

“THE MOST BASIC AND POWERFUL
WAY TO CONNECT WITH ANOTHER PERSON IS TO LISTEN.

 “JUST LISTEN”.

PERHAPS THE MOST IMPORTANT THING
WE EVER GIVE EACH OTHER IS OUR ATTENTION.....

 A LOVING SILENCE OFTEN HAS FAR MORE
POWER TO HEAL AND TO **CONNECT**
THAN THE MOST WELL-INTENTIONED WORDS.”

RACHEL NAOMI REMEN

Dignity Conserving Care

"Kindness, humanity and respect – the core values of healthcare are easy to overlook in the busy, high tech culture of modern healthcare" says Dr. Harvey Chochinov. Yet, it is the humanity of healthcare that gives our work its meaning, helps us to work with patients to achieve the best possible health outcomes, and creates a lasting memory for the people we serve. The A, B, C, and D of Dignity Conserving Care, developed by Dr. Harvey Chochinov, is a tool that you can use to help practice the humanity of healthcare. As part of this approach, healthcare providers are asked to consider their attitudes and behaviors as follows:



Attitude

Ask yourself:

- How would I be feeling if I was this person?
- Why do I think and feel this way?
- Do I have the facts I need or am I making assumptions?
- Are my attitudes affecting the care I provide and, if so, how?
- Are my personal beliefs, values, and life experiences influencing my attitude?

Action to be taken

- Reflect on these questions as part of your everyday practice.
- Discuss provider attitudes and assumptions and how they can influence the care of patients with the care team.
- Challenge and question your attitudes and assumptions as they might affect patient care
- Help to create a culture that questions if and how provider attitudes are affecting patient care.

Behaviour

- Introduce yourself. Take time to put the patient at ease and appreciate their circumstances.
- Be completely present. Always include respect and kindness.
- Invite a family member to be present.
- Use language the patient/family can understand.

Compassion

- Get in touch with your own feelings about life and humanity.
- Consider the personal stories that accompany illness.
- Show your compassion with a look, a gentle touch, or some other way that recognizes the person inside the patient.

Dialogue

- Acknowledge the patient's personhood.
- Get to know the patient. "What should I know about you to help me work with you."
- "Who else do you want to be with you?"

This Practical Wisdom Adapted From:

Chochinov, H. (2007). Dignity and the essence of medicine: The A,B,C, and D of dignity conserving care. *British Medical Journal*, 335, 184-187.

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The A,B,C,D of Dignity Conserving Care

<p>A</p> <p>Attitude</p>  <p>Our beliefs about patients may affect them profoundly.</p>	<p>B</p> <p>Behaviour</p>  <p>Our care of patients must always be based on kindness and respect.</p>	<p>C</p> <p>Compassion</p>  <p>Our feelings about patients must be based on a deep awareness of their suffering</p>	<p>D</p> <p>Dialogue</p>  <p>Our knowledge about patients must include who the patient is as a person.</p>
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Another clinical scenario



SUFFERING: MRS AND MR CONTRAST

- 75 yo old man suffering from metastatic pancreatic cancer
- No pain
- Mild discomfort from abdominal distension from his ascites
- PPS: 50%- 40%
- VERY socially involved (public man)...very large network of friends
- 5 children from previous marriage- good family relationship- 7 grand-children
- Lives with spouse who had 2 children from previous marriage- has 4 grand-children

SUFFERING: MRS AND MR CONTRAST

Family physician visiting at home
Daily nursing visits + PSW

Mr Contrast is very realistic about his critical condition, becoming more physically dependent. He is clearly passionate about life and is planning to enjoy every bit of it in the context of his life threatening condition!

Mrs Contrast is looking at this situation with a great despair, not perceiving any quality of life, neither for her nor for her husband. She is feeling miserable. She expressed her suffering on a daily basis to the HCP in the circle of care.

Are we good listeners?
...communicators?

SERIOUS ILLNESS CARE (SIC)

-MORE, EARLIER, BETTER CONVERSATIONS



BC Centre for Palliative Care promotes a person-centred approach to care that is respectful of, and responsive to, individual patient and family preferences, needs, and values.

Serious Illness Conversation Training

3 levels of training:

- Training for clinicians on how to use the SIC guide in clinical practice
- Training for clinicians interested to become certified facilitators for SIC workshops
- Training for clinicians interested to become Master Trainers (who can train facilitators for SIC workshops)



3 W'S: WISH (OR HOPE), WORRY, AND WONDER

Patient: “Will I make it to my granddaughter’s graduation in 2 years?”

Clinician:

“I **wish** that things were different;
I **worry** that’s not likely.”

“I **hope** that you can, but I **worry** that it may not be possible.”

“I **wonder** if there are things you can do to prepare in the event you can’t be there.”

....



MANY COMMUNICATION TOOLS....BUT!

SO!
HOW?

