“Doctor: If this were your child, what would you do?”
Strategies for handling difficult conversations in pediatrics

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Agenda

- Conceptual framework
  - Brief literature review
  - Key communication principles
- Show various examples of “What would you do if…?”
- Discussion
  - Questions
  - “What ifs”
Goals

- Understand emotions that underlie the question “What would you do if this were your child?” and other challenging questions
- Develop strategies for handling WWYDITWYC and other challenging conversations
- Discuss key skills that help us succeed

Clinical vignette

- Tommy is a 2 year old with a fish pond in the back yard.
- Near drowning episode.
- EMT restored a pulse, but several days later he remained in a vegetative state with no chance of meaningful recovery.
- The team discusses the possibility of discontinuing mechanical ventilation, and his parents ask “What would you do if he were your child?”
Why do parents ask “What would you do?”

- They face agonizing decisions
- Complexity and uncertainty regarding medical treatment
- Even clinicians are sometimes confused or conflicted

WWYDITWYC?: 3 meanings
(Kon, Pediatrics, 2006)

1. Parents are overwhelmed. They are in essence asking “What will give my child the best chance of recovery?”
2. Parents look for validation. They are in essence asking “Am I making the right choice?”
3. Parents face life and death choices and are saying, in essence, “I cannot decide whether my child should live or die. Will you please choose for me?”
<table>
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<th>What lies beneath the question? Parents’ perspective</th>
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<td><em>(Truog, Pediatrics, 1999)</em></td>
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- Parents trust the clinician
- Opportunity for parents to personalize the encounter
- Parents appeal to our empathy
- Removes burden from parents

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- Restores our sense of value and worth in a consumer-driven society
- Clinicians often feel gratified by the question
- Clinician may not feel the need to discuss biomedical details.
- Clinician may be emboldened to immediately offer a specific recommendation *(which is usually not the best approach).*
| How doctors answer the question  
<table>
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<th>(Meyer, Pedi Crit Care Med, 2012)</th>
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<tr>
<td>• <strong>Acknowledgement</strong> (70%): “That’s a difficult decision. He’s a beautiful boy.”</td>
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<td>• <strong>Discomfort / reluctance</strong> (60%): “I can’t answer that….”</td>
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<td>• <strong>Practical approach</strong>: “Take some time and talk to other people…”</td>
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<td>• <strong>Focus on medical information</strong> (40%)</td>
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| How doctors answer the question (2)  
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<td>• <strong>Empathic</strong> (45%): “I can see you love him dearly. We will support you any way possible”</td>
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<td>• <strong>Personal disclosure</strong> (20%): “I don’t have any kids, but I went through something very similar with my mother….”</td>
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<td>• <strong>Values approach</strong> (65%): “What might Tommy want….?”.</td>
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### Hazards of answering “What would you do” directly

*(Truog, Pediatrics, 1999)*

- There are at least 2 experts in the room:
  - We are experts in medical science,
  - Patients/parents are experts in their own *values and preferences*
  - Even for people in our “in our own culture”
- We should be cautious when interpreting science, explaining its meaning, and translating meaning into decisions.

### General strategy for handling the question

“What would you do…?”

*(Truog, Pediatrics, 1999)*

- Be facilitative rather than directive
- Being facilitative is not the same as being silent
- Guide parents to a decision that is authentic or genuine for them
What do we mean, exactly, by “be facilitative rather than directive”?

Communication is skill based, like snow skiing

- Foundational skills
- Intermediate skills
- Higher order skills
- Advanced skills
Foundational skills

• Sitting at eye level
• Speaking with clarity, avoiding jargon

Intermediate skills: being facilitative

• Posing open ended questions
• Listening attentively
• Creating space (silence) in the conversation
• Facilitate the story
Exploration

Open ended questions and phrases

- What is your understanding of his condition and outlook?
- Tell me more
- What did you mean when you said…?
- What do you think he would want…?
- What do you want for him at this point?
- What do you hope for if he does not wake up?

Exploration

- Allows people to be heard
- Extremely therapeutic
- Allows us to ride the rough road with the patient rather than try to “fix it”
Higher order skill

• Responding to emotions with empathy

Advanced skills

• Being aware of our own emotions
• Maintaining equanimity
• Guiding patients and families through uncertainty
What is empathy?

Empathy is:
- Standing in the other person’s shoes
- Imagining what it is like to be the other person
- Responding to emotions
  - “I wish…”
  - “I can’t imagine…”
- Simply being present sometimes

Empathy is not:
- Being “nice”
- Falsely reassuring
- Being overly optimistic
- Speaking in a caring tone
- Educating about biomedical information

“NURSE” continuers for empathic opportunities

- N: Name
- U: Understand
- R: Respect
- S: Support
- E: Explore

**Name the emotion**

- “You seem overwhelmed. Do you want to talk about it?”

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**Understand the emotion**

- “I don’t blame you for feeling overwhelmed. Anybody would be.”
Respect the emotion

- Patient: “I know God will heal Tommy.”
- “I respect your strong faith. Faith is the strongest medicine.”
- Patient: “He’s going to wake up, I know.”
- “I respect your fighting spirit.”

Supportive statements

Use:
- “Of course, we never give up hope. Tell me more about your hopes?”
- “We will help you no matter what you decide.”

Avoid:
- “Everything will be ok.”
- “Let’s wait a few more weeks to see if he wakes up. Miracles happen every day.”
Empathy works!
Dimoska et al, Brit J Cancer 2008
Jansen et al, Pt Educ Couns 2010

- Reduced patient anxiety and better psychological adjustment associated with doctor who:
  - Is more warm
  - Spent more time on psychosocial issues
- The more that nurses responded to emotional cues, the more patients recalled

Systolic BP decreases after communication with empathic & reassuring physician

(BLUE: not supported, RED: supported)

Patient A, not supported

Patient B, Receives empathy, supported
Viewing facial expressions of pain engages cortical areas involved in pain expression.

Cingulate and insula activation after viewing facial expressions of pain compared to neutral visual stimuli

Botvinick et al, 2005

Specific anatomic basis of empathy

Singer et al, 2004

Singer et al, 2004

Brain activation on fMRI

Psychological empathy assessment

High empathy correlates with higher insular cortex and anterior cingular cortex activation when viewing a loved one suffer.
“He’s a fighter. I know he will wake up.”

Less skilled responses

- “Do you remember what we discussed yesterday? You know he will never recover.”
- “I certainly hope we can....”

More skilled responses

- I respect your fighting spirit.
- You have certainly fought long and hard.
- Tell me more about what you mean by “wake up”.
- Are you the kind of person who likes to hope for the best and prepare for the worst?
- What goals do you have for Tommy if he never wakes up?
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<th>Less skilled responses</th>
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<td>• He is just suffering on the ventilator.</td>
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<tr>
<td>• I cannot believe you said that after all I’ve done for him</td>
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<td>• No, we can always hope for a miracle.</td>
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<td>• I cannot imagine how hard this must be for you.</td>
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<td>• I wish we could do more.</td>
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<tr>
<td>• You obviously love him dearly and cannot bear the thought of losing him.</td>
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<tr>
<td>• Wife: “I’m scared”</td>
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Fielding difficult questions is less treacherous if we form strong bonds with our patients.