

Certificate in Integrative Palliative Care – 3
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Week-01

Lecture 07: Communication Skills in Palliative Care PART: I

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Hello friends, Namaskar. Now we go over to communication skills, communication skills in Palliative Care. We will take basically two lectures.

In part one, we will basically talk about little bit about communication theory and importance of empathy, why empathy matters. Because we are dealing with palliative care, we are dealing with health, medical health, where without empathy nothing can move forward. And another lecture, I call it communication skills part two.

We will just talk about, we will discuss how the communications should take place. In first part, we will talk about six points toolkit and then thereafter a class protocol which has been coined out in medical world. Friends, two things are very important in palliative care. We lay lots of emphasis on community participation and communications and that is why the stream of palliative medicine is totally, it can, it has its own distinct points.

It cannot be compared with any other medical stream in which you will find this the importance given to the community as well as about how to communicate with the patients and the family members.

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Communication

**Types of
Communication**

- **Verbal** (Spoken & Written)
- **Non-verbal**



Little bit about communication, normally there are two types of communication verbal and nonverbal. Where use of verbs is made it is called verbal. So, where do we make use of verbs in English language? Spoken, like what I am speaking to, I am making use of number of words and verbs and adjectives and so many things. It is a total, it is a use of English grammar with its total dictionary, spoken language.

Similarly, the same thing is being done in written language. So, where you make use of any language that becomes verbal communication. Non-verbal simple as that where you are not making use of any language, certain other things signs and symbols are being used that is called non-verbal.

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Verbal

- Conscious use of spoken or written word
- Choice of words can reflect age, education, developmental level, culture.
- Feelings can be expressed through tone, pace etc.
- Should be Simple, Brief, Clear, Well Timed, Relevant, Adaptable, Credible.

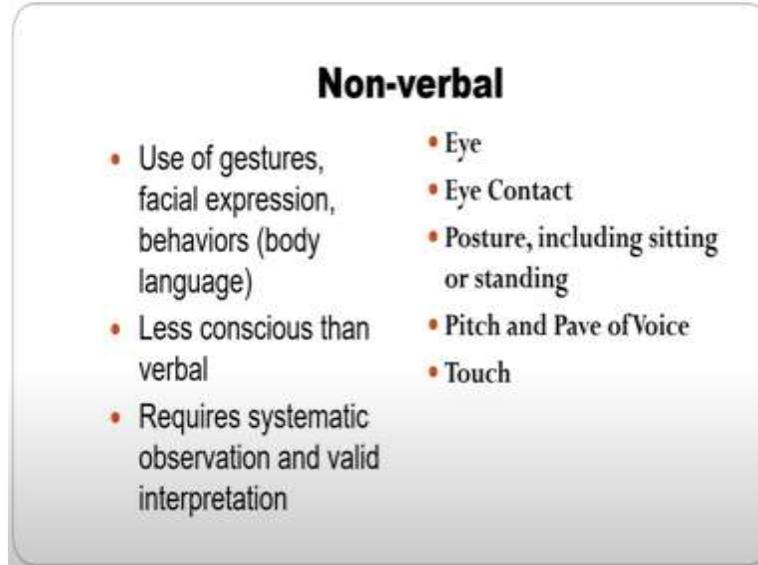
What is verbal? Conscious use of a spoken or written word. Conscious means I cannot write a wrong word, I cannot speak a wrong word, importance need to be given.

That correct word to be spoken at the correct time. Choice of words again which word you are going to use in your speech. Each word has got its own meaning, so the choice of word sometimes it can reflect your age education, developmental level, culture. We cannot use abusive language in society in public areas no it cannot be done so choice of words do matter in communication. Feelings, it can be expressed.

When you are angry, you make use of lots of eyes wide out, you know, you breathe heavily. Your feelings come out through your speech. Communication should be simple, brief, clear, well-timed, relevant, adaptable and credible. This is called a correct communication. It should be simple.

The aim of using you know hi-fi ornamental languages of no use. What's the meaning of, why do we communicate. We communicate our ideas so that they can be conveyed to the person to whom they are supposed to be he understand he or she understands our ideas and act upon it that's the aim of communication. It doesn't mean that it has to be ornamental or flowery. A simple communication which clears the meaning and sends it across to the person to whom we intend to communicate. That was verbal communication.

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Non-verbal, we use of gestures, facial expressions, behaviors. Gestures, normally we say, when I move my hand like this, I mean, I am calling somebody, you know. When I say like this, don't come.

Go back. Switch off the engine. That means you stop that particular action. That is what I am saying. I am not asking you to close your camera. Ankur, keep it on.

But this is what sign language, symbols, use of gestures, facial expression, various, less conscious than verbal. Some of the non-verbal things come out automatically. It's not conscious. You don't become conscious about it. It just comes out.

You express it yourself. It requires systematic observation and valid interpretation. Sometimes non-verbal language has got double meanings also. So, you got to be observing it properly. What are the non-verbal symbols, gestures? Eye, eye is very important.

Through eyes, how the eye is acting its part, you can make out. Eye contact, posture, including sitting or standing, pitch and pave of voice. What is the rhythm of my voice? Touch is also a communication. Therefore, we always emphasize, I told you in that lecture, low tech. What is palliative care? Low tech and high touch.

