



Psychological needs

6: Answering difficult questions

Intermediate level

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Aim of this worksheet

To understand some ways of answering difficult questions posed by a patient, partner or relative.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case study

Peter is a 46 year old man, married with two children who was diagnosed with motor neurone disease. He wanted to know the diagnosis and was told. He has been deteriorating rapidly this past week.

During a conversation about arranging home care he suddenly asks, 'Tell me, how long have I got?'

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Why are some questions difficult?

People take time to adjust to the shock of advanced disease. During this time they will often seek clarification and information from health professionals. While some questions will be straightforward, other questions are more difficult to answer, eg 'Why has this happened to me?'

There are several reasons why such questions can seem difficult to answer:

- *Surprise.* Often the question is asked when you least expect it, adding to its difficulty.
- *The patient, partner and relative.* They require information to make rational choices, but this may conflict with the fears of advancing illness and the need to maintain hope in the face of uncertainty. These conflicts often result in difficult questions.
- *For the professional.* There are fears of admitting ignorance, being blamed, producing an emotional reaction or of dealing with a situation for which they have received little or no training.
- *Setting.* Because difficult questions are often spontaneous, the setting may be awkward, such as a busy corridor. It is reasonable to offer a quieter location if the person asking wants this.

Three first steps

1. *Acknowledge* the importance of the question. It usually takes the person much thought, anxiety and courage to ask the question. This needs to be recognised e.g. "That's an important question."

2. *Find out* why the question is being asked. This avoids any misunderstanding. You could ask something like "I wonder why you're asking me this now?" Checking gives the person an opportunity to make sure how willing they are to hear the answer. Don't assume that Peter is asking whether he is going to die- check it out!
(At the end of a busy morning clinic a patient asked, "How long have I got?". The doctor thought it best to check why he was asking this question, to which the patient replied, "Have I got time to get a sandwich?")

3. *Are you the right person?* You need to consider if you are the most appropriate person to be answering the question. If the answer is straightforward, clear, and you are comfortable in answering, then provide the answer.

Should the person seem reluctant to hear the answer check the following:

- you need to be satisfied that the person is not troubled with drowsiness, deafness or confusion.
- check that the person wasn't put off because you weren't paying full attention! The most likely reason is because the question caught you unprepared. You can remedy this easily by apologising for the inattention and once more acknowledge the importance of the question.
- finally, the person may suspect that any answer is going to be bad or difficult news. See the CLiP worksheet on *Breaking Difficult News*

True or false answers: 1) A, 2) D, 3) D, 4) A, 5) A.

Is the answer still difficult?

There are good reasons why you may be unable to answer the question: inexperience, you don't have the information the person needs, or if it's an emotionally charged question (eg. "Am I dying?").

You cannot disclose the full facts unless the following conditions have been met:

1. The person wants to know the full facts.
2. You have all the information needed.

There are some questions that have no clear answer because full information is not available. An example would be the patient who asks when they are going to die. Again, being honest with the situation is helpful. Start by acknowledging the uncertainty: "I can see this uncertainty is difficult for you."

You need to be honest about how you feel: eg. "I don't have the experience (or knowledge) to answer that question, but I'll get someone who can." or "I'm finding that difficult to answer." or even "I don't know what to say."

People will respect your honesty, which demonstrates that you are taking their question seriously. It will be reassuring for the person to know that you will not abandon them so offer a future contact time: "I'll be interested to hear how you get on with ... If you want to talk about it with me later please do."

Remember: *'The truth may hurt, but deceit hurts more.'*

Summary points

- Difficult questions arise out of a person's uncertainty
- Acknowledging the question is an important first step.
- Answers may be unclear or impossible
- Being honest about not knowing improves rather than hinders relationships.
- Some answers mean more bad news.

Reflect

Think about how you would feel

Write

What makes the question difficult?

- For Peter:
- For you:

Agree or disagree?

What do you think of the following responses?

- | | |
|--|----------------|
| 1. Ask Peter why he's asking that question. | Agree Disagree |
| 2. Answer him by saying 'Not very long' | Agree Disagree |
| 3. Tell him he shouldn't worry about such things | Agree Disagree |
| 4. Tell him that you don't have a clear answer | Agree Disagree |
| 5. Tell him you don't know | Agree Disagree |

Reflect

What can you do if there is no clear answer?

