

Communication tips for introducing referral to specialist palliative care services

If the person requires referral to specialist palliative care services, a clinical member of the team can discuss this with the person or their family/carers/substitute decision maker. If the person is being referred to specialist palliative care, this requires sensitive communication as the person and/or their family/carers may have fears, concerns, and misunderstandings about palliative care. It can be daunting as a clinician to explain palliative care to patients/residents/clients and their family/carers. Some tips for discussing referral to specialist palliative care services are shown below.

- Initially, it can be helpful to ask the person and/or their family/carers/substitute decision maker about their understanding of palliative care, as many people have misconceptions about it:
"Have you heard of palliative care? Or do you know anyone who has received palliative care?"
- Offer to provide an explanation about palliative care, such as: *"Would it be useful if I explained a little about palliative care?"*
- Explain what specialist palliative care could offer in a clear and straightforward way. Some example phrases are as follows:
 - *"Extra help and support from the palliative care service might be useful now, especially if we are to give you (or your loved one) the best care possible."*
 - *"The palliative care doctor can give us advice about the best medicines for symptoms like pain and breathlessness."*
 - *"The palliative care team can provide extra support and help optimise your (or your loved one's) comfort."*
- Reassure the person and/or their family/carer/substitute decision maker that the person will still be cared for by the primary or aged care team and/or their general practitioner. Some example phrases are as follows:
 - *"We aren't going anywhere. We'll still be very much involved in looking after you (or person's name)."*
 - *"The palliative care team will be able to provide extra support or advice with the best medicines for your pain. I will still be your main nurse (or other role as applicable), and we'll be coordinating everything."*
- You may need to clarify and correct misconceptions about palliative care services (particularly that it is not solely for people who are dying or associated with imminent death).
- If appropriate, explain that the person can be linked up with the palliative care team at the same time as receiving treatments directed at the underlying disease if applicable

Here are some examples:

A demonstration video of a nurse discussing referral to specialist palliative care services with a patient can be found at <https://vimeo.com/330311234>

A demonstration video of a GP discussing referral to specialist palliative care services with a patient can be found at: <https://vimeo.com/330303999>

Further communication tips can be found in the following freely available guidelines:

Clayton JM, Hancock KM, Butow PN, Tattersall MHN, Currow DC. Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers. Medical Journal of Australia 2007; 186 (12): S77- 108. This is available for free at: mja.com.au/journal/2007/186/12/clinical-practice-guidelines-communicating-prognosis-and-end-life-issues-adults