How to Have a Difficult Conversation with Patients & Families

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- Difficult conversations with patients or families frequently present themselves. Unmet expectations, unexpected news, critical illness, feelings of vulnerability, and loss of control may all play a role.
- Use your resources—nurses/medical assistants may be able to help you anticipate difficult interactions; bring a nurse or other medical staff with you if you have to break bad news.
- Before greeting your patient/family know your facts—medical history, current circumstances, and be sure the right family members are present. Arrive prepared to outline a plan for the next steps if you’re delivering unwanted news.
- Introduce yourself, and state your role clearly, take time to sit down, speak at eye-level.
- Open by framing the situation with a clarifying statement; if the family knows what’s going on, explore knowledge: “what do you understand about what has happened?” If not, use a warning shot, e.g., “we have some news…”
- Display empathy with active listening, don’t interrupt and choose your words carefully.
- Use of the word “serious” can help. It conveys gravity and reinforces sincerity. “Things are serious” or “We are taking your concerns here very seriously.”
- Avoid using euphemisms—“we are worried about her BP today” does not convey critical instability. “Her BP is so unstable now; we are worried she could even die.”
- Acknowledge and name the emotion; use reflective statements: “I can see that you feel angry. How can I help?”
- Recognize the warning signs of anger/frustration: volume/tone of voice, defensive body language/words, frightened or resistant behavior.
- **Listen more than you speak.** Allow for silence.
- Control your own reactions; do not engage in angry or defensive verbiage or body language to avoid escalation. Don’t hesitate to extricate yourself from dangerous situations.
- Summarize by emphasizing shared goals: “I know we all want the safest thing for the patient.”
- Close with a plan and an open door for questions.
- Provide hope: “I know this is not how you expected this day to go. There are several ways we can help fix this.”

Table 1. GREAT framework for engagement

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<tr>
<th>Greet</th>
<th>Introductions, confirm patient identity (preferred name), know the backstory.</th>
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<tr>
<td>Rapport</td>
<td>Active listening, demonstrate empathy, open body language, sit, control your own emotions.</td>
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<td>Evaluation, examination, expectations</td>
<td>Elicit knowledge and goals, use “warning shot,” evaluate anxiety level, set specific expectations, close with a plan.</td>
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<tr>
<td>Acknowledge &amp; address concerns</td>
<td>Address concerns directly, be aware of power dynamics and vulnerability, align values and goals, provide hope.</td>
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<td>Tacit agreement &amp; thanks</td>
<td>Explicitly thank the patient and caregiver or colleague for their cooperation and input. Leave an open door.</td>
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References: