

Good conversations support good end of life care

Introductions and consent: Prepare for the conversation, check patients' and families' understanding, think about the environment and consider your manner and approach.

Acknowledge uncertainty of the future

Conversation starters and phrases

Seek Permission: *'Are you the sort of person who likes to know what is going on?'*

Reflect back: *'You know that you have not been so well recently...'*

Fishing questions: *'Have you thought about a time when... you may not be as well as you are now?'*

Focusing on key issues: *'Can you tell me what is the most important thing for you?'*

Focus on the emotion: *'Am I right in thinking that you feel worried/scared?'*

Framing difficult questions as universal or general: *'Some people like to make their thoughts/wishes known and to make plans in advance... and then get on with living'*

Hypothetical questions: *'Sometimes it is helpful to think about the what if's'*

Communication skills to support Advance Care

- Look out for cues and seek opportunities and permission for conversations, such as increase in care needs, change in place of care, changes in direction of treatments or at regular checkups
- Be honest
- Be realistic, but allow space for hope
- Adopt open questions about their wishes, concerns and preferences
- Actively listen and feel comfortable with silence to allow time for thought
- Finally check their understanding of the discussion and summarise the conversation

Actions Adopt CHAT

Consider uncertain prognosis – SPICT, Rockwood Frailty Scale, GSF

Have compassionate conversations, use Planning Ahead leaflets

Advice the MDT of '*discussions had, decisions made, patient and family wishes*' on the Treatment Escalation Plan, Planning Ahead information and/or IT systems

Transfer all information to ensure continuity of care and adherence to wishes

Be brave enough to start a conversation that matters