When Emotion Fills the Room: How to use empathic statements to move a conversation forward

***Compassion in Action* Webinar Series**

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Moderator

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Host

Beth Lown, MD
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Compassionate Collaborative Care Framework

http://www.theschwartzcenter.org/media/Triple-C-Conference-Recommendations-Report_FINAL1.pdf

Focuses attention	Demonstrates trustworthiness
Recognizes nonverbal cues	Communicates with colleagues, adjusts
Actively listens	Practices self-reflection
Elicits info about the "whole person"	Builds relationships, partnerships, teams
Nonjudgmentally values each person	Practices emotion regulation
Asks about, responds to emotions, concerns	Practices self-care, attends to personal and professional development
Shares information, decision-making	Practices self-compassion

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Today's Speaker

Katherine N. Aragon, MD
Director- Palliative Medicine
Mount Auburn Hospital

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Objectives

1. Review the role of empathy when discussing goals of care
2. Explore the use of empathic statements to help facilitate goals of care discussions
3. Discuss scenarios and strategies when empathic statements may stall a conversation

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Polling Question

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Transitions in Goals of Care

- Worsening chronic illness
- Progressive functional decline
- Repeated hospitalizations
- Burdens of treatment begin to outweigh the potential benefits

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Patients' Needs

- Honest and clear information
- Seen as individuals
- Trust in clinician

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Effective Communication

- Reduces psychological distress
  - Patient feels less anxious when compassionate language used
- Lessens physical symptoms
- Reduced clinician burn out

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The Usual Way- Facts, Facts, Facts!

EMOTIONAL

INFORMATIONAL (COGNITIVE)

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Masked Emotion

- "I don't understand why the antibiotics aren't working. There must be something stronger."
  - Default- *"We started him on two broad spectrum antibiotics when he was hospitalized. The blood work shows he has bacteria growing in his blood and he is septic.*
  - Alternative- *"It sounds like you are worried about him getting sicker."*

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The Framework: REMAP

- **R**eassess knowledge and **R**eframe
- **E**xpect emotion and empathize
- **M**ap the patient's goals
- **A**lign with the patient's values
- **P**lan medical treatments that match the patient's goals

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Set Up

- Sit Down
  - Perceive encounter as longer and more satisfied with interaction
    - **S** Face the patient ***squarely***
    - **O** Adopt an ***open*** body posture
    - **L** ***Lean*** toward the patient
    - **E** Maintain ***eye*** contact
    - **R** Maintain a ***relaxed*** body posture

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Set Up

- Introductions
  - Name, role, interaction with other providers
- Ask permission
- Ask about the patient as a person
  - *"I know that we are meeting for the first time. Can you tell me something about yourself so I can get to know you a little better?"*

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Reassess Knowledge

ASK-TELL-ASK

- ASK
  - *"What do you understand so far about your father's condition?"*
- Tell
  - Small chunks
  - Avoid jargon
  - Big picture message
- ASK
  - *"What concerns do you have about what I said?"*

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Expect Emotion and Empathize

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Expect Emotion and Empathize

- "Feeling with other people"
- Four qualities
  - Perspective taking – recognize the situation of the other
  - Staying out of judgment – even when it's easy
  - Recognizing emotion in other people
  - Communicating that emotion back

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Expect Emotion and Empathize

NURSE

- **N**ame
  - *"It sounds like you're worried."*
- **U**nderstand
  - *"It must be hard to feel so short of breath."*
- **R**espect
  - *"You have asked lots of good questions."*
- **S**upport
  - *"I will work with you to figure out the next steps."*
- **E**xplore
  - *"Can you tell me more about how you feel about this?"*

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Expect Emotion and Empathize

- Mrs. Jones- 51 y/o W metastatic breast cancer on third line chemotherapy
- Diagnosed 4 years ago-
  - Stage IIb s/p mastectomy, radiation and chemotherapy
- Metastatic disease diagnosed 1.5 years ago
- Recent staging scans show progression in liver and liver dysfunction on labs
- She is married with 3 kids (ages 12, 14, and 17)

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Name

- "What do you mean the cancer has spread? I was supposed to be cured."
  - *"It sounds like you are upset to hear the cancer has spread."*

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Understand

- "This wouldn't have happened if I had gotten chemotherapy right when I started to have the hip pain."
  - *"I understand the frustration in the treatment not working."*

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Respect

- "I went through all that pain with the surgery, chemo, radiation for nothing."
  - *"You have taken such great care of yourself and I'm impressed with how committed you have been to all these treatments."*

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Support

- "How will I tell my kids?"
  - *"Myself and our social worker are here to help you in thinking about how to tell them. We can be there when you do if you like. You don't have to do this alone."*

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Explore

- "It's been one thing after the next for me."
  - *"What are you most worried about?"*

