

Physical and social setting

Recommendation	Useful phrases (where applicable)
If possible, ensure privacy, quiet (limit interruptions from pagers or telephones), and timing convenient for patient and health care professional.	
Ask the patient if he or she would like any family members or caregivers to be present during the discussion, especially if planned (eg, follow-up appointment after test results).	<p><i>“Some people like to bring someone who is close to them to the appointment.”</i></p> <p><i>“Is there anyone else you would like to be here with you while we talk?”</i></p> <p><i>“If there are things that you might prefer to discuss with me alone I’d be happy to organise that.”</i></p>
If possible, ensure the health care professional leading the discussion is senior enough to be able to answer the patient’s and caregiver’s questions appropriately (ie, not the most junior person on the team).	
If a junior health care professional is required to do this task (ie, in an emergency clinical situation), it will be important to tell the patient or family what senior staff have been involved in discussions to date and when they will be available.	
Build trust and respect by using an empathic, patient-centred style (See also ‘How to discuss prognosis and end-of-life issues’ recommendations).	
Check that the patient is comfortable with additional health care professionals being present for the discussion if it is feasible and important for provision of ongoing care (eg, nurse, registrar).	If planning a discussion: <i>“Are you comfortable having another member of my team present when we discuss your results?”</i>
<p>Ensure enough time is allocated to answer questions or repeat information not understood.</p> <p>If time is not available, allocate a date in the near future, and set limits at the beginning of the consultation.</p>	<i>“I would be very happy to discuss . . . with you. We won’t have enough time today to address that properly. Is it all right if I come back [state when]?”</i>
Optimise any communication aids as required (eg, use of interpreters or hearing aids where applicable) and ensure the patient is mentally capable of taking part in the discussion (eg, not confused).	

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.

