When a person is concerned about something and they want to talk about it, they will choose who to speak to, and they will make this choice based on their sense of who they think might be the best person. The ‘best person’ may be the person who has most information, or it may be the person who is most likely to listen or to have time to talk or it may well be the person who is going to be the most empathetic.

If someone is seeking to talk to you, it is because they believe you will help. Your job is to accept that trust and explore their concerns.

Some effective and simple responses to someone asking to talk to you might be:

- “Are you worried about something?”
- “Do you feel that bad today?”
- “Are you worried about anything in particular?”
- “How can I help?”

Research has found that end of life care decisions made too close to death cause unnecessary stress for both patient and families (C. Grbich et al., 2006)

Lack of discussion can lead to questionable ‘decisions’ made in crisis, e.g. unnecessary hospital admissions, lack of necessary support being available, family wanting ‘everything’ done because they haven’t had time to process what is happening...
Evidence shows that when people are approaching the end of their lives, they can be excluded from all meaningful discussion about what matters to them.

When you think of yourself in your health care role, can you make sure this does not happen to those in your care?

Always remember:

1. Deal with people’s concerns before getting into details.
2. Take a moment to ask: what is this person most worried about at the moment.
3. You may not have the answer, but you can listen and link the patient up with someone who can.

The difficulty in responding to difficult questions can often be our own anxiety about having the right answer for the person and wanting to make them feel better. It is not about having the right answer. It is about allowing the person to express what it is they are worried about, and accessing support for them.

A national audit on end of life care (IHF, 2009) revealed that staff are more comfortable discussing the person’s needs with the family rather than with the person himself/herself.

**REMEMBER**

- Don’t panic!
- Don’t avoid the question or aim to close it down with well-meaning euphemisms or busyness.
- Don’t rush a response based on your own discomfort.
- Keep communication open in as far as you can. Gently probe to find out what’s behind the question: “What makes you ask that?” or “How are you feeling?” or “What is your biggest worry at the moment?”, “Are you feeling worried/afraid?” or “What do you understand by what the doctor said?” or, simply “How can I help?”
- It’s also okay to say “I don’t know” if you don’t. It might be appropriate to say you cannot answer the question but you will try to find someone that can help.

**BE AN ACTIVE LISTENER**

Do give your full attention to the person—there is no better way of showing your respect. Be aware of your body language—if possible, sit down with the person at a 45-degree angle.

Maintain good eye contact, and nod every so often to emphasise that you are taking in what they person is saying. If possible sit down with the person.

Don’t interrupt, even if silences occur. You can show you’re listening by paraphrasing (“What I hear you saying is...”) and by clarifying, but keep and questions until there is a natural pause.

Don’t pretend to understand if you do not.

Acknowledgment the person’s concerns (“I can hear that you’re really worried about...”).

Try not to think of your own input “What will I say next?” instead of listening to what the person is saying.