



Sit Down, Lean In

The importance of connection in exploring suffering



Mike Harlos MD, CCFP(PC), FCFP

Professor and Section Head, Palliative Medicine, University of Manitoba; Medical Director, WRHA Adult and Pediatric Palliative Care



Disclosures

- Faculty / Speaker's name: Mike Harlos
- Relationships with commercial interests:
 - -Grants/Research Support: None
 - -Speakers Bureau/Honoraria: None
 - -Consulting Fees: None
 - —Other: this presentation reflects my own views
 - and approach



Mitigating Potential Bias

Not Applicable



Learning Objectives

At the end of the presentation the learner will be able to:

- Realize that all health care providers have an obligation to explore the suffering that underlies a desire for MAID, regardless of their personal view on the issue
- Understand that the skills involved in exploring suffering can be taught and should be modeled in day-to-day clinical practice
- 3. Appreciate the imperative to advocate for improved resources to address suffering related to serious illness.



Sit Down, Lean In

- Connect, acknowledge, validate the expression of suffering and despair should be a show-stopper – "Sit down"
- 2. What is happening in this person's life that leads them to feel they would rather not be alive? Explore, "Lean In"



Connecting – "Sitting Down"

- We all have the skills, and the obligation, <u>and the time</u>, to connect – to metaphorically "sit down"
- the pause may be brief, the connection may be momentary yet meaningful and impactful if it is sincere
 - may be as simple as acknowledging the difficult situation and committing to help with it

E.g.

- physician in a busy clinic
- patient transport staff
- housekeeping staff



Connecting

- You're a person, your patient is a person
 - you almost certainly have thoughts/worries/fears about death and dying, as do they
 - you almost certainly have experienced loss, as they now are
- This is your foundational qualification your "admission ticket" to the conversation; your credentials for having a role
- Your profession provides an added layer of technical information and skill to help explore suffering, but without connecting as a person you cannot effectively provide support



Exploring – "Leaning In"

- impacted by skill sets, scope of practice, time constraints, environment
- may need expertise of psychosocial and/or specialists spiritual care
- exploring doesn't mean "fixing the problem" or "talking out of MAID"



Functional fluency in the language of suffering should be a core competency of all health care providers, and be taught at all levels of training and practice, and modeled in day-to-day care.

Functional does not mean you're an expert, but at minimum reflects a capacity to connect with (acknowledge, validate) rather than ignore the suffering person.



Some General Principles

- 1. Complex, sensitive discussions are a process rather than an event
- 2. Clarity is key
 - When we don't like talking about something, we tend to talk around it with vague euphemisms

Clarity achieved through paced titration of honest information,
frequent checking in

- 3. Do not make assumptions regarding:
 - understanding about the illness
 - the implications of faith/culture
 - the meaning of a silent pause

Be curious, respectful - ask





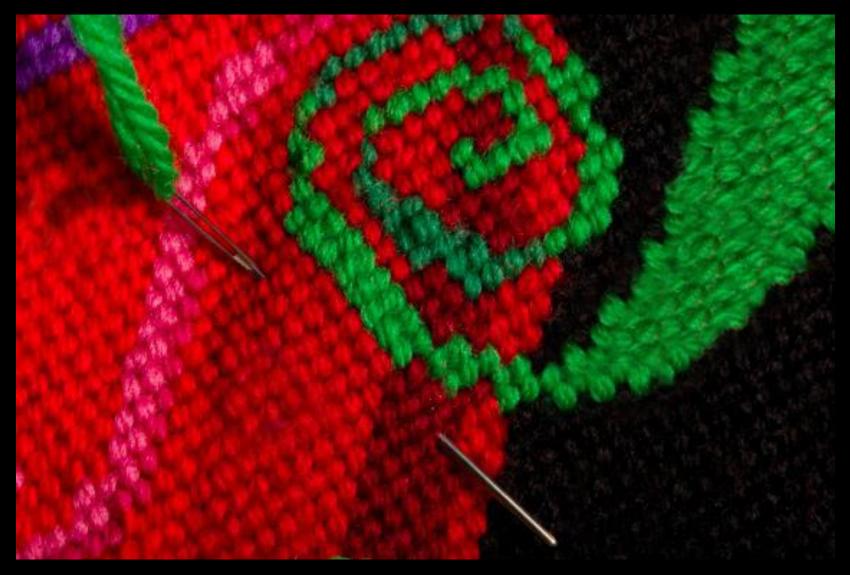


Elements of Palliative Care

- attention to comfort and quality of life
- care is grounded in the "personhood" of the patient
 - who they are (or perhaps who they wish they had been, or who they hope to be)
 - their values, priorities, goals
- consideration of the impact of the illness on family, friends, community
- supporting involved health care providers with the emotional, ethical, and technical complexities of care

Arguably, these should be core elements of all health care

Palliative care includes the above, in the context of a life-limiting illness



A palliative approach should be a thread in the tapestry of all health care - how dominant the thread is depends on the context, goals of care







QUESTIONS?

