



HOW TO MANAGE DIFFICULT FAMILY MEMBERS DURING CONSULTATIONS

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LEARNING OBJECTIVES FOR THIS SESSION

- Identify why family members may appear “difficult”
- Share the impact challenging conversations have on the consultation
 - The clinician perspective
 - The family perspective
- Devise ways to manage the emotional fall out
- Formulate strategies to address the challenges
 - To ensure best care
 - To optimise communication in consultation
 - To reduce chance of a complaint

HOW WILL WE ACHIEVE THIS?

- Discuss common areas where relatives' behaviour can be perceived as difficult
 - Encourage delegates to share their experiences of difficult conversations with family members
- Show a consultation with Dr Leonard and simulated patients to highlight the “difficult husband”
- Discuss the impact of the communication observed
 - Strategies that enhanced communication
 - Approaches that inflamed communication

MOST IMPORTANT ASPECT

This is an interactive and enjoyable session

COMMON THEMES

- Relatives and patients who have different needs within the same consultation
 - For example, relatives asking more detailed questions when the patient does not want that information
- Relatives who complain and are angry about care, potentially on behalf of the patient
- Relatives who challenge the doctors' treatment view and want something different to what the patient wants e.g.
 - Relatives who do not wish treatment to be changed
 - Relatives who think something should be done when additional input would be futile
- Relatives who dominate and over-talk the patient, making it difficult for the doctor to discover the patient's true wishes

POTENTIAL CONSEQUENCES IF WE DO NOT INVOLVE RELATIVES DURING THE CONSULTATION

- Valuable insights may be missed
 - On patients actual fitness
 - On patient's wishes for treatment
- Relatives' distress or lack of coping may be missed
 - May be main carer, so may result in poor care/support
 - May develop an affective disorder
- May seek a second opinion
- May make a formal complaint

WHAT ARE YOUR COMMUNICATION CHALLENGES IN EVERY DAY PRACTICE WITH DIFFICULT FAMILY MEMBERS?

UNDERSTANDING BEHAVIOURS BEHIND THE “DIFFICULT BEHAVIOUR”

- **Often driven by anxiety**
 - Need more information to:
 - Alleviate anxiety
 - Regain control of the situation
- **Suggested approach**
 - Direct exploration with relative
 - I can see you would like more information...
 - Check out with patient
 - Would it be helpful if I addressed this now?

MANAGING THE ANGRY RELATIVE

- **Allow ventilation**
 - Do not interrupt
 - Do not offer an explanation or defence before full off-loading: there may be more than one reason for their anger
- **Listen actively**
 - Good eye contact
 - Non-verbal encouragement
- **Acknowledge their issue or issues**

CLINICAL EMPATHY

- Involves the ability to:
 - Understand the patient's situation, perspective, and feelings
 - Communicate that understanding and check its accuracy
 - Act on that understanding with the patient in a helpful (therapeutic) way

Mercer SW, et al. Br J Gen Pract. 2002;52 Suppl:S9-13.

WHAT DOES AN EMPATHIC RESPONSE ACHIEVE?

- Lets patients know that they have been heard
- Legitimises the person's feelings
- May allow or encourage to continue them to share concerns
 - May pick up other emotions e.g. guilt, sadness
- Enables patients to find relief in discussing emotional concerns with their oncologist
 - May prefer seeing physicians who are willing to address such concerns

RELATIVES WHO TALK OVER PATIENT OR DOMINATE THE CONSULTATION

- Are driven by belief that the patient is not being sufficiently assertive
- Hold a different view to the patient
- May be the one who normally does all the talking in that relationship

MANAGING EXPECTATIONS

MANAGING EXPECTATIONS

- Explore why they believe what they do
 - Use cues to understand their perception
- Establish whether they have been ill-informed
 - Clarify the meaning of information they have been given
- Challenge inappropriate beliefs
 - Have I got this right?

REDUCING UNNECESSARY UNCERTAINTY

- **Give clear explanations**
 - Purpose of consultation
- **Provide overt signposting**
 - What is going to be covered and in what order
- **Build relationship**
 - Empathy engenders trust
- **Maximise commitment**
 - Understanding does not mean commitment

DVD CLIPS



HOW DO WE CHECK UNDERSTANDING?

- Use open, focused questions
 - Tell me what you understand following your discussion with...
- Strike the right balance between enquiry and interrogation
 - Can I just check I have what I believe you have said?
 - Could I ask you to summarise in your own words what you have heard?

HOW CAN WE BECOME MORE EFFECTIVE COMMUNICATORS?

- **Become better listeners**
 - Pick up cues
- **Understand ourselves**
 - How might our behaviour be influencing the consultation?
- **Reflect on consultations**
 - What went well and why?
 - What did not go so well and why?
- **Encourage constructive feedback**
- **Learn different strategies**

CONCLUSION

- **Communication is a core clinical skill**
 - Need to invest in developing other strategies
- **Relatives are a key part of patient care**
 - Their involvement is vital
- **Engaging with relatives constructively is effective**
 - Reduces health care resources
 - Improves adherence to treatment plans
- **Investing in becoming an active listener**
 - Allows venting of anger
 - Lets the relative feel heard
 - Uncovers reasons driving behaviour