

## General strategies to facilitate hope and coping during prognostic and end-of-life discussions

Recommendation	Useful phrases (where applicable)
<ul style="list-style-type: none"> <li>Reassure the patient or caregiver that you (or a support system, service or team) will be there for them throughout the illness trajectory. If this is not possible, it is critical that alternative arrangements are spelt out and are reliable.</li> </ul>	<p><i>“Our team [or whoever applicable] will do our best to support you throughout this illness.”</i></p> <p><i>“I [or our team or whoever applicable] will do whatever [I/we] can to assist you in whatever lies ahead for you.” “You will not be abandoned.” If the patient is no longer able to come for outpatient follow-up:</i></p> <p><i>“I will be available to discuss your care with your [GP/community nurse/ palliative care team] even if you are not able to come and see me in the clinic.”</i></p>
<ul style="list-style-type: none"> <li>Emphasise the available support, such as the palliative care team (or whatever other services are available in the local area).</li> </ul>	<p><i>“We’ve been talking about some treatments that are really not going to be effective now and that we don’t recommend you use. But there are a lot of other things we can still do to help and support you and make sure you are as comfortable as possible.”<sup>1</sup></i></p> <p><i>“Although this type of chemotherapy has not been useful, there are other treatments we can use to make you more comfortable.”</i></p> <p><i>“The aim of treatment is changing more towards maximising your function and comfort.” “I cannot give you any specific treatment to make this illness go away, but there is a lot we can offer to help you cope with it.”</i></p>
<ul style="list-style-type: none"> <li>Reassure the patient or caregiver that many treatments are available for controlling pain and other symptoms, where applicable.</li> <li>Some symptoms may be difficult to control, and therefore it is also important not to make unrealistic promises (such as to make the person free of pain at all times).</li> </ul>	<p><i>“We have a lot of ways to relieve [pain/nausea/dyspnoea] and other symptoms.”</i></p> <p><i>“We will do everything we can to ensure you are as comfortable as possible.” “We cannot promise that you will have no pain. However, we can control almost all of the pain almost all of the time.”</i></p>
<ul style="list-style-type: none"> <li>Emphasise the available support, such as the palliative care team (or whatever other services are available in the local area).</li> </ul>	



Recommendation	Useful phrases (where applicable)
<ul style="list-style-type: none"> <li>Where appropriate, explore and discuss realistic goals and expectations: facilitate realistic goals and reframe the patient's and family's expectations.</li> </ul>	<p><i>"What are your most important [hopes/expectations] about the future?"</i></p> <p><i>"As you think about the future and that you may not have a very long time to live, what is most important to you? Are there any aspects of your life that you want to attend to?"<sup>2</sup></i></p> <p><i>"Have you any unfinished business?"</i></p> <p><i>"What are the things you most want to invest your time and energy in?"</i></p> <p><i>"What are the things you want to do in the time you have?" "Is there any particular event that you are looking forward to?"</i></p>
<ul style="list-style-type: none"> <li>Identify areas where control can be fostered [eg, advance care planning, enduring power of attorney (see also Advance Care Planning recommendations), tidying up unfinished business, arranging to see people to complete conversations].</li> </ul>	<p><i>"What is your understanding of your health situation and what is likely to happen?"</i></p> <p><i>"Do you have thoughts about where things are going with your illness?"</i></p>
<ul style="list-style-type: none"> <li>Where appropriate, discuss ways of coping on a day-to-day basis (eg, taking one day at a time, using strategies that allow an ongoing relationship with the family, such as writing letters or recording thoughts, focusing on important relationships).</li> <li>It is important to respect and be sensitive to the patient's ways of coping (eg, denial can be a useful coping mechanism).</li> </ul>	<p><i>"Some of my patients tell me it helps to try to take one day at a time, and live for the moment as much as possible."</i></p> <p><i>"You will have good days and bad days."</i></p> <p><i>"Many people find that it helps them to cope by trying to maintain some [sense of normality/normal life] or having a routine."</i></p> <p><i>"Be kind to yourself and do the fun things — it doesn't have to be all about your illness."</i></p>
<ul style="list-style-type: none"> <li>Recognise the spectrum of hope and that patients may simultaneously hope for cure as well as acknowledge the terminal nature of their illness.</li> </ul>	<p><i>"We can prepare for the worst while hoping for the best."</i></p>
<ul style="list-style-type: none"> <li>Respect the patient's wishes to explore alternative or experimental treatments aimed at controlling the underlying disease (provided adequate information has been provided to enable the patient to make an informed decision: see 'Commencing or changing disease-specific treatments' and 'Cessation of disease-specific treatments' regarding treatment decisions).</li> </ul>	<p><i>"I have no problem with you exploring alternative treatments. They are not my area of expertise. However, if the treatments were a magic bullet, we would be aware and we would also use them. I know they are usually expensive."</i></p> <p><i>"Everything has benefits and burdens. What are you hoping this therapy will achieve?"</i></p> <p><i>"You must do whatever you feel is important, but remember that none of these things have been proven to work (or we would be using them) and many are very expensive."</i></p>

1. Tulsky JA. Beyond advance directives: importance of communication skills at the end of life. JAMA 2005; 294: 359-365.  
 2. Schofield P, Carey M, Love A, et al. 'Would you like to talk about your future treatment options?' Discussing the transition from curative cancer treatment to palliative care. Palliat Med 2006; 20: 397-406.