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Expressions of Hopelessness

- Mrs. Jones-
  - *"So there's nothing more to treat my cancer? I'm just going to die"* (starts to cry)

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Polling Question

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Expressions of Hopelessness

- When patients express loss, guilt or hopelessness may be more difficult to express empathy
- Physician may feel like they failed the person
  - Don't want to take away hope
  - Offer more treatment
  - Apologize

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Expressions of Hopelessness

Mr. D- *"So there are no other treatments available to me?"*

Dr. T- *"I'm sorry I don't have a more effective treatment."*

Mr. D- *"I know you did everything you could."*

- Avoid "I'm sorry"
  - Pity
  - Limit further exploration
  - Perceived as error in medical care
  - May switch focus from patient to physician
  - Confuse sorrow with apology

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Quill, TE et al. *Ann Intern Med*. 2001

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"I wish" Statements

- "Can't you do more to treat my illness?"
  - *"I wish we had a more effective treatment for your condition."*
- "I want to stay alive until my daughter graduates high school next year."
  - *"I wish I could promise that. It sounds like it is hard to think about leaving your family."*

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Expect Emotion and Empathize

- *"We do not learn from experience… we learn from reflection on experience"* –John Dewey

1) Recognize an emotional cue
2) Verbally acknowledge the emotion
3) Pause to allow the patient to reach a new level of self-understanding or self-reflection

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The Framework: REMAP

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Is Empathy Always Right?

- Exchanging information is a priority
- Volatile Emotions
- Intellectual searcher

Back and Arnold. *J Palliat Med.* 2013

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Is Empathy Always Right?

- 63 y/o M with metastatic renal cancer has just found out that it has progressed.

Mr. S- *"Isn't there anything more that you can do?"*

Dr. M- *"I can see this isn't what you hoped for."* (pause)

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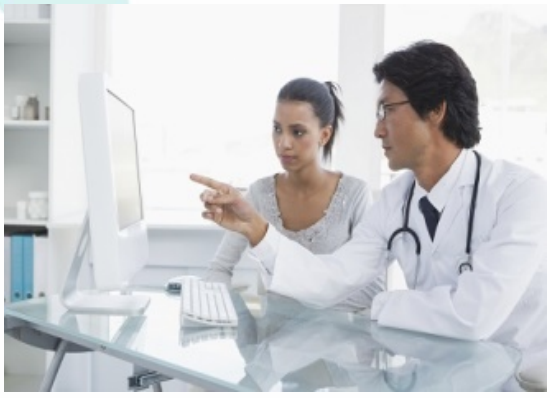
Exchange of Information



- Mr. S- *"No, of course not. So what's the chance that another round of chemotherapy will control the cancer."*

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Is Empathy Always Right?

- 48 y/o W with metastatic breast cancer to bone and lungs admitted for worsening pain and has been told that her cancer has progressed.

Ms. L- *"Isn't there anything more that you can do?"*

Dr. M- *"I can see this isn't what you hoped for."* (pause)

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Volatile Emotions

- Ms. L- *"I can't believe you aren't willing to help me. I just need my pain to be treated. None of my doctors want me to get better. You're just the same."* (Bursts into tears and throws blankets onto the floor)

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Is Empathy Always Right?

- 75 y/o M with idiopathic fibrosis. He is retired university professor. His shortness of breath is worsening and he is no longer able to garden.

Mr. A- *"Isn't there anything more that you can do?"*

Dr. M- *"I can see this isn't what you hoped for."* (pause)

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Intellectual Searcher

- Mr. A- *"No it's not. So what other options are available to me. I've been looking into some clinical trials. Are you familiar with any that would fit my situation? I'm willing to travel."*
- Dr. M- *"There may not be a clinical trial open to you."*
- Mr. A- *"Well, I'm willing to keep searching. I've read there are new treatments coming out soon."*

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Track Responses

- If repeated empathic statements not moving a conversation along
  - Don't assume you aren't doing it right
  - Take a second to stop and reflect on the conversation
    - Does the patient need more information?
    - Do I need to hold off on this conversation right now?
    - Am I respecting where the patient is in their search for information?
- For all encounters the goal should be to build trust and will need to meet the patient where they are at.
- Effective communication means being able modulate our own responses when necessary

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Conclusions

- Goals of care conversation, especially at times of serious transition, can be an opportunity to build trust and help patients reflect on their own experiences.
- Recognizing emotion in statements requires a set up that allows you to expect emotion.
- "I wish" statements are a tool to help move through disappointment or unrealistic hopes.
- Not all patients will get to a place of reflection right away. It doesn't mean you are doing it wrong.
- Track responses and continue to align with the patient's needs.

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Questions

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Upcoming Webinars

Listening for What Matters: Lessons about Caring from Concealed Recordings of Medical Encounters

Saul J. Weiner, MD

September 13, 2016

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