

Approaching Difficult Conversations With Patients

For clinicians, the best moments often are the chances to give good news to patients. But sometimes it's necessary to share bad news. Kendal Maxwell, PhD, a clinical neuropsychologist at Cedars-Sinai, shares insights on how to approach these difficult conversations.

Breaking the news

Informing a patient about a diagnosis of a terminal or progressive disease, such as a neuromuscular disease, is among the most difficult conversations a clinician can have. "It means you are changing someone's life trajectory and that of their loved ones," Dr. Maxwell says. "You need to understand that people are in a state of shock, so they probably won't be able to retain a lot of information from the initial session."

It's important to realize that each person is unique and will process difficult news in their own way. "You have to think about the person's value system and their personality," she says. "Research shows most people want you to be direct, and I usually lead with being direct."

How your patient responds to a direct approach can help you figure out what direction is best when it comes to the rest of the session.

"You often need to allow for space and silence. Some people may just want to leave," she says. "Other people have a lot of questions, and there may even be a difference between what the patient wants to do with the session and how their family members want it to go. Sometimes the family has more questions and the patient wants to leave. You find a balance in that situation and maybe answer a few questions."

Preparing yourself

But how do you even get yourself in a frame of mind to deliver bad news? Dr. Maxwell says to begin with self-care. "You have to take care of yourself because having such hard conversations is an exchange of energy. You can't just not feel. Take a minute before going into a room to acknowledge that it will be a hard session."

Dr. Maxwell recommends planning what you will say before the session. "Do research and provide the best information possible," she says. "You want to make them feel you are taking care of them on a true human level."

You should also be prepared for different kinds of emotional responses.

"You might encounter patients who aren't ready to hear the diagnosis or don't believe it is correct," she says. "I always suggest being humble and being open to the patient getting another opinion."

Anger also can be a natural response to disturbing news. "We are easy targets as the ones helping them with that diagnosis," Dr. Maxwell says. "We shouldn't take abuse, but it's part of the process that they may show anger."

End-of-life issues are among the most emotionally fraught topics to approach. Dr. Maxwell recommends seeking continuing medical education opportunities to learn about these issues and finding out if supportive care medicine is available at your facility. "We are at a large hospital, so we have an amazing supportive care medicine team, we are in frequent contact with them, and they are frequently involved in our clinic," she says. "Make sure to explain the process to the patient and talk about what they want later on, such as a feeding tube; it's important to understand their wishes."

Ending the conversation

When a difficult conversation is complete, let the patient know it doesn't have to be over. "I say, 'This conversation isn't ending just because the session is ending,'" Dr. Maxwell says. "I tell patients that I'm here to support them, to answer questions, and I usually give permission to contact me."

Check in with how the patient is feeling before they leave. "Sometimes it can help to tell a patient that you know this is a very hard day and to try to do something for yourself and for your family if you can. And remind them that we're there for them."