

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](http://mja.com.au/journal/2007/186/12/clinical-practice-guidelines-communicating-prognosis-and-end-life-issues-adults)