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 with them.

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

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

Research has found that end of life care decisions which are made too close to death can 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 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 are often excluded from 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.

REMEMBER
- Don’t panic! Don’t avoid the question or close it down with well-meaning euphemisms (“ah, sure, you’re as strong as an ox!”) or busying yourself around the person.
- 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

BE AN ACTIVE LISTENER
- 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. Do not pretend to understand if you do not.
- Acknowledge the person’s concerns (“I can hear that you’re really worried about...”).

AFIRM—AN AUSTRALIAN MODEL FOR SPONTANEOUS CONVERSATIONS
- Acknowledge the concerns of the person (relative/friend)
- Find out what they already know about the resident’s condition
- Immediate concern addressed—provide an appropriate and factual response to the question
- Respond to subsequent questions—continue to provide factual responses that are within the scope of your work role
- Meeting arranged—suggest that you arrange a meeting for them to discuss their relative’s condition with the relevant clinical personnel (nurse, GP, etc.).