

USING THE SIX STEP PROTOCOL IN OTHER SITUATIONS

When Language is a Barrier

- Use a skilled translator who is:
 - Familiar with medical terminology
 - Comfortable translating bad news
- Meet with the translator before the interview to:
 - Brief them on what will be said
 - Reassure them their role is only to translate
 - Verify that they will be comfortable translating the news you are about to give
- Avoid family as primary translators
 - Confuses roles in family unit
 - May raise issues of confidentiality
 - Family members may not know how to translate medical concepts
 - Family members may modify news to protect patient
 - Instead, encourage family to:
 - Supplement the primary translation
 - Support patient and other family members
- During the interview:
 - Sit in a triangular arrangement so that you can:
 - Face and speak directly to the patient
 - Yet still turn to look at the translator
 - Speak in short segments, and then give the translator time to convey the information
 - Verify the patient's and family's understanding and check for an emotional response
- There are several services in North America that offer translation by telephone if there is no one directly available
- See information on Medical Interpreters in Module 13: Cultural Issues

Why Do Patients Ask about Prognosis?

- Patients frequently ask about prognosis
- There are many motivations for this request
- Some want to have a sense of their future so they can plan their lives
- Others are terrified and hope that you will reassure them

What to Do Before Responding to Patient Inquiries

- Before directly answering their questions about prognosis, inquire about their reasons for asking. Questions might include:
 - What are you expecting to happen?"
 - "How specific do you want me to be?"
 - What experiences have you had with others with a similar illness?"
 - "What experiences have you had with others who have died?"
 - "What do you hope/dream will happen?"
 - "What is your nightmare about what will happen?"
- Consider the implications of the prognostic information you provide
 - Patients who wish to plan their lives want information that is more detailed
 - Those who are terrified may do better with answers that are more general

Responding to Inquiries about Prognosis

- Definitive answers, e.g., "You have 6 months to live," run the risk of producing...
 - Disappointment, if the time proves to be less
 - Anger or frustration, if you have underestimated the patient's lifespan
- Consider responding by giving a range of time that encompasses an average life expectancy, such as:
 - "Hours to days"
 - "Days to weeks"
 - "Weeks to months"
 - "Months to years"
- Alternatively, indicate averages such as:
 - "One third of people will do well a year from now, half will live about 6 months; exactly what will happen for you, I don't know."
- After giving a range, it may help to emphasize the limits of prediction by saying something like:
 - "What this will mean for you I can't tell. We need to hope for the best, while we plan for the worst. We can't predict surprises and should plan in case something happens. Over time we'll have a better sense over time how things will evolve for you."
- Always caution patients and families that unexpected surprises can happen
 - Suggest that they get their affairs in order so they won't be so vulnerable if something unexpected does occur
 - Reassure them that you will be available to them to deal with issues and support them throughout their illness, whatever happens
 - Help clarify what can be realistically expected and distinguish this from what might be wished for, or what is most feared
 - Identify the miraculous for what it is—something outside of usual experience that happens exceedingly rarely

Caregiver Communication

- The sharing of information among caregivers is critical
- Maintain a chart or log book close to the patient that can be shared by all who provide care, including physicians
- Pooled information can help:
 - Facilitate a continuous plan of care
 - Avoid constant repetition of questions
 - Avoid unwanted activities
- It will be most effective if the chart or log book includes:
 - Goals for care
 - Treatment choices
 - What to do in an emergency
 - Likes and dislikes
 - Things to do and or not to do
 - Contact information for family, physicians, and other members of the interdisciplinary team
- Ensure that data is recorded accurately and accessible to everyone

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