HOSPITAL ITALIANO de Buenos Aires

ACADEMIA LATINOAMERICANA DE MEDICINA DEL ADULTO MAYOR
ALMA

PMG Programa Medicina Geriátrica

Comunicación entre la familia y el equipo de salud

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Objetivos

- Resaltar la importancia de la "buena comunicación" con la familia
- Mejorar las estrategias comunicativas
- Reconocer aspectos claves en la vinculación familia-equipo de salud

LETTERS TO THE EDITOR

A COMMON DEFINITION OF GERIATRIC PALLIATIVE MEDICINE

- combines the principles and practice of geriatric medicine and palliative care;
- focuses on comprehensive geriatric assessment; relief from pain and other symptoms; and management of physical and psychological problems, integrating social, spiritual, and environmental aspects;
- recognizes the unique features of symptom and disease presentation, the interaction between diseases, the need for safe drug prescribing, and the importance of a tailored multidisciplinary approach for older patients receiving palliative care and their family;
- emphasizes the importance of autonomy, the involvement in decision-making, and the existence of ethical dilemmas;
- calls for good communication skills when discussing and giving information to older patients and their families;
- addresses the needs of older patients and their families across all settings (home, long-term care, hospices, and hospital);
- pays special attention to transitions within and between settings of care; and
- offers a support system to help families cope during the patient's terminal phase of care.



Buena Comunicación

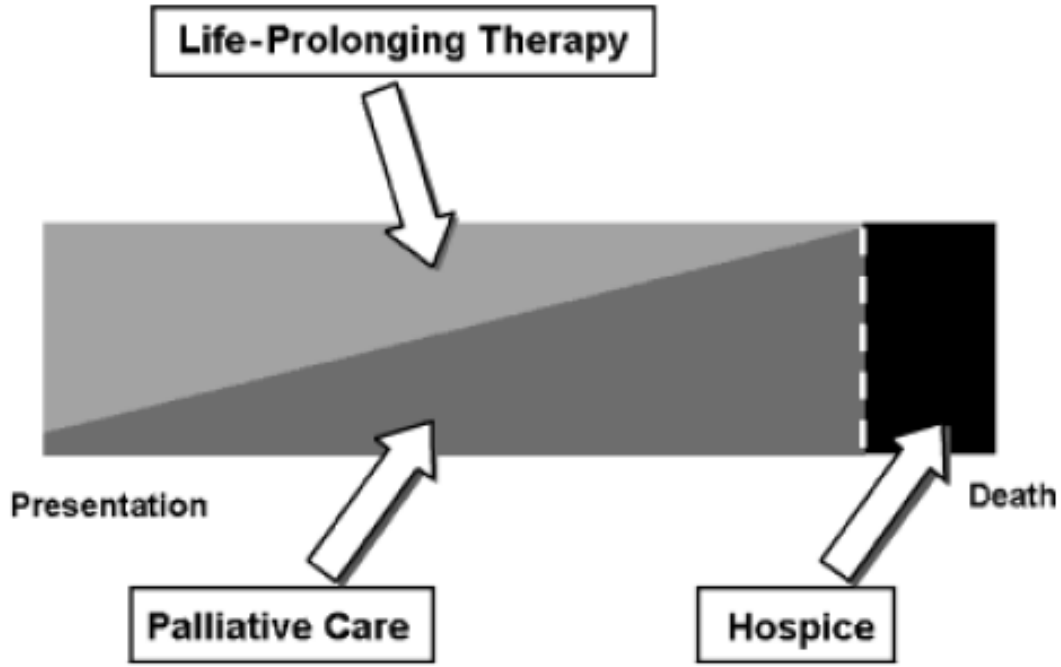
JAGS 58:790–809, 2010

The Intersection Between Geriatrics and Palliative Care: A Call for a New Research Agenda

Palliative Care	Geriatrics
Pain and symptom management	Frailty as indication for palliative care
Communication skills and decision support	Functional assessment and effective interventions
Bereavement and its importance	Geriatric syndromes as sources of suffering and their remediation
Role of palliative care in improving quality of life and functional outcomes	Nursing home medicine
Appropriate use of hospice	Sources of suffering in dementia

JAGS 53:1593–1598, 2005

The Intersection Between Geriatrics and Palliative Care: A Call for a New Research Agenda



JAGS 53:1593–1598, 2005

Palliative Care for Latino Patients and Their Families

Whenever We Prayed, She Wept

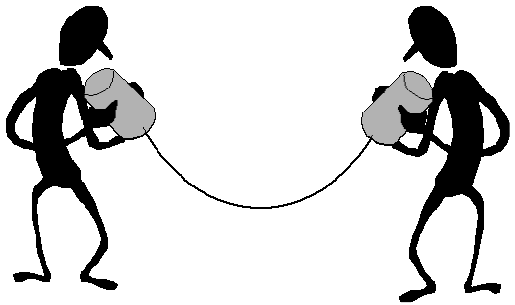
- ✓Conocer el conocimiento previo de la familia
- ✓Utilizar un lenguaje simple
- ✓Incentivar las preguntas
- ✓Utilizar el "Teach-Back Method"

JAMA. 2009;301(10):1047-1057

Advanced cancer patients' prognostic information preferences: a review

2 Conceptos básicos

Honestidad



Esperanza
y
Realismo

Palliative Medicine (2009); **23**: 29–39

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18 JUNE 2007
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Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers



ESTABLISHED IN 1914
JOURNAL OF THE AUSTRALIAN MEDICAL ASSOCIATION
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PRINT POST APPROVED PP255003/00505

Momento de la discusión

1. Todos tiene que tener la posibilidad de discutir el pronóstico. (expectativa de vida, como será la progresión, futura sintomatología y su efecto en la funcionalidad).

