end-of-life ESSENTIALS®
education for acute hospitals

Dealing with denial or expectations that are not consistent with clinical evidence (e.g, requests for medically futile treatments)

Recommendation	Useful phrases (where applicable)
• Explore patient understanding.	*"What is your understanding of what is likely to happen with your illness and future treatment options?"*
• Use a hypothetical question to explore goals and important things that need to be done while well enough.	*"While we are hoping that things will go well with treatment . . . or be possible for. . . to occur, if by some chance you didn't get better, what would be the most important things that you would want or need to do while you are still able to?"* *"I wish too that this disease would get better. If we cannot make that happen, what other shorter-term things would you like to achieve?"* *"Have you thought about what might happen if things don't go as you wish? Sometimes having a plan that prepares you for the worst makes it easier to focus on what you hope for most."*[1] *"I know you are hoping that the treatment will work well, but I feel it is important to talk about 'what if'."*
• Check for a "window" in which to address the situation realistically (eg, check if there were times when the patient did not feel so optimistic).	*"I can see that you really want to get better and I would like that too. Are there ever times when you have darker moments and don't feel that things are going so well? Can you tell me what is on your mind during those times?"*
• Do not force confrontation about denial, otherwise it may lead to psychological distress, further denial or alienation from the health care professionals. Allow patients to fantasise about unlikely possibilities if they otherwise seem fairly realistic and prepared, especially if it is not blocking them from doing important end-of-life work (administrative, conversations with family).	*"That would be wonderful if . . . were to occur, wouldn't it? Are there times when it doesn't seem so sure? Would you like to talk about that?"*
• Referral for second opinion may be offered if the patient or caregiver will not accept that the treatment is medically futile.	*"Sometimes it helps to talk these difficult things through with another experienced doctor. Would you like me or your GP to ask for a second opinion?"*

1. Tulsky JA. Beyond advance directives: importance of communication skills at the end of life. JAMA 2005; 294: 359-365.

* These can also be applied to the 'Commencing or changing disease-specific treatments' recommendations

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.

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