

One of the most difficult things physicians must do is deliver bad news to your patients and their families. It is often much easier for you to continue pursuing an unlikely cure than to have the difficult conversation about allowing a natural death. However, the wise physician knows when to transition from cure to palliation, and patient and family satisfaction increase when this transition is made.

When a terminal diagnosis is given, most patients understand what this means and are grateful for their physician's honesty. Physicians often worry about taking away the patient's hope, but you should not be partners in spreading false hope. Redirecting the patient's focus from "cure" to a more reasonable goal such as living long enough to complete certain tasks (e.g., heal relationships or witness events) can be helpful. Even a pain-free death could be a goal. The literature confirms that it is possible to have both quality of life and quantity of life. A recent study has established that patients receiving hospice care actually live longer than their counterparts who are pursuing aggressive treatment.

Before you begin the conversation about hospice or palliative care, several practical details should be carefully considered:

- Make time. These conversations should not be rushed.
- Make space. Choose a private, quiet place where everyone can be seated.
- Turn off your cell phone and pager. Remove any items from the room that might cause a distraction or interruption.

The conversation itself deserves ample forethought. Spend a few minutes imagining how it might unfold. Plan to spend as much time listening as you do talking. You may want to follow an outline like this one:

Find out what the patient knows. Start the conversation by finding out what the patient and family understand about the diagnosis. You could ask, "What is your understanding of your condition?" or "What have you been told about your disease by the other doctors you've seen?"

Listen carefully to the patient's response. If there is a big disparity between what the patient feels his or her prognosis is and what you think it is, the conversation is going to take some time. Speak slowly and clearly, and be sensitive to older patients' hearing challenges.

Discover the patient's goals. This is the key to good palliative care, and it requires strong listening skills. Once you know the patient's goals, there may be numerous ways of helping the patient meet them. If the goals are for palliation, then additional help from a hospice organization can be extremely valuable. It is best to determine the patient's goals first and then match his or her goals with what hospice can offer, rather than listing what a hospice can do and trying to make the patient's goals fit into the hospice model.