Communication---relationship



A matter of connectedness

...PRESENCE

...HUMANITY

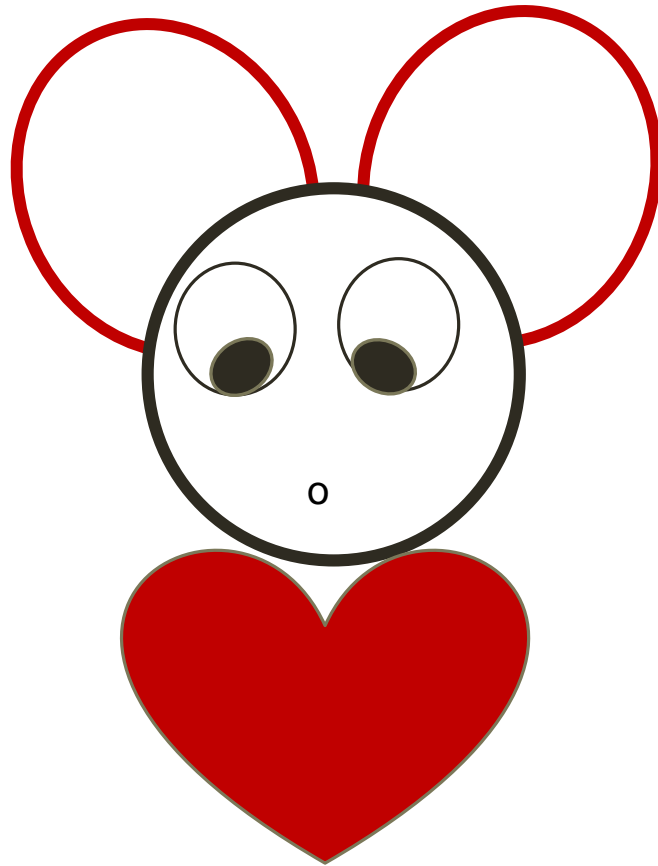
with our heart

Resonate

DEEP LISTENING

- UNDERSTANDING THE WHOLE PERSON BEHIND THE WORDS.
- IN DEEP LISTENING, YOU LISTEN BETWEEN THE LINES OF WHAT IS SAID, HEARING THE EMOTION, WATCHING THE BODY LANGUAGE, DETECTING NEEDS AND GOALS, IDENTIFYING PREFERENCES AND BIASES, PERCEIVING BELIEFS AND VALUES.
- DEEP LISTENING IS ALSO KNOWN AS 'WHOLE PERSON' LISTENING.

Connectedness



Connectedness

THERAPEUTIC ALLIANCE

Therapeutic self

- Sensibility, simplicity et
- Get to know **ourself** in order to reach the other

Therapeutic

- Empowerment, respectful respect and humility

Compassion

(Own translation)

L'art de soigner en soins palliatifs, 2004.



Resonate

With ourselves



Are we our own barrier to communication?

The persons/ families...



Do we recognize some of **our own emotions?**



But how can we witness so MUCH suffering?

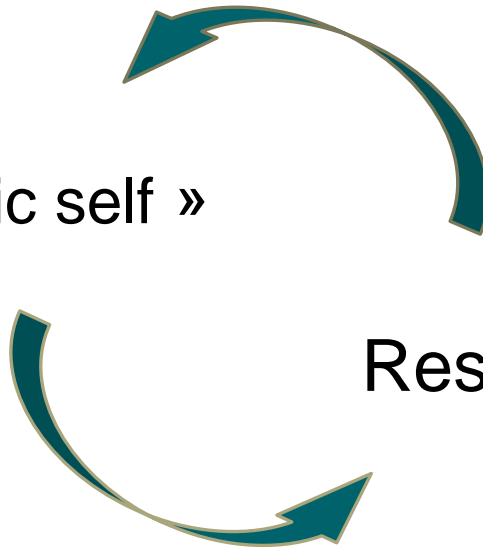
...without being touched?

HOW?

Getting to know ourselves better

« The therapeutic self »

Resilience?



WHAT IS RESILIENCE?

to bounce or spring back

an ability to maintain a stable state in the face of stress, change...

