

## Dealing with conflicts (eg, differing family opinions, conflicts between doctor and patient or doctor, patient and caregiver)

Recommendation	Useful phrases (where applicable)
<ul style="list-style-type: none"> <li>Identify and recognise family discord as early as possible and make other members of the health care team aware if it is likely to affect the patient's care.</li> </ul>	
<ul style="list-style-type: none"> <li>Offer meetings (on repeated occasions if needed) with the patient and/or key family members or caregivers to explore concerns and to try to increase understanding about the patient's condition.</li> </ul>	
<ul style="list-style-type: none"> <li>Allow the patient and family time to come to terms with the impending death of the patient.</li> </ul>	
<ul style="list-style-type: none"> <li>Continually focus on what is known about the patient's values and preferences.</li> </ul>	<p><i>"If [he/she] were able to talk to us, what do you think [he/ she] would want us to know?"</i></p>
<ul style="list-style-type: none"> <li>Explore and acknowledge the emotional issues and concerns of the patient or caregiver that are not always expressed and that may result in frustrating communication barriers.</li> </ul>	
<ul style="list-style-type: none"> <li>If possible, negotiate a family spokesperson, preferably one nominated by the patient if feasible, who can be involved in medical decisions when the patient is too sick to be involved and who can communicate with the rest of the family.</li> </ul>	
<ul style="list-style-type: none"> <li>Preferably have someone with you (another health care professional or patient liaison officer) and document all discussions clearly in the notes.</li> </ul>	
<ul style="list-style-type: none"> <li>Openly negotiate with patients and family members to try to reach a mutually acceptable solution.</li> </ul>	
<ul style="list-style-type: none"> <li>Recognise limitations (ie, you are unlikely to resolve longstanding family dysfunction).</li> </ul>	
<ul style="list-style-type: none"> <li>When these efforts are not successful and the conflict is affecting the patient's care, consider arranging a second opinion for the family, or a skilled communicator to facilitate a patient care conference, or a patient advocate if there are unresolved issues between health care professionals and the family or patient.</li> </ul>	

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.