Write

Write down the conditions that need to be met before disclosing the full facts to Peter?

FURTHER ACTIVITY: Answering Difficult Questions

Reflect on a time when someone asked you a difficult question.

- How did you feel?
- How did you answer the question?
- With hindsight, would you have answered it differently?

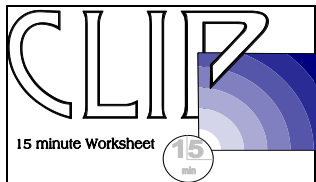
FURTHER READING: Answering Difficult questions

Journal articles

- Barnett MM. Effect of breaking bad news on patients' perceptions of doctors. *Journal of the Royal Society of Medicine*. 2002; **95**(7): 343-7.
- Bruera E. *et al* A randomized, controlled trial of physician postures when breaking bad news to cancer patients. *Palliative Medicine*. **21**(6): 501-5. 2007
- Cherlin E. *Et al* Communication between physicians and family caregivers about care at the end of life: when do discussions occur and what is said? *Journal of Palliative Medicine*. **8**(6): 1176-85, 2005
- Fallowfield L. Giving sad and bad news. *Lancet*, 1993; **341**: 476-478.
- Fallowfield LJ. Jenkins VA. Beveridge HA. Truth may hurt but deceit hurts more: communication in palliative care. *Palliative Medicine*. 2002; **16**(4): 297-303.
- Farrell M. Ryan S. Langrick B. 'Breaking bad news' within a paediatric setting: an evaluation report of a collaborative education workshop to support health professionals. *Journal of Advanced Nursing*. 2001; **36**(6): 765-75.
- Friedrichsen M. Milberg A. Concerns about losing control when breaking bad news to terminally ill patients with cancer: physicians' perspective. *Journal of Palliative Medicine*. 2006, **9**(3): 673-82.
- Friedrichsen MJ. Strang PM. Carlsson ME. Breaking bad news in the transition from curative to palliative cancer care--patient's view of the doctor giving the information. *Supportive Care in Cancer*. 2000; **8**(6): 472-8.
- Higgins D. Breaking bad news in cancer care. Part 2: Practical skills. *Professional Nurse*. 2002; **17**(11): 670-1.
- Jenkins V. Fallowfield L. Saul J. Information needs of patients with cancer: results from a large study in UK cancer centres. *British Journal of Cancer*. 2001; **84**(1): 48-51.
- Kirk P. *et al* What do patients receiving palliative care for cancer and their families want to be told? A Canadian and Australian qualitative study. *BMJ*. **328**(7452): 1343, 2004
- Lamont EB. Christakis NA. Prognostic disclosure to patients with cancer near the end of life. *Annals of Internal Medicine*. 2001; **134**(12):1096-105.
- Cohen L. Breaking bad news about cancer: patients' preferences for communication. *Journal of Clinical Oncology*. 2001; **19**(7): 2049-56.
- Steinhauser KE. Alexander SC. Byock IR. George LK. Olsen MK. Tulsky JA. Do preparation and life completion discussions improve functioning and quality of life in seriously ill patients? Pilot randomized control trial. *Journal of Palliative Medicine*. 2008, **11**(9): 1234-40.
- Tuffrey-Wijne I. *Et al* People with intellectual disabilities and their need for cancer information. *European Journal of Oncology Nursing*. **10**(2): 106-16, 2006
- Vachon M. The emotional problems of the patient in palliative medicine. In, Hanks G, Cherney NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. *The Oxford Textbook of Palliative Medicine*, 4th ed. Oxford University Press, 2009, pp 1410-36.

Further resources

- Effective Interaction with Patients*, 2nd ed Faulkner A. New York : Churchill Livingstone, 1998.
- e-lfh: e-Learning for Healthcare* contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecla). Registration is required but is free. <http://www.e-lfh.org.uk/projects/e-elca/index.html>
- Introducing Palliative Care 3rd ed*. Twycross R. Abingdon : Radcliffe Medical Press, 1999.
- Talking to Cancer Patients and their relatives*. Faulkner, A. Oxford: Oxford University Press, 1994.
- A Guide to Symptom Relief in Palliative Care*, 6th ed. Regnard C, Hockley J. Oxford: Radcliffe Medical Press, 2010
- Oxford Textbook of Palliative Medicine* 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010.



Current Learning in Palliative care

An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on

www.clip.org