to adapt positively in the face of stress or challenge

...an ongoing work over time

RESILIENCE- 3 PILLARS

Positive attitude and emotion



Social support



Meaning making



FOUR STEPS TO SELF CARE



Step 4

Make a commitment to
implement changes

Step 3

Develop CF resiliency

Step 2

Enhance self care at home and at work
Improve work/life balance

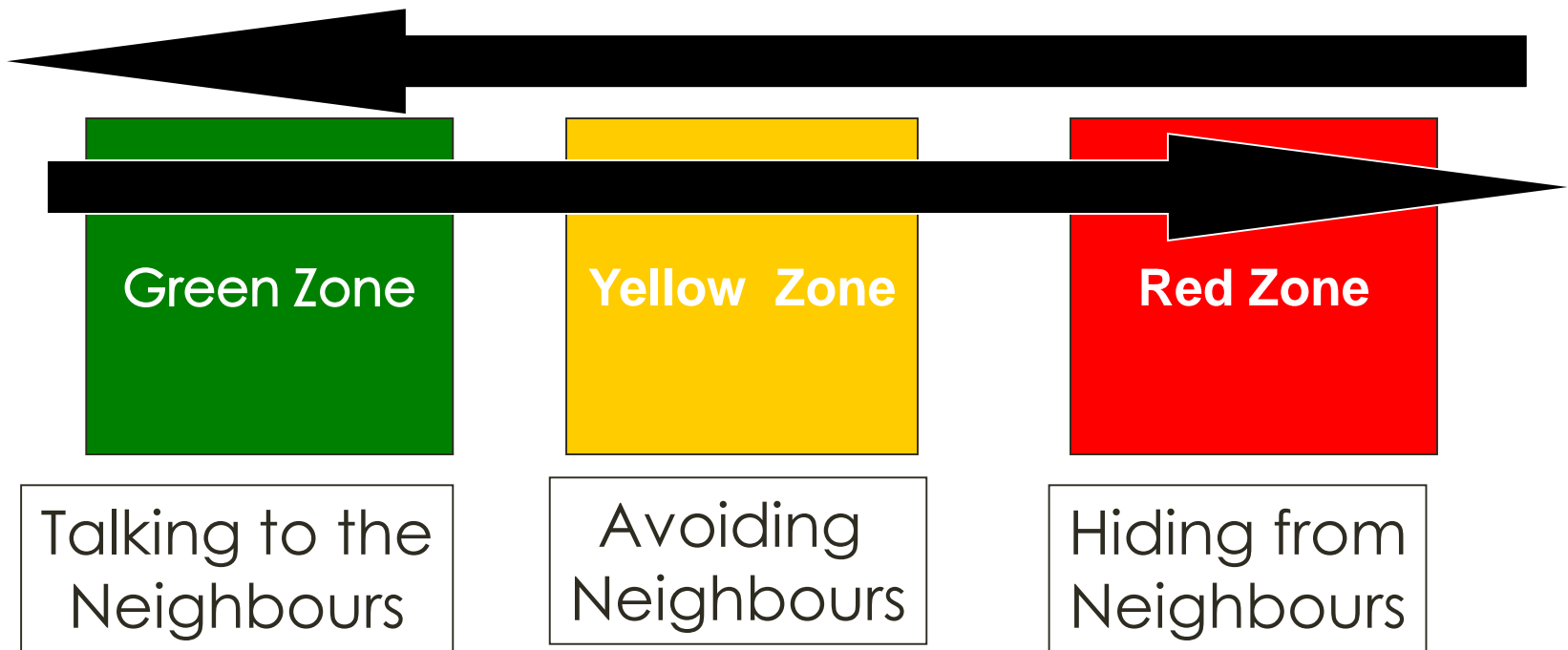
Step 1

Take Stock of stressors at home and at work.

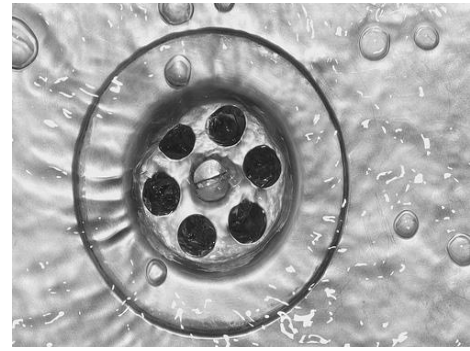
What do you look like when you are not having a good day?

What are your
WARNING SIGNS?

Communicate your color!



What is draining you?



Life-balance assessment

- Relationships
- Environment
- Body, Mind, and Spirit
- Work
- Money

Strategies for Wellness

Physical

- *get a family MD
- *sleep, rest, diet, exercise

Psychological

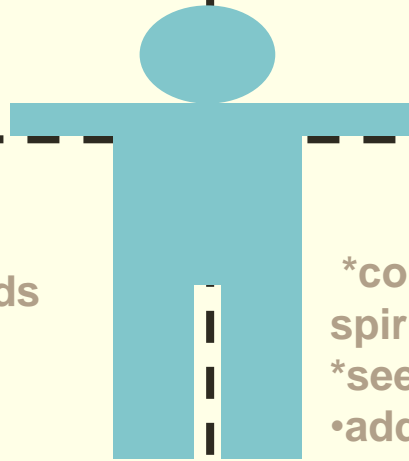
- *reflect
- *ID depression etc and get help
- *address old hurts, traumas

Social/Cultural

- *Connect with friends
- *Help each other
- *reach out, debrief
- *Find a mentor

Spiritual

- *connect with nature or other spiritual or religious connection
- *seek support
- address grief
- *get help for transitions



SELF CARE INVENTORY

List what you do already

Add what you wish you did more often



HOW ABOUT MINDFULNESS?

WHERE/HOW CAN WE PRACTICE MINDFULNESS?

Learn how to breathe

Body scan

Yoga

Day to day activities (walks, dinner, shower etc)

Mindfulness based stress reduction (MBSR) programs

Humor

...others

GRATITUDE





Resonate

With ourselves

*...in order to better resonate
with the others*

TAKING ACTION for your well-being

It is your
CHOICE!



Key Message

WE ARE OFTEN THE ENABLER

creating the conditions by which the dying person and family can go through their journey at the end of life.

Key Message



Continue your **GREAT WORK!**

BUT

... take care of **yourselves!**

QUESTIONS?



COMMENTS?