2. No asumir que el paciente o su familia *NO* desea conocer la implicancia de la enfermedad

3. Aceptar la opción de diferir la reunión con la familia

4. Considerar hablar con la familia y/o el paciente :
   - *Cambio en la condición o percepción de la familia
   - *Cambio en la conducta terapéutica
   - *Cuando existen expectativas erróneas de la familia
   - *Cuando el tratamiento "no funciona"
   - *Cuando se deriva a cuidados paliativos

Preparación para la discusión

1. Estar bien informado de la situación clínica y diagnóstica del paciente

2. Conocer lo informado por otros médicos previamente

3. Permitirse uno hablar con otros médicos si existiese alguna "incomodidad"



Circunstancia de la discusión

1. Si es posible, asegurar privacidad, tranquilidad y tiempo suficiente

2. Asegurarse que el paciente esté informado de la reunión con sus familiares, principalmente si es planeada

3. Si es posible, que la reunión sea dirigida por un médico de planta

4. Construir un ámbito de confianza, respeto y empatía.

5. Asegurar tener suficiente tiempo para contestar preguntas o aclarar conceptos no entendidos

¿Cómo discutir el pronóstico?

1. Mirar a los ojos, sentarse cerca de los familiares

2. Tener una "escucha activa", ej: si yo escuche bien , usted quiere decir…

3. Mostrar interés en el paciente y su familia

4. Asegurarse que culturalmente se entienda el mensaje

5. Asegurarse que la familia nos informe cuanto le han dicho los otros médicos



¿Cómo discutir el pronóstico?

6. Utilizar un lenguaje adecuado y entendible

7. Conocer sus vínculos espirituales

8. No prometer lo que no puede ser cumplido



9. Al final de la reunión considerar:
   - *Resumir los temas abordados
   - *Escribir lo hablado en la historia clínica
   - *Comentar el caso e las reuniones multidisciplinarias

Estrategias para mejorar la contención familiar

1. Reaseguro de nuestro acompañamiento en toda la trayectoria del evento. No se los "va a abandonar"

2. Enfatizar que el objetivo es mejorar, por ejemplo, el confort y disminuir el dolor

3. Reaseguro de la existencia de múltiples tratamientos para reducir el dolor

4. Aclarar que algunos síntomas pueden ser difíciles de controlar (ej: dolor, por lo tanto no prometer que siempre estará asintomático)

5. Enfatizar el soporte del "grupo" de cuidados paliativos

6. Ser proactivo para el cuidado de la calidad de vida

End-of-Life Care: Guidelines for Patient-Centered Communication

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical recommendation	*Evidence rating*	*References*
When preparing to give bad news, it is important for physicians to assess the patient's level of understanding about the disease and expectations for the future.	C	2, 11, 12, 14
When preparing to give bad news, it is important for the physician to assess how much information the patient wants to know and to tailor the discussion appropriately.	C	3, 15
The primary care physician should remain involved with patient care during the early, middle, and late stages of cancer.	C	22
Physicians should initiate discussions about the availability of coordinated, symptom-directed services such as palliative care early in the disease process; as the disease progresses, physicians should transition from curative to palliative therapy.	C	23, 24
Physicians should avoid phrases and words that can be misconstrued by the patient and lead to negative interpretations such as abandonment and failure.	C	12, 14, 27
During end-of-life communication, physicians should assess and be sensitive to the patient's cultural and individual preferences.	C	28-34

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, see page 131 or http://www.aafp.org/afpsort.xml.

Am Fam Physician. 2008;77(2):167-174

Patient-Centered Communication When Discussing a Bad Prognosis

Opening question for all patients: "How much information do you want to know about your prognosis?"

Patient wants to know about prognosis

- Determine the specific information the patient wants to know and how the patient wants it to be presented (e.g., providing statistics, discussing future plans, discussing treatment effectiveness)
- Provide the information, focusing on positive and negative information: (e.g., "25 percent of patients with this disease live more than three years; however, 75 percent die within this period."
- Verbally acknowledge the patient's reaction; use empathic statements
- Assess the patient's understanding of the information presented: "Could you tell me what we discussed today?"

