Palliative Care:
Complex Emotions

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Objectives

At the end of this presentation, the participant should be able to:

- Provide examples of transference and countertransference in their care of patients
- Identify physician, patient, and situational factors that result in complex emotions
- Identify ways in which complex emotions may influence patient care and physician well-being
- Identify means of preventing consequences of unexamined emotions
- Report increased confidence in their ability to open a dialogue with patients and respond to their suffering
Physician Emotions

- Physicians normally have feelings about their patients.
- Failure to examine emotions can affect the quality of medical care and the physician’s well-being.
Physician factors resulting in feelings that influence patient care

- Physician identification with the patient: similar appearance, profession, age, character
- Patient similar to an important person in physician's life
- Physician has ill family member, is recently bereaved, or has unresolved loss and grief
- Professional sense of inadequacy or failure
- Unconscious reflection of feelings originating within and expressed by the patient or family
- Inability to tolerate high and protracted levels of ambiguity or uncertainty
- Fear of death and disability
- Psychiatric illness such as depression or substance abuse

Patient factors resulting in feelings that influence patient care

- Patient or family is angry or depressed
- Patient is medical or health professional
- Patient is well known or in another special category
- Complex or dysfunctional patient-family dynamics
- Mistrust caused by mistrust or multiple patient-physician relationships

Situational factors resulting in feelings that influence patient care

- Long-standing and close patient-physician relationship
- Physician has prior personal relationship with a patient (friend or family connection)
- Physician and patient/family disagree about the goals of medical care
- Physician disagreements with colleagues over patient management
- Conflicting professional obligations
- Time pressures
- Multiple hospital admissions within short periods
- Prolonged hospitalization
- High levels of ambiguity and uncertainty about prognosis
- Protracted uncertainty about medical care goals

Potential Impact of Unexamined Physician Feelings on Patient Care

- Poor-quality patient care
- Failure to identify patient-specific and family-specific values influencing decisions
- Incoherent care goals
- Increased health care use due to failure to engage in decision-making processes, lack of clarity about care goals
- Patient and family mistrust of health care system and medical profession

Potential Impact of Unexamined Physician Feelings on Physician Well-being

- Professional loneliness
- Loss of professional sense of meaning and mission
- Loss of clarity about the ends of medicine
- Cynicism, helplessness, hopelessness, frustration
- Physician anger about the health system and the practice of medicine
- Loss of sense of patient as a fellow human being
- Burnout, depression

Behavioral indicators that feelings may be influencing care

- Avoiding the patient
- Avoiding the family
- Failing to communicate effectively with other professionals about the patient
- Dismissive or belittling remarks about patient to colleagues
- Failure to attend to details of patient care
- Physical signs of stress or tension when seeing the patient or family
- Contact with the patient more often than medically necessary

Emotional indicators that feelings may be influencing care

- Anger at the patient or family
- Feeling imposed upon or harassed by patient or family
- Feeling of contempt for patient or family
- Intrusive thoughts about patient or family
- Sense of failure or self-blame, guilt
- Feeling a personal obligation to save the patient
- Belief that complaints of distress are manipulative efforts to seek attention
- Frequently feeling victimized by the demands of the practice of medicine

Preventing consequences of unrecognized physician emotions

1. Name the feeling
2. Accept the feeling as normal and inevitable
3. Identify behaviors resulting from the feeling
4. Imagine alternative outcomes for patients as a result of different professional behaviors
5. Consult with a colleague

“One of many listening myths is that physicians need to learn to identify and control their emotions in the interest of objectivity. Far better that physicians befriend, understand, support, and integrate their emotions so that they can be used in listening.”

Do aspects of medical school training interfere with physicians’ ability to appropriately address emotional responses?

- Letter to the Editor

Physicians' Feelings About Themselves and Their Patients
Kennedy et al.
*JAMA* 2002;287:1113-1114.
Barriers in communicating with suffering patients
Barriers in communicating with suffering patients

- OHSU medical student responses:
  - Discomfort discussing prognosis
  - Patient in denial
  - Time constraints
  - Fear they will not open up to you
  - Not knowing what to ask or how to respond
  - Lack of significant relationship
  - Not knowing the correct answers
  - Uncomfortable, anxious
  - Don’t want to upset the patient (“open can of worms”)
  - Cognitive impairment of patient
  - Physician feelings about death
  - Fear that physician will be unable to help
  - Unsure how to word questions
Opening a dialogue with patients
Opening a dialogue with patients

- What should I know about you as a person to help me take care of you?
- What are the things that concern you most?
- Who else if affected by what’s happening with your health?
- Who should be here to support you?

