unrealistic expectations of survival and recovery. Researchers have found that patients and family members who have overly optimistic expectations of the prognosis are more likely to choose aggressive terminal care in the hospital. One of your jobs is to gently address unrealistic expectations.
Let’s take a look at how another physician confronted some unrealistic expectations.

Despite a thorough explanation of the patient’s decline and several “warning shots” earlier in the conversation, this family still thought the interventions were temporary and only necessary until the patient got better. The doctor calmly talked the family through their misperceptions, and helped them realize this was going to be a conversation about death and dying.

Once the news seems to be sinking in, it is time to acknowledge the pain of this news. There are many ways to say, “I am sorry.” Some are shown here, others can be found on the “Effective Words Cue Cards” PDF on the Moodle Website.

Physical gestures of support, such as providing the tissue box, getting a glass of water, and nodding your head empathetically are important. A majority of people are open to physical touch, but this might depend on their cultural background and your prior relationship with them.

Try to balance overt demonstrations of understanding, sympathy, and support, with quiet listening and silence. This allows the family time to get a grip on their thoughts and process their feelings. Aim to make your presence one of active engagement, not simply passive waiting for the storm to blow over. In the next two examples, we witness varying attempts to balance silence with active support. Which of these two appears to be most effective to you?

Ok, time to go! Here is a simple checklist to add to your mental tool box.

Medicine is “a healing art.” With family care conferences, your focus shifts from healing the patient to providing a healing space for the family. Doing so effectively requires doctors to come to terms with the prognosis themselves, and to sit, person to person, with families as they process the news. In Module 4, we address the family’s role in end-of-life decision making.