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# The importance of various aspects of communication with patient in palliative care

**Paweł Stanicki<sup>1</sup>, Maciej Dobosz<sup>2</sup>, Zuzanna Chilimoniuk<sup>2</sup>, Piotr Wójcik<sup>3</sup>,  
Joanna Milanowska<sup>4</sup>**

1. Student Research Group of Applied Psychology, Medical University of Lublin
2. Student Research Circle at the Department of Epidemiology and Clinical Research Methodology, Medical University of Lublin
3. Student Research Group, Chair and Department of Forensic Medicine, Medical University of Lublin
4. Department of Applied Psychology, Medical University of Lublin

Address for correspondence: Paweł Stanicki, [stanicki99@gmail.com](mailto:stanicki99@gmail.com)

ORCID ID:

Paweł Stanicki: <https://orcid.org/0000-0002-4942-9030>

Maciej Dobosz: <https://orcid.org/0000-0002-4413-3310>

Zuzanna Chilimoniuk: <https://orcid.org/0000-0001-8261-0192>

Piotr Wójcik: <https://orcid.org/0000-0002-9078-3701>

Joanna Milanowska: <https://orcid.org/0000-0001-9741-1583>

## **ABSTRACT**

Communication is an important element of medical care at all its stages. It is particularly important in the care of terminally ill patients. Then the psychological support of the patients and their families seems to be a prime matter while taking care of them. The purpose of this study is to discuss important aspects in communication with a palliative patient such as start time of conversations, culturally sensitive communication, positive emotion communication (PEC), communication with a pediatric patient and talking about spirituality and beliefs. This analysis of scientific publications presents the current state of communication between doctors and patients and also provides guidance on what actions should be taken to improve it. The number of evidence showing the advantages of early and honest dialogue with terminally ill patients (especially pediatric patients) and their families is increasing. As a result of research on communication-based on positive emotions, it has been shown that it is equally important to relieve the negative emotions of the patient and to build a sense of strength and connection. Research shows that insufficient knowledge of clinicians prevents effective communication with culturally diverse patients. Almost all of the parents do not regret talking to their children about their deadly diseases. Supporting them makes it easier to accept the loss of their child and increases their satisfaction. Clearly defining the concept of spirituality can help physicians properly talk about religion and beliefs with patients.

Key words: communication; palliative care

## **INTRODUCTION**

According to WHO Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening illness. [1] It is particularly important facing fact that it applies to all people. There are an estimated 20 million people worldwide who need some form of palliative care. [2] One of the key elements of care for terminally ill patients is communication. It is often difficult and complicated, especially in the absence of proper preparation of healthcare team members, but it is always of great importance to patients. [2]

## **CURRENT STATE OF KNOWLEDGE ABOUT ASPECTS OF COMMUNICATION WITH PALLIATIVE PATIENTS**

### **Early initiation of communication**

Research shows the importance of early initiation of conversations with terminally ill patients. Those who have lost the ability to communicate with a doctor because of the development of the disease are much more likely to receive more aggressive life-sustaining treatments than those who had the opportunity to have their end-of-life discussions. [3] Although most EOL patients are able to hold discussions when they are admitted to hospital, most of them lose their decisional capacity before the conversation takes place. [4] It is recommended that end-of-life conversations begin as a result of events such as: making a diagnosis of an advanced progressive disease, changing the patient's condition, necessity to make a decision about treatment, presentation of unrealistic expectations by the patient, when disease-specific treatment does not work or at the time of referring the patient to palliative care. [5]

### Culturally sensitive communication

Another aspect of communication with a palliative patient is a cultural sensitivity. The medical team's knowledge about the patient's cultural ties can be crucial in the aspects of the time of initiating EoL conversation, getting to know the patient and thereby how information should be conveyed. [2] The number of publications emphasizing the importance of culturally sensitive communication is growing. Being sensitive to the patient's personal and cultural attachments can improve their quality of life. However, differences in the beliefs of clinicians, patients, and their families can impair it. [6]

### Positive emotion communication (PEC)

Not much is known about PEC in palliative care. As far as we concern PEC positive emotions enhance resilience and foster connections, therefore they could improve the well-being of palliative patients. Observational studies show that humor, pride, and support can be used to build and maintain relationships with EOL patients.

Humor is the most common emotion. It helps to cope with pain and maintain patients' personal dignity. Savoring or taking joy is also important. Studies have described examples of people who did not have a large number of days to live, and yet they were able to enjoy small things (for example, the joy of wearing warm socks or memory about tasty food). Those emotions take on special significance when they are observed in palliative patients. [7]

### Pediatrics

Talking about a child's terminal illness can be particularly difficult. However, it turns out that almost all of the parents who have undertaken such conversations do not regret having them, while almost 1/3 (27%) of parents who do not talk about this topic regretted their decision. [8] In the light of these facts, the ability to support parents in talking to children about death by clinicians seems very important. Experts say that having open discussions with children, patiently answering their questions, and explaining the concept of death can reduce their confusion and fear. [9] Satisfying the needs of parents is another important aspect. Especially in the face of research confirming that this may help them accept the loss of their child. [10] Honest communication with parents helps with decision-making. This means reporting on an ongoing basis about their child's health using clear and understandable language. Concealing prognostic information should be avoided, as this may lead to loss of trust in medical personnel and false hope. [11] Physician-parent interaction with patient-centered elements increases parental satisfaction despite the severity of their children's disease. [12]

### Spirituality, religion and beliefs

The spiritual dimension is often an essential element in the care of end-of-life patients. [13] This may not seem obvious, but most terminally ill patients welcome conversations about spirituality and religion with their physicians. [14] However, many doctors still do not discuss this with their patients, and the quality of these discussions is poorly rated by patients. [15] One reason may be that spirituality is a term that has many meanings. This makes it difficult for doctors to meet the spiritual needs of patients and to create instruments to assess their satisfaction. So there is a need to clearly define the concept of spirituality. [13]

## **WHAT CAN BE DONE TO IMPROVE COMMUNICATION WITH PALLIATIVE PATIENTS?**

Despite the continuous development of communication skills of medical teams, there is still a great need to develop them. Depending on the prognosis, palliative patients choose life-sustaining treatment or therapy focused on comfort. However, it turns out that there are discrepancies in how patients perceive their health and how doctors assess it (patients tend to overestimate their survival probabilities). [16] Therefore, improving the clarity of communication with patients may be needed.

A study that checked the quality of communication with patients with severe COPD suggests three main areas where improvement should occur. These are: talking about prognosis, talking about dying, and talking about spirituality and religion.[15]

The quality of doctor-patient communication can be improved with the help of training courses. Research shows that properly conducted training can significantly improve key communication skills of medical staff, which leads to a conclusion that more resources should be allocated in this area. [17]

A 2019 study comparing tools to facilitate communication with oncological patients identified four tools to improve the quality of dialogue with patients. These are: patient-reported outcome measures (when used routinely, can improve pain management, symptom detection and control), question prompt lists (they can increase the number of questions asked by the patient without increasing the length of consultation and encourage the patient to reflect questions), audio recording consultations and using patient-held record, which both have limited benefits. [18]

Communication is a key element for good cooperation between medical personnel, the patient and his family. All information provided should be clear and understandable. To avoid misunderstandings, the physician should ensure that the patient's and his family's knowledge of treatment progress is the same. [19]

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