

الجامعة السورية الخاصة

كلية الطب البشري

Effective Communication with Families of Patients

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HIPAA Privacy Rule

The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- privacy regulations governing individually identifiable health information .
- What Information is Protected .

CONt,

Protected Health Information :

- the individual's past, present or future physical or mental health or condition.
- the provision of health care to the individual, or .
- the past, present, or future payment for the provision of health care to the individual .

Why effective communication is important

Extensive data has linked effective physician-patient communication to :

biological, psychological, social, and legal outcomes of care.

It has been tied to increased physician and patient satisfaction.

less malpractice.

The 4 Habits Model

- Habit 1: Invest in the Beginning
- Habit 2: Elicit the Patient's Perspective
- Habit 3: Demonstrate Empathy

"... to know and understand, obviously is a dimension of being scientific; ... to feel known and understood, is a dimension of caring and being cared for."

- Habit 4: Invest in the End

Goals of 4 habits

- Establish rapport & build trust rapidly .
- Facilitate effective information exchange .
- Demonstrate caring & concern .
- Increase adherence to plan .
- Improve health outcomes .

The 5 types of empathic responses

- Reflection--"I can see that you are ... "
- Legitimation--"I can understand why you feel ... "
- Support--"I want to help."
- Partnership--"Let's work together ... "
- Respect--"You're doing great."

Bad news

Conveying bad news and engaging in difficult conversations with patients and their families are pivotally (محوري) important, although anxiety-provoking

Cont,

- “Clinicians may fear they will not be able to find the “right words”
- They will say too much, too little, or the wrong thing altogether.
- Further, clinicians worry that imparting (تقديم) difficult news may diminish hope, compound a family’s suffering, or unleash emotional responses”

Review

What do patients & relatives want to know?

How do patients experience bad news?

How competent are physicians in giving bad news?

How should physicians give bad news?

How bad news is given , does make a difference?

Do cultural differences matter?

What do patients & relatives want to know?

2,331 patients at UK cancer centers:

- 98% wanted to know if the illness was cancer
- 87% patients preferred “as much information as possible”
- Need to individualize delivery to patient needs

How do patients experience bad news?

- Bad news results in a cognitive (ادراكي), behavioral, or emotional deficit in the person receiving the news.
- Clinicians can't change the news .
- Clinicians can make the news worse, or they can help give realistic hopes .

A variety of responses to bad news

100 patients diagnosed with cancer:

- Shock 54%
- Fright 46%
- Accept 40%
- Sadness 24%
- Not worried 15%

People receiving bad news may not remember much

- Three months after parents or relatives received bad news .
- 12 of 23 sets took in “little or none of the information given” .
- 4 of 23 sets denied that a separate information session had occurred .
- 10 of 19 sets remembered the information session, but didn’t understand the content .

Medical jargon can make bad news worse

- Technical language frequently unclear .

100 women with breast cancer:

- 73% misunderstood “median survival” .
- No agreement on what a “good” chance of survival meant numerically .

The communication challenge

- Physicians may feel discomfort with the intense emotions displayed by relatives in response to the news, such as sadness, anger, and blame.
- Physicians may feel guilty or inadequate regarding their inability to cure the patient.

Cont,

- When the patient illness is sudden, little opportunity may exist to establish relationships with parents before communicating bad news, thus making it hard to anticipate parents' informational and emotional needs.

SPIKES model for delivering bad news

- **S** “setting up the interview.” This portion of the protocol recommends a mental rehearsal for physicians before delivering the news
- **P** “assessing the patient’s perception.” This portion of the protocol encourages the physician to use open-ended question to assess how much the patient/parent/relatives knows before breaking the news.
- **I** “obtaining the patient’s invitation.” This step involves asking the patient/parent/relatives at the time of testing how they would like the results to be explained.
- **K** “giving knowledge and information to the patient.”
- **E** “addressing the patient’s emotions with empathetic responses.”
- **S** “strategy and summary.”

Complications & Medical error

- The rights of patients to receive all information necessary to make informed and educated decisions about their care.
- Disclosure of adverse events is implicit in this principle, because without it patients are not fully informed.
- Failure to disclose threatens the trust inherent in a doctor–patient relationship.
- Research on patients, family members, and attorneys suggests that patients are less likely to sue if disclosure has taken place

The 7 Ways of disclosure

Why disclose?

- To preserve patient autonomy and patient-physician trust
- Because ethically it is the right thing to do

Who should disclose?

- Health care worker with whom the patient has a trusting relationship, usually the responsible physician
- Others involved in the incident (eg, nurse, pharmacist may be included)
- If the physician cannot disclose, another health care worker with an established relationship with the patient or a member of the hospital leadership or quality and safety program should do the disclosure.
- A senior hospital administrator may need to be involved in serious cases.
- The patient's primary nurse should be included in the discussions to be able to support the patient after the disclosure has occurred.

The 7 Ways of disclosure (cont.)

To whom should the communication be made?

- To the patient
- If this is not possible, to family members or substitute decision makers

What types of events should be communicated?

- Any incident that has resulted in harm to the patient
- Other incidents at the discretion of the responsible physician

What information should be communicated?

- Acknowledge that the event occurred and give the facts.
- Take responsibility and apologize.
- Commit to finding out why.
- Explain what impact the event will have on the patient now and in the future.
- Describe steps being taken to mitigate the effects of the injury.
- Describe steps being taken to prevent a recurrence.

The 7 Ways of disclosure (cont.)

When should communication take place?

- As soon as the event is recognized and the patient is physically and emotionally capable
- Ideally within 24 hours after the event is recognized

Where should the communication take place?

- In a private and quiet area

Summary

- Quality of care depends a lot on good communication with families
- Good communication depends a lot on listening to our patients and showing empathy.
- Good listening means good care.

Parents are not looking for how much you know but how much do you care.