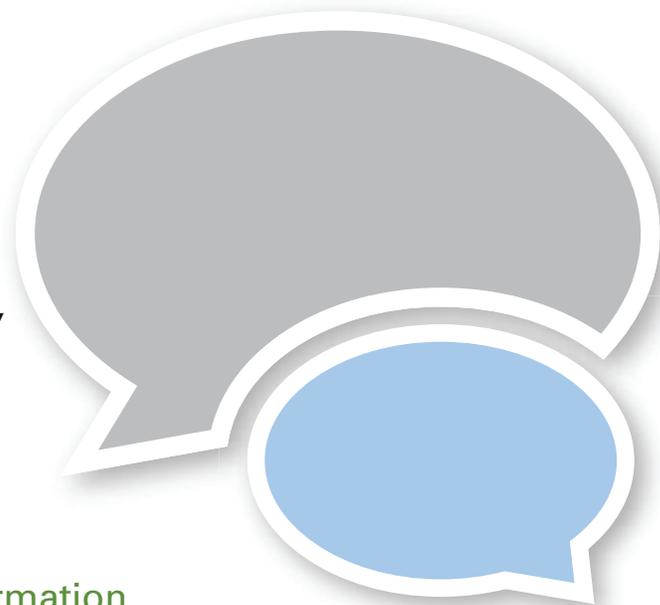


Communicating Bad News

Many people, including healthcare professionals, feel ill at ease and ill prepared to discuss end of life issues with patients and family members.

The following are some tips that may help ease the pressure of delivering bad news.



Pick the time and place to deliver the information

It is better to take control of the environment and timing of presenting the information to the patient and other decision makers who will be involved in meeting the patient's needs. Allow for privacy and at least 15 minutes of unhurried time to answer questions. In some cases, it is better to have a second person available to be in the room with you. This person will be able to restate what was said and begin guiding the patient and family in their decision making.

In the event the discussion turns towards end-of-life care, Family Hospice is available within an hour's notice to have a representative available to discuss the benefits and limitations of hospice care.



Assess the patient and family's understanding of the illness

"What have others said about your illness"?

"Has anyone discussed with you what your latest problems might indicate to you"?

"From what you understand, do you think that over the next month your health will get better, worse or stay the same"?

Establish goals for care and links for care

When a patient reaches a stage when their health cannot be restored and they have a limited prognosis, they often fear having intractable pain and feelings of being abandoned.

"We are not stopping care, but changing our goals for care. We can't control the disease but we can provide the care and support you need to treat the symptoms, as well as problems, you may have to deal with because of your illness". "What do you think you will need to help you through this time"? At some point, I think you may need some outside help. I would like your help in deciding when and who will help".



Respond to emotions elicited

This is the time to set the stage to alleviate the patient's fears. An empathetic response and expression of sincere concern re-establishes the trust the patient has for you.

"You seem surprised (or you don't seem surprised) at what I have told you. I can only imagine what you are feeling right now. Tell me what is upsetting you most".

Reassure and recommit about providing care

"Let's think this over. You know I will continue to care for you, whatever decisions you make. In the meantime, let me have (whomever) talk to you so you have the right information."

MUSIC THERAPY

Music Therapists are certified allied health professionals, specially trained in hospice and palliative care. Our therapists assess patients to determine strategies for pain relief and emotional care. They provide personalized therapeutic sessions for individual hospice patients or whole family groups.



- MUSIC STIRS MEMORIES
- MUSIC AFFECTS MOOD
- MUSIC SOOTHES MIND, BODY, SPIRIT

Any Family Hospice patient can qualify, free of charge.

(618) 277-1800 • info@familyhospice.org



GRIEF SUPPORT

Family Hospice has its own grief support service called The Heartlinks Grief Center. It's mission is to be the support center for all grieving people in our community. We began as a small program in 1997, supporting children who had a lost a loved one in hospice. We have grown into a full-service center that provides peer support, individual and family counseling and mobile programs to people of all ages in our service area.

(618) 277-1800 • support@myheartlinks.com

Family Hospice is a community based not-for-profit program providing exceptional care to our patients and their families. Family Hospice of Belleville is a Medicare Certified Hospice Program. Our vision at Family Hospice is to help the patient and their families facing serious illness find **the right care, at the right time and for the right reason.**



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