

Discussing the transition from curative care to palliative care

Recommendations summary*

<p>1. Prior to discussion:</p> <ul style="list-style-type: none"> Review all relevant information from the records and test results in particular: <ul style="list-style-type: none"> - Prognosis - Therapeutic options. Gather any additional information from colleagues about the person's psychosocial situation Ensure discussion takes place in a private place with adequate, uninterrupted time for full discussion Offer a tape-recording of consultation Invite the patient to bring kin to the consultation, and encourage questions.
<p>2. Elicit the patient's understanding of their situation and preferences before discussing clinical decisions:</p> <ul style="list-style-type: none"> Ask open questions to determine the patient's understanding of their disease, the purpose of recent treatment and/or tests Ask open questions with a psychological/existential focus to determine their feelings, concerns, and goals: <ul style="list-style-type: none"> - <i>What concerns you most about your illness?</i> - <i>What has been most difficult about this illness for you?</i> - <i>What are your hopes, expectations and fears about the future?</i> - <i>As you think about the future, what is most important to you?</i> - <i>Is there any unfinished business in your life that you want to attend to?</i> Assess the person's preferences for information: <ul style="list-style-type: none"> - <i>How much information would you like? What types of information would you like? I can talk about . . .</i>
<p>3. Acknowledgement of cultural and linguistic diversity:</p> <ul style="list-style-type: none"> Be aware of attitudes and information needs of different cultural groups especially in relation to discussions of prognosis and death and dying, but not be too confined by them. Individuals can step outside their cultural circle.
<p>4. Provide information:</p> <ul style="list-style-type: none"> Provide information simply and honestly, using lay terms and no euphemisms. Information may include: disease progression; treatment efficacy; prognosis; symptom management issues Sensitively convey the information that no curative treatment exists for their disease or that their disease is no longer responding to the current treatment: <ul style="list-style-type: none"> - <i>More of this treatment would do more harm than good</i> - <i>As the seriousness of your cancer increases, it may be that you will achieve better quality of life without further chemotherapy but we can continue an active focus on meeting your all of your needs with the best available treatments and support.</i>
<p>5. Respond to the patient's emotional reaction:</p> <ul style="list-style-type: none"> Allow and encourage the patient to express their feelings Express empathy and listen actively Wait until tears or emotional reaction subsides before moving on.



6. Negotiate new goals of care:

- Ask whether the patient would like to discuss future treatment options today or sometime later
- Use the term “palliative care” explicitly to maintain open & honest communication
- Ask what they understands the term palliative care to mean and correct any misperceptions
- Provide relevant information about the role of palliative care appropriate to their situation i.e. symptom management and maintaining quality of life
- Positively promote the holistic nature of palliative care and the wide range of services provided i.e. not just symptom control
- Explain that effective symptom management can be given at the same time as treatment to control the spread of the cancer
- If a patient continues to ask for curative/current treatment, respond to emotions underlying these requests
- Provide realistic reassurance and positive hopes for the future eg about positive, achievable goals
- Work from an assumption that “there is never a time when nothing can be done” to rebuild morale.

7. Continuity of care:

- Refer to the palliative care health professionals as part of the patient’s multidisciplinary team
- Explicitly state to the patient that they will receive optimal care at all times and will not be abandoned.

8. Address family concerns

- Family members and other carers will need to be informed and understand the implications, especially caregiver burden
 - *What challenges and concerns would exist for you in caring for your ill relative?*
- If the patient has young or adolescent children, ask about concerns relating to their children and clarify assistance required in discussing these issues with their children.

9. Concluding the discussion

- Summarise main points of discussion and check patient’s understanding
- Provide written summary (or audiotape of consultation), other written patient information
- Check for the need for other referrals:
 - *Would you like to talk about how you feel with a counsellor?*
 - *Would you like to talk about options for help at home with a social worker*
 - *Would you like to explore religious or spiritual issues with someone?*
 - *Would your children like to talk to a counsellor?*
- Emphasise hope-giving aspects of the discussion eg maximising length and quality of life; availability of up to date treatments
- Ask if there is anything else the patient or their family wants to ask or discuss
- Organise a follow-up appointment.

10. After discussion

- Let other members of the treatment team, especially, palliative care health professionals, the patient’s general practitioner and community nurse know about the discussion and your perception of the person’s understanding.
- Document discussion in medical records.

Source: National Breast Cancer Centre. *Discussing the transition from curative care to palliative care – Evidence from the literature.* 2005 National Breast Cancer Centre, Camperdown, NSW.