

**UNDERSTANDING, IDENTIFYING, ASSESSING
AND ADDRESSING CONFLICT WHEN THE
GOALS OF CARE OF THE PATIENT/FAMILY ARE
DIFFERENT FROM THOSE OF THE CARE
PROVIDERS**

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December 7th, 2015

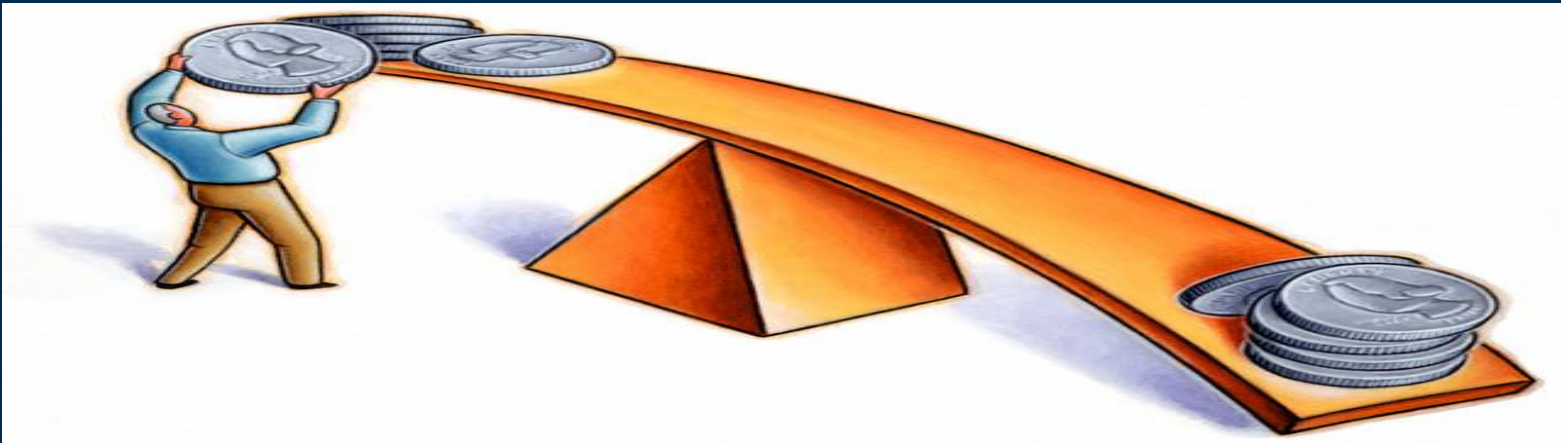


CONFLICT....

- Goals of Care of Patient/family

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Goals of Care of Care Providers



- Potential for emotionally turbulent, time consuming and relationship rupturing possibilities



PRESENTATION TODAY....

- Why the potential for conflict in the Goals of Care?
- What can the Conflict look like?
- How can you assess the source of the conflict?
- How do you address the conflict?



GOALS OF CARE....WHY THE POTENTIAL FOR CONFLICT?

- Individual approaches to death and dying (age and life experience)
- Social and/or cultural influences
- Family Dynamics
- Internet
- Complexity of medical situation



GOALS OF CARE....WHY THE POTENTIAL FOR CONFLICT?

- Complexity of health care system
- Language issues
- Communication skills (patients, families and care providers)



WHAT CAN THE CONFLICT LOOK LIKE?

- Hostility – Anger, Blaming
- Disengagement, Avoidance, Minimizing - focus is on specifics rather than 'big picture'
- 'There – yet so not there'



HOW DO YOU ASSESS THE SOURCE OF THE CONFLICT?

Is it....

- an information issue?
- a process issue?
- a communication issue?
- a family issue?

Is it....

- a psychological issue?
- a socio-cultural issue?
- a trust issue?
- a timing issue?



HOW DO YOU ASSESS THE SOURCE OF THE CONFLICT?

•Is there an information issue?

Too much or too little? Accurate? Shared transparently and in timely way?



•Is there a process issue?