Response to Patient Suffering

- Demonstrate being fully present with eye contact, body language, and verbal response
- Avoid responding with advice, critique, or reassurance
- Suspend personal judgment.
- Offer therapeutic validation by identifying the underlying emotions and reflecting back in a way that demonstrates understanding of them
- Demonstrate empathy with phrases such as "I am sorry to hear this" or "What a sad time for you"
- Avoid responses such as: "I understand" or "I know what you are going through" because it is impossible to fully understand the suffering of another
- Suspend attachment to outcomes
- Silently acknowledge one’s own anxiety at not being totally in control of the length, direction, or outcome of the encounter and remind oneself that time listening often feels longer than reality.

Response to Patient Suffering

- “How do you manage to cope?”
- “What keeps you going given that you have endured so much?”
- “What do you think you need right now?”
- “What supports or strengths do you have?”
- “How may I be most helpful to you?”

A “good death”

- Patient’s identify the following goals:
  - Physical comfort
  - A sense of continuity with one’s self
  - Maintaining and enhancing relationships
  - Making meaning of one’s life and death
  - Achieving a sense of control
  - Confronting and preparing for death

Table 1. Psychosocial and Spiritual Assessment of the Patient With a Life-Threatening Illness: Sample Screening Questions

<table>
<thead>
<tr>
<th>Psychosocial Assessment Domain</th>
<th>Screening Questions</th>
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<tbody>
<tr>
<td>Meaning of illness(^3)</td>
<td>“How have you made sense of why this is happening to you?”</td>
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<td></td>
<td>“What do you think is ahead?”</td>
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<td>Coping style(^4,5)</td>
<td>“How have you coped with hard times in the past? What have been the major challenges you have confronted in your life?”</td>
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<td>Social support network(^6,7)</td>
<td>“Who are the important people in your life now? On whom do you depend and in whom do you confide about your illness?”</td>
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<td></td>
<td>“How are the important people in your life coping with your illness?”</td>
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<td>Stressors(^8)</td>
<td>“What are the biggest stressors you are dealing with now?”</td>
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<td>“Do you have concerns about pain or other kinds of physical suffering? About your and your family’s emotional coping?”</td>
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<td>Spiritual resources(^9,10)</td>
<td>“What role does faith or spirituality play in your life? What role has it taken in facing difficult times in the past? Now?”</td>
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<td>Psychiatric vulnerabilities(^11)</td>
<td>“Have you experienced periods of significant depression, anxiety, drug or alcohol use, or other difficulties in coping?”</td>
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<td>“What kinds of treatment have you had and which have you found helpful?”</td>
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<td>Economic circumstances(^12)</td>
<td>“How much of a concern are financial issues for you?”</td>
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<td>Patient-physician relationship(^13)</td>
<td>“How do you want me, as your physician, to help you in this situation? How can we best work together?”</td>
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Acceptance and Denial

- Consider whether denial is helping patient cope
  - Avoid challenging denial in midst of crisis
  - Confrontation may be necessary when patient’s fail to make appropriate arrangements

Table 3. Useful Questions for Clinicians

A. Mobilizing patients’ coping strengths and inner resources
   “What will help you feel that you have lived up to your own ideals in the
   way you’ve dealt with your illness/your death?”
   “What could you do that would help you feel that this has been a
   meaningful time for you and the people you care about?”
   “How do you want to be remembered by the people you care about?”
   “What are some of the ways you have found yourself growing or
   changing, or hoped that you could grow or change in this last
   phase of your life?”
   “What are some of the moments when you’ve felt most discouraged
   and downhearted as you’ve faced your illness?”
   “What are the biggest barriers you find to feeling secure and in
   reasonable control as you go through this experience with your
   illness?”
   “What are the resources and strengths within you that can help you
   cope?”

B. Eliciting a patient’s goals for healing and strengthening
   relationships
   “Are there important relationships in your life, including relationships
   from the past, that need healing or strengthening?”
   “Are there relationships in which you feel something important has
   been left unsaid?”
   “Do the important people in your life know what they mean to you?”
   “Are there stories, values, or ideas that you want to transmit to people
   as part of your legacy?”
   “Are there ways that you can help your family now to prepare for and
   deal with your death?”
   “How might you be able to continue to be a presence in the lives of
   people you love after you are gone?”
   “How would you like to say goodbye to the people who have been
   important to you?”

Block S. Psychological considerations, growth, and transcendence at the end of life: the art of the possible. 
References