

# Talking to relatives over the phone | a guide to compassionate communication



## PREPARE

Just like you would for a face to face meeting.  
Is video calling possible?  
Learn names (patient and family members).  
Revise medical details – know the facts.  
Obtain medical consensus – talk to all involved.

What is the purpose of this call?

### General Update

routine call for a patient progressing as expected

### Breaking Bad News

expressing concern about a very sick patient

### Breaking Catastrophic News

sudden death or impending death not anticipated

### Shared Decision Making

resuscitation planning conversation/goals of care

## INTRODUCE

Hello.  
My name is *Helena*, and I am a *Doctor* helping to look after *Walter*.

✓ Use first names.

✗ Avoid jargon like "Consultant/Registrar" & "Intensivist"

Is now a good time to talk?  
Do you want someone else with you?  
Is Walter your husband?

## Set The Agenda

I'm calling just to give you an update about Walter

I'm calling because I'm worried about Walter

I'm calling with terrible news about Walter

I'm calling to discuss Walter's treatment with you

## ASK

Can you tell me when you last had an update?  
And what were you told then?  
What do you understand Walter's situation to be?



**Note:**  
Avoid this step if breaking catastrophic news; get straight to the point.

## SHARE

Small Chunks  
Lots of Pauses  
Keep it Simple  
Allow Lots of SILENCE

SSHHH!

### DO

Describe what their loved one looks like:

"He is not alone, he is being cared for by a team of people"

### DON'T

Use euphemisms e.g. "pass away", "stable"

Use jargon e.g. "Intubated", "escalate care", "MET call"

## DISCUSSING DEATH

### Possible:

"We hope he will improve. There is still a chance he might die from this"

### Likely:

"He is very sick, and his body is getting tired. We are worried that he might be dying"

### Certain:

"I'm so sorry to tell you that Walter has died/is dying"

### Reassurance:

"We will continue to care for Walter, and will focus on maintaining his comfort and dignity"

# RESPONDING TO EMOTIONS

These may sound like questions e.g. "How did this happen?" "How can you say that?".

<p><b>G Get that it's emotion</b> Don't respond with information Don't try to "fix" it</p>	"How am I going to live without them?"	"Do you people even know what you're doing there?"
<p><b>I Identify the emotion</b> Be careful not to "name it" too directly</p>	"This must be overwhelming for you"	"It sounds like this has been very frustrating for you"
<p><b>V Validate the emotion</b> Acknowledge their feelings Normalise their reaction</p>	"I can't imagine how hard this must be"	"I'm not surprised. I think I would be feeling frustrated too"
<p><b>E Explore to understand better</b> Listen to what is being said Don't try to "fix" the emotion</p>	"Can you tell me what is going through your mind right now?"	"What are your biggest concerns right now?"

## CHECK IN



"I want to make sure I've done a good job of explaining things to you.  
Can you tell me what you think you will tell the rest of the family?"

## ENDING THE CALL

"I'm wondering if you have questions or concerns that you would like to discuss"

"Is there someone that I can call for you who could come and sit with you?"

"I am going to give you a bit of time, and then I'll call you back in ten minutes to check on you"

"We have staff who specialise in listening and supporting spiritual and emotional needs during difficult times.

Would it help if I asked them to contact you?"

## DEBRIEF

These conversations can be challenging. Chat with a colleague.