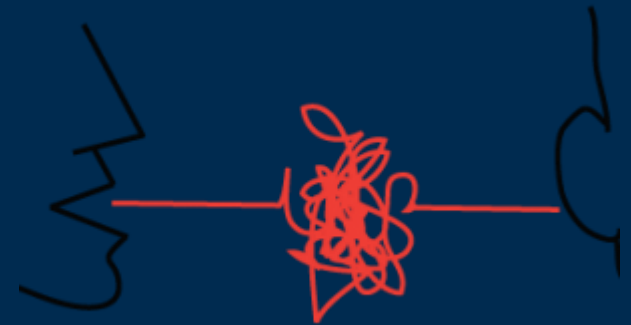
Has enough time been set aside for sharing and discussing? Is the setting appropriate? Have you gone from known to unknown? Has it been a respectful engagement? Openness to questions and dialogue?



HOW DO YOU ASSESS THE SOURCE OF THE CONFLICT? (continued)

- **Is there a communication issue?**

Interpreter needed? Medical language too complicated? Inaudible and unclear communication? Poor eye contact, posture, engagement? Self and other awareness?



- **Is there a family issue?**

Family dynamics? Established pattern for decision-making? Right people involved and present?



HOW DO YOU ASSESS THE SOURCE OF THE CONFLICT? (continued)

- **Is there a psychological issue?**

Is there too much anxiety? Is there a competency issue? Any mental health concerns?

- **Is there a socio-cultural issue?**

Guilt, discomfort with taboo discussions?



HOW DO YOU ASSESS THE CONFLICT? (continued)

- **Is there a trust issue?**



Previous or current patient/family experience?

- **Is there a timing issue?**

Has the discussion started too early?



HOW DO YOU ADDRESS CONFLICT?

1. Build Trust!



Remain accessible (time, attention, visibility, environment)

Be on top of the information

Show interest –be human!

Follow up...check in....do what you say you will do!

Have a working knowledge of the Palliative System



HOW DO YOU ADDRESS CONFLICT?

2. Communicate Well!



No distractions – be present!

Have some structure

Listen!

Seek clarification – share observations

Keep language simple

Paternalistic Vs Informative Vs Shared Decision-Making (A. Gawande)



HOW DO YOU ADDRESS CONFLICT?

3. ASK ENGAGING QUESTIONS!

What is your understanding of what is going on?

What should I know about you?

Where are you at?

How much do you want to know?

Can I ask you to share with me your understanding of what I have just said?

What is it that worries you the most? What is your biggest concern?

How can I help address some of your fears and concerns?

What is important to you?

What other information can I provide that you may find helpful?



HOW DO YOU ADDRESS CONFLICT?

4. Include the right people (as per the patient)!

Does the patient want to be part of this?

Who has been making the most suggestions!

Don't forget the 'out-of-towners'

Chance for patient/family to 'hear' each other

5. Use the Inter-Disciplinary Team!

(Palliative Clinical Nurse Specialists, Social Workers, Spiritual Care , PT/OT,

Community Palliative Team, Community Clinic)

Strength in numbers!

Focused expertise...follow up, Care Plan



HOW DO YOU ADDRESS CONFLICT? (continued)

6. Look for moments of disruptions, dis-equilibrium!

Catastrophic admissions/discharges from Hospital

Change in circumstances for patient and/or family

7. Be patient!

Patient/family are making the best decisions they know at this time

It is likely that some patients and families will make counter-intuitive choices

Process versus zero sum game



HOW DO YOU ADDRESS CONFLICT? (continued)

8. Be realistic!

Some patients and families will never be ready to be considered 'Palliative'

This will not change regardless of the number of crisis situations or how
difficult the experience



Conclusion....

- Conflict can be expected
- Source(s) of conflict can be identified
- Several strategies for avoiding/managing conflict
- Positive message



RESOURCES

“Being Mortal: Medicine and What Matters in the End” (Dr. Atul Gawande, 2014, Doubleday Canada) – Chapter 7 – Hard Conversations, pages 191-230

“Facing Death: Understanding What Dying People Want” (Dr. David Kuhl, 2006, Doubleday Canada).

“What Dying People Want: Practical Wisdom for End of Life” (Dr. David Kuhl, 2002, Anchor Canada).

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