

Palliative Pain and Symptom Management Consultation Program Northeastern Ontario

Communication in Advanced Illness and End-of-Life



THINGS YOU CAN DO AS A CAREGIVER OR LOVED ONE

- Watching and listening plays a big part in good communication. The goal of active listening is to understand not just the words a person says, but the meaning the person is trying to convey.
 - Be patient. One or two minutes may be needed before the person begins to respond.
 - Avoid interrupting.
 - Double-check understanding. Don't take yes for an assured answer.
 - Encourage the person to use gestures or point when unable to find the correct word.
- You set the mood for interaction – your relaxed manner may be contagious.
- Approach the person slowly and from the front. Wait until they seem ready to listen before talking.
- Make sure there are zero or minimal distractions. For example: Mute TV or radio
- Don't push for a response that is not forthcoming. Try again and approach it with different language
- Keeping eye contact will help the person know who is speaking and may assist the person in concentrating on the message.
- Speak slowly and clearly. Use simple words and short sentences
- Offer simple choices. "Do you want to wear the green dress or the red one?" is much better than "What dress would you like to wear?"
- Keep the pitch of your voice low. We sometimes have a tendency to shout when people do not understand us.

COMMUNICATION CHANGES

- There can be many communication changes that occur in advancing illness and end-of-life. This can include a decline in the brain's ability to process language and weakness in the muscles used to speak
- We rely on our senses to send and receive messages. As we age, the ability to do this may diminish and affect the quality of communication
- Aphasia
 - a term you will hear used for language disorders that affect the ability to speak, write and understand words that are spoken or written.
- Dysarthria
 - a word often used to describe difficulties in communication caused by weakness or impaired control of the muscles used to speak (example the tongue, lips, vocal cords) You might see this as slurred, slow or low volume speech that can make it hard to understand your loved one.
- End-of- Life Communication Changes
 - Unresponsiveness
 - The patient/ your loved one spends more time sleeping and becomes less communicative or difficult to rouse
 - Non-verbal communication
 - Verbal speech frequently stops completely. Communication relies heavily on gestures, eye contact, changes in behavior, or emotional displays. We see this a lot in advanced neurocognitive disease like Dementia.

END-OF-LIFE COMMUNICATION

- As people approach end-of-life continuing to speak and communicate with your loved one is essential and deeply meaningful.
- Because individuals with aphasia or advanced illness often retain their ability to hear and feel long after they lose the ability to speak, healthcare professionals and their organizations recommend using gentle touch, identifying yourself clearly, and speaking normally to provide comfort
- Your tone and touch is comfort- never underestimate the power of your words and touch.