

Discussing future symptoms and symptom management

Recommendation	Useful phrases (where applicable)
<ul style="list-style-type: none"> Explore fears and misconceptions (eg, being in pain, past experience with the dying). 	<p><i>“Is there anything that is worrying you about the future in terms of managing your symptoms?”</i></p> <p><i>“People often have worries or concerns about what might happen in the future. I was wondering if you have any playing on your thoughts.”</i></p> <p><i>“Have you been with anyone else [going through the same thing/dying]? How was it for them? Is there anything about what happened to them that worries you?”</i></p>
<ul style="list-style-type: none"> Explain that most commonly the person’s condition will gradually deteriorate over time, but that there may also be sudden events that no one can predict (eg, pneumonia or some other intercurrent problem). 	<p><i>“About three out of four people with cancer will deteriorate gradually in the months before they die, so we can tell it will happen soon, but in the other one out of four people things can change very quickly (eg, heart attack, serious infection) and they may die almost unexpectedly.”</i></p>
<ul style="list-style-type: none"> Describe the likely systemic symptoms as the patient’s disease progresses (eg, fatigue, general weakness). Explain that energy levels are likely to fluctuate (eg, may have good days and bad days), but that overall there is likely to be a gradual deterioration over time. 	<p><i>“What usually happens is that you will get more and more tired and have to spend more and more time in bed.”</i></p>
<ul style="list-style-type: none"> Discuss the implications for the patient’s level of function. 	<p><i>“With time, you are likely to have less energy to do things and need more time resting. Therefore, it is important to do the things that you need or want to do now while you are still well enough. If things go well for you — well, you can just do them again.”</i></p>
<ul style="list-style-type: none"> Reassure patients that pain can be controlled in most people. If relevant, reassure that dyspnoea may be alleviated. However, be careful not to promise that dyspnoea will be controlled at all times as it is a difficult symptom to completely contain. 	<p><i>“We are pretty good at treating pain nowadays.”</i></p> <p><i>“We can get on top of pain in most cases.”</i></p> <p><i>“You do not need to [fear/worry] that you will suffer pain.”</i></p> <p><i>“Shortness of breath may become more of a problem, but we have ways of controlling this.”</i></p>



Recommendation	Useful phrases (where applicable)
<ul style="list-style-type: none"> Consider whether it is appropriate to discuss potentially problematic symptoms, particularly with caregivers looking after someone at home (eg, seizures and suffocation, or bleeding, depending on the patient's illness), and what to do should these occur. The health care professional should weigh up the benefits versus the harm of such information. Reassure patients and caregivers that these symptoms are uncommon (depending on the patient's clinical circumstances), and have plans in place should these events occur. These issues may be better covered in detail closer to the time they may actually occur. 	

Clayton JM, Hancock KM, Butow PN, et al. Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers. Med J Aust 2007; 286(12): S79-S108. © Copyright 2007 The Medical Journal of Australia – reproduced with permission.

