Having Healing Conversations

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“There’s no easy way I can tell you this, so I’m sending you to someone who can.”
What are some of your most challenging communication situations with patients and families and with other clinicians around pain management?
How do these Innate Qualities affect our Communications with Others?

Compassion

Hope

Resiliency
Compassion

**Empathy**: emotional and cognitive process of being able to take the perspective of another

**Shared Presence**: willingness and skill to enter the intimacy of relationship with another – a state of being with another

**Compassion**: desire and actions to relieve suffering of another – *Being of Service*

**Practices to nurture compassion**

Being Present

- Tuning into the **pause** and stillness after the outbreath.
- Being still. Able to be **silent** yet attentive.
- **Generous listening** (Rachel Remen, MD)
- Listening to what is inside you and what is coming from the other person both verbal and nonverbal – **connection**.
Breathing Consciously

- Basic practice of many contemplative traditions
- Deep relaxed belly breathing – activating the parasympathetic response.
- Well-being, relaxation, and presence.
“Hope does not lie in a way out, but in a way through.”

Robert Frost
Questions to Explore Hope and Pain

- What is your understanding about your situation?
- What is important and meaningful to you right now?
- What worries or concerns you right now and in the future?
- Miracle question: acknowledge, and what are other hopes?

By listening intently to the answers, the health professional explores possibility, optimism, and connectedness, hope, and what is getting in the way of hope.

Resiliency

The urge to move forward despite great uncertainty and challenge.

Challenging Situations Bring Up Emotions!

Emotions are information!
How do we work with our emotions?
What is the story behind our emotion?
Contemplative practices can help us....
Debriefing: Writing and storytelling can help us...


Emotions as information

Using physical and emotional clinician responses to help understand one’s reaction to a situation to respond rather than distance from a patient –
Cues that Can Signal Helplessness

- **Hypo-engagement**
  - Somatic
    - Lifeless limbs
    - Numbness in the chest
    - Heaviness in the stomach
  - Emotional
    - Apathy
    - Disconnected
    - Hopeless
  - Cognitive
    - “Nothing ever changes”
    - “Why bother?”

- **Hyper-engagement**
  - Somatic
    - Tense muscles
    - Increased heart rate
    - Churning stomach
  - Emotional
    - Irritability
    - Anxiety
    - Hyper-vigilance
  - Cognitive
    - “We have to do something to fix this!”
    - “Why are we doing this?”

- Dynamic process – “zone of constructive engagement”

**RENEW**
- Recognize helplessness
- Embrace your first reaction
- Nourish self
- Embody constructive engagement
- Weave a new response
Reflect on your emotions before you go in


While you are there: be aware of your emotions

Naming intense emotions. Take a break if needed.

Debrief after visit
Experiencing Grief and Loss and Being in Shared Presence

- Understanding our “hot buttons”
- Being able to be present and actively listen without needing to fix and cure when that is not possible.
Namaste: Respect for the other. Every encounter with a patient is a cultural one.
The heart is needed to balance the mind.

Heart and mind working together, open, in presence, is Mindfulness.
Mindfulness

Bringing intention, presence, awareness, curiosity, being and doing, reflection to your life and work. Inner self inquiry.

Mindfulness Based Stress Reduction Program (MBSRP) available widely to public and clinicians.

Narrative Medicine

- **Narrative competence: importance of story**
  - To be able to listen to, absorb, interpret meaning, and act on stories of others: patients, families, colleagues
  - Need for teller and listener of story – communication between at least 2 people – **shared presence**
  - Listening to stories “requires generosity and courage to tolerate and bear witness” - **Witnessing**
  - Authenticity; trust building with others: **relationship**
  - Skills and competencies: self reflection and listening
Values: Narrative Medicine

- It is only through a clear understanding of the patient’s values and priorities that an appropriate plan of care can be built.

*Therefore, eliciting the patient’s perspective or story represents the core of our work with patients and families.*
Story-listening

- Allowing ourselves to hear the story of another without interruption or advise giving (fixing and problem-solving), but with generous listening, presence, silence, witnessing, mindfulness and compassion.

- Telling our stories to others- finding our voice- usually with co-workers.
SPIKES method for breaking bad news and family conferences

- **Setting**: Appropriate and without interruption, have plenty of seating, involve patient if possible.
- **Perception**: What do you know/understand of the condition?
- **Invitation**: Is everyone present, and how much information at this time does pt/family want?
- **Knowledge**: Deliver the information as appropriate
- **Empathize**: And explore emotion
- **Strategy**: Summarize and make a plan

Include preparation, briefing with team, and debriefing for family conference

(Baile, Buckman, et al, 2000)
The VitalTalk Tips app enables physicians, nurses, and other clinicians to improve their communication skills for patients who have a serious illness. For clinicians in hospital medicine, oncology, cardiology, nephrology, hepatology, neurology, trauma, emergency medicine, primary care, pediatrics, and palliative care.

Download on the App Store
GET IT ON Google Play
VitalTalk© Communication Roadmap.

- Reframe of situation; why now is different
- Expect and respond to emotion – NURSE statements
- Map out big picture and what is important now
- Align yourself with the patient’s values
- Plan for care that is in alignment with patient values
When you notice an emotional cue, respond!

- Naming: “it looks like this is frustrating”
- Understanding: “this can be hard”
- Respecting: ”you have had to cope with so much”
- Supporting: ”I wish it wasn’t so frustrating for you”
- Exploring: “tell me more about what is frustrating for you right now”
Our spiritual resources support our work

“caregivers should have a spiritual practice such as compassion meditation to have the strength and perspective to acknowledge the pain and suffering in others and ourselves and develop an appropriate and transformative relationship to suffering through insight and the regulation of our emotions.”
Contemplative Practices for Self and Others: Turning Inward

- Prayer/meditation/spiritual practices/breathing consciously
- Meditative movement
- Art
- Retreat
- Reflective writing/storytelling
What to do in challenging situations?

Dr Bob Arnold said in a lecture:

Be curious

Be kind

Be loving (compassionate)
What will you bring home with you as a learning?

I plan on....
Thank you!