Patient does not want to know about prognosis

- Assess why the patient prefers not to talk about the prognosis: "Could you help me understand why you do not want to discuss your prognosis?"
- Verbally acknowledge the patient's informational and emotional concerns; use empathic statements (e.g., "I understand this may be difficult for you to discuss.")
- If the patient needs to know the prognosis to make important decisions, consider providing limited information or asking the patient to designate a proxy to receive the information

Patient is ambivalent about knowing prognosis (e.g., the patient wants to know the prognosis but is afraid to find out)

- Acknowledge the patient's ambivalence: "It sounds like you are having difficulty deciding if you want to know this information; is that correct?"
- Ask the patient to explain the pros and cons of knowing versus not knowing the prognosis
- Verbally acknowledge the patient's reaction; use empathic statements
- Provide options for how the information can be presented

Am Fam Physician. 2008;77(2):167-174

Nuestras Barreras para una clara comunicación

- No poder manejar la ansiedad o desesperación de la familia

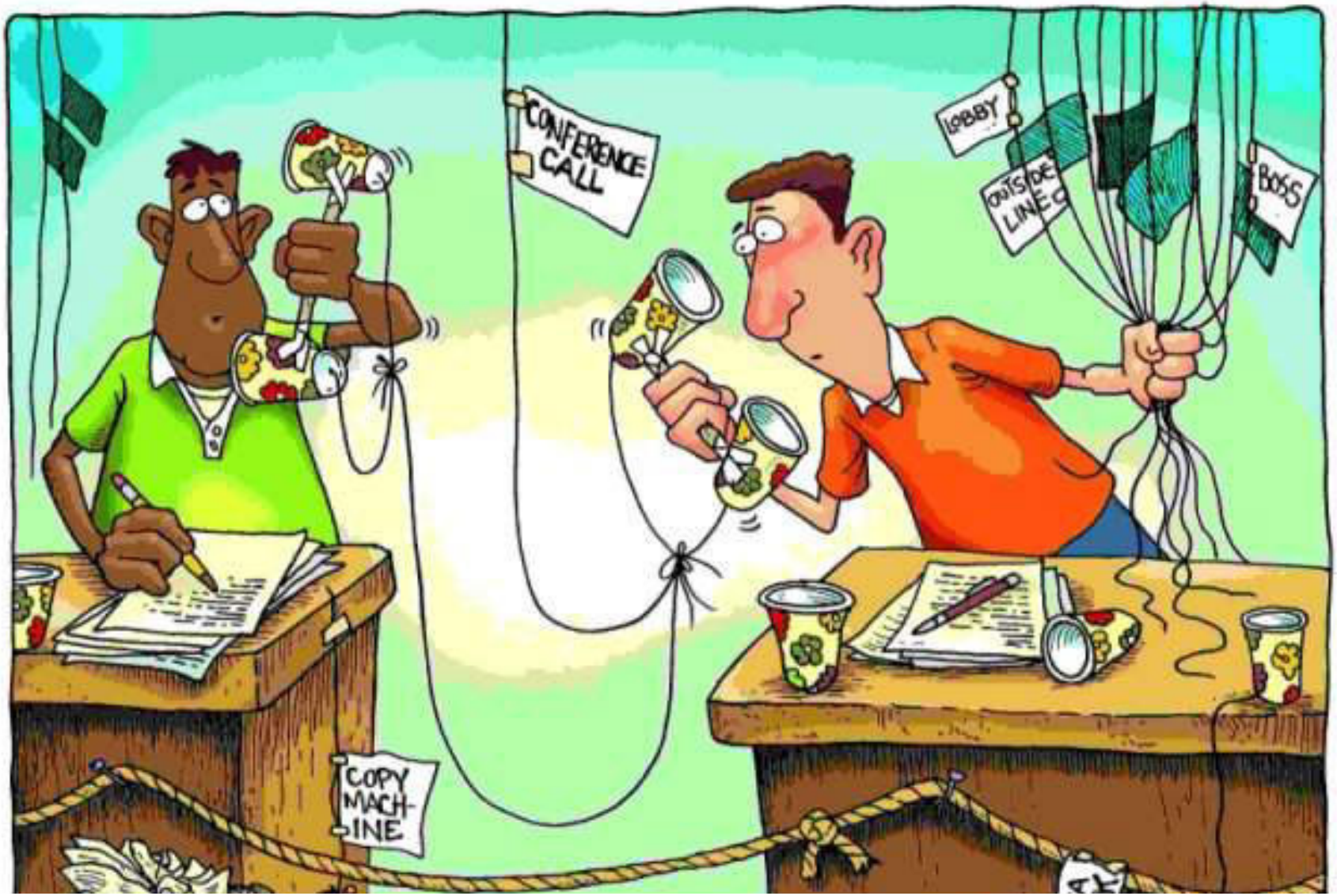
- No tener "resueltos" nuestros propios conflictos con la muerte

Conclusiones

- La comunicación con la familia es de vital importancia para su contención y la del paciente.

- Existen estrategias sencillas para mejorar el vínculo con la familia.

- La honestidad y la esperanza son claves fundamentales en la relación familia-médico


CONFERENCE CALL
LOBBY
OUTSIDE LINE
BOSS
COPY MACH- INE