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Work and Communicate Effectively With the Patient

This is your most important and challenging job. The person you are caring for must deal with the physical effects of the disease and medicine as well as the psychologic and social challenges of living with advanced cancer. This may make it difficult for the patient to participate in the home care plan. Nonetheless, your job is to involve as much as possible the person you are caring for in making decisions and carrying out the plan. You should support the person's efforts to deal with the reality of the prognosis emotionally, and this includes efforts to:

Help the person to accept that he or she has advanced cancer.

Some people with advanced cancer deal with upsetting news by pretending that it simply did not happen. This can be healthy when it helps them to live as normal a life as possible. It can be harmful, however, if they do things that make the illness worse, such as avoiding medicine or engaging in activities that are physically harmful. Sometimes, what looks like "denial" is the patient's attempt to protect loved ones from what is really happening. If this is the case, reassure the person that you are willing to listen and talk about all aspects of the illness - even though it may be hard for both of you.

Support the patient's efforts to live as normal a life as possible, but if he or she is pretending that nothing is wrong, you need to be clear in your own mind about what is really happening. This is when your own objectivity is important in making sure that the patient is benefiting from his or her pretending and not doing things that could be harmful.

Create a climate that encourages and supports sharing feelings.

Talk about important or sensitive topics in a time and place that is calm and conducive to open communication - not in the midst of a crisis or family argument. If your family usually talks around the dinner table, that is the proper time. Think about when you have had important talks in the past, and try to recreate that setting. Communicate your availability. One of the most important messages you can give to the person you are

caring is this: "If you want to discuss this uncomfortable issue, I'm willing to do it." Leave the timing up to the patient, however. To the greatest extent possible, leave decisions on what feelings to share as well as when, how, and with whom to share them up to the patient. By not pressing the issue, you allow the person with advanced cancer to retain control over part of his or her life at a time when many issues and decisions no longer are.

Understand that men and women often communicate in different ways, and make allowance for those differences.

Although there are many exceptions, women often express their feelings more openly than men in our society. If you are a male caregiver and the person you are caring for is a woman, be aware that when she shares her feelings, you may find yourself giving advice when she wants support and understanding instead. If you are a female caregiver and the person you are caring for is male, be aware that he may express his feelings differently than you would, and pay special attention when he talks about things that are important to him.

Be realistic and flexible about what you hope to agree on or communicate.

People with advanced cancer want to share many things, but they may not share them all with just one person. Let the patient talk about whatever he or she wants with whomever he or she wants. If the patient isn't telling you everything, this is fine as long as he or she is telling somebody the rest. Also, remember that a person may have spent a lifetime developing a particular style of communication, and this will not change overnight. Some people, both men and women, have never talked about their feelings. Try to accept that this pattern most likely will not change even now. Sharing does not always mean talking, either. The person with advanced cancer may feel more comfortable writing about feelings or expressing them through an activity. He or she may express feelings in other nonverbal ways as well, such as through gestures or expressions, touching, or just asking that you be present.

Help the patient to deal with anxiety and depression.

People with advanced cancer may become anxious because of worries about medical procedures, their cancer, or the future. Their anxiety also may be a side effect of medicine they are taking or even of the cancer itself. Many people feel depressed at some time during their illness. Seek advice on how to control depressed thoughts and feelings, especially when they are just beginning.

When you and the patient disagree on important issues:

Remember that you and the person you are caring for do not always have to agree. You may disagree on issues such as when, how, and what to share, but remember that this is one of the patterns of life and cannot always be resolved. Then this is the case, the following suggestions may prove useful:

- ***Explain your needs openly.*** Sometimes, you may need to ask the patient to do something that will make your own life easier or your caregiving responsibilities more manageable; for example, you will want to know when any pain begins rather than when it becomes very severe. These situations can create conflict, and you should understand that conflict resolution does not always mean that everybody is happy. On some issues, you will have to give in. On others, you will have to ask the person you are caring for to give.
- ***Suggest a trial run or time limit.*** If you want the person you are caring for to try something, such as a new bed or a certain medication schedule, and he or she is resisting, ask the person to try it for a limited time, such as a week, and then evaluate the situation. This avoids making the patient feel locked into a decision. If the person resists writing a will or power of attorney, ask if he or she will at least read one over and discuss it.
- ***Choose your battles carefully.*** Ask yourself what is really important. Are you being stubborn on an issue because you need to win an argument or be in control? You can save both time and energy by skipping the minor conflicts and using your influence on issues that really count.

Let the patient make as many of his or her decisions as possible.

A good example of letting a patient make his or her own decisions is when adult children living some distance away from the person with cancer want to move him or her into a nursing home. Although moving to a nursing home may make the adult children feel better, it may not be what the person with cancer wants. If the patient understands the consequences, such as that no one may be around to help if he or she falls, then the caregiver should accept the patient's right to make that decision. Taking away someone's ability to make decisions can undermine his or her feelings of control, which in turn interferes with the person's ability to deal with other aspects of this stressful illness.

Source: American College of Physicians