High touch means a lot of care is required. So, that is touch.

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Two parts we will see. Firstly, we will say what is the communication skills in PC and then in part two, we will talk about the importance of empathy, why empathy matters.

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Palliative Care...

The focus is on the person with the disease, rather than the disease, therefore, **COMMUNICATION** is very important in Palliative Care.

- Treating patient and family as unit of care
- Recognizing psychological and spiritual needs



In palliative care, the focus is on the person with the disease.

Normally, in other medical streams, the focus is what? It is on the disease. They want to cure. So, they want to attack the disease with whatever is available in the medical world. They are attacking the disease. But here we are, yes? We attack the disease also, but at

the same time, our main focus is the person, whether the person is happy or healthy or not.

That is the holistic thing what we are talking about, mental, physical, spiritual, everything, all factors we take into consideration. The focus is on the person with the disease rather than the disease. Therefore, communication is very important. Now, when we our focus in palliative care is on the person, so how do we communicate? We have to communicate it properly. Therefore, the focus is on the communication.

If you can convey your thoughts or vice versa, the patient is able to convey his or her thoughts to the doctor or caregivers, then proper communication takes place. In palliative care, we treat the patient as well as the, we treat family also, family of the patient. Family is also part of the unit of care. And therefore again, we lay emphasis on the communication because you are supposed to communicate with the family members also. We recognize psychological and spiritual needs.

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Communication

"Communication, like tumors, may be benign or malignant. They may be invasive, and the effects of bad communication with a patient may metastasize to the family."

DEFINITION
The transmission of information, thoughts, and feelings so that they are satisfactorily received or understood.

Communication like tumor may be benign or malignant. What happens in a tumor if it is benign? There is just no problem. But after biopsy, if doctor finds out that the result is malignant, that means you start worrying. Maybe it may be cancer, maybe something else, but not good for yourself health-wise. So in communication also, if your speech is good, if you are making use of good words, if you are not abusive, if you have a factor of empathy connected in your speech, then the communication is benign it is going to help the patient but if your communication is malignant you have got ill intention against the

patient then yes your communication is not good it is malignant and it will spoil the mood of the patient you want to keep the patient cheerful you want to keep the patient happy.

And if you communicate badly, naturally he will be unhappy. The effects of bad communication with the patient may metastasize to the family also. And this effect of bad communication, of course, it goes to the patient, but it affects even the family members also. The transmission of information, thoughts and feelings so that they are satisfactorily received or understood. That's the definition of communication.

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Communication skills, act of communication is an important part of therapy. Why I say because, everything starts with the communication. In medical world, if a patient does not communicate properly to the doctor the case history cannot be written how will the doctor come to know about the disease of the patient. The patient has to communicate.

Patient has to tell the doctor. Doctor has to ask so many questions and that is how the doctor comes to know about the state of disease of the patient and that is how the case history the first part of chain of medical process starts with the writing of case history and case history starts with the communication skills. Sometimes when the patient is too sick then communication is the only thing available you can communicate so nicely. So it can act as the therapy and therefore greater thought and planning needs to be given on the art of communication. However, sorry to say that this particular part is not being taught, it is not being looked after in our medical colleges. Communication was never a part of medical syllabus.

Of course, now something has come up a one month course of AETCOM, but communication needs greater attention in our medical colleges for the medical students.

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We have lots of problems if we do not have proper communication. We call them breaking bad news. How to break the bad news? That is where the communication is required. You have to give it out very softly.

Denial, lot of patience. The denial, this thing cannot happen to me. Again, you have to break the denial. No, my dear friend, just see. This is the result of your laboratory or any other test.

This is what has happened to you. You have to understand. You can't deny it and get away. You have to accept that this is the disease you are suffering from and you need proper treatment. Collision can take place if the patient is suffering from a very serious disease, then the family members will ask the doctor not to convey the correct information to the patient because it might hurt. It will create a shock effect and patient may die of heart attack.

So, collision. The relatives of the patient and the doctor decide that this particular information is not to be given to the patient, but this is wrong and therefore, collision also need to be broken. A time comes for a day or two, okay fine, you may not convey that what has happened to the patient, but it is the right of the patient that he must know what is happening to him, to his body. Which is the disease he is suffering from? It is his right. So, let anybody say anything, but patience is supreme. Difficult questions, ethics and spiritual issues, emotional reactions, bereavement.

There are so many issues where communication is very important and with the help of communication, you can ease the tension and the people, particularly the patient and the family members can relax a little more.

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COMMUNICATION

- 1. What is the need to communicate?**
- 2. What if we fail to communicate?**

An illustration showing two people in conversation. On the left, a person with short brown hair wearing a green jacket is looking towards the right. On the right, a person with short blonde hair wearing a pink jacket is looking back towards the left. They appear to be in a supportive or explanatory interaction.

What's the need to communicate? And if you do not communicate properly, if you fail to communicate what happens?

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THE NEED

- Relief of anxiety & better adjustment with the disease process
- Mutual exchange of ideas or feelings
- Proper guidance & better compliance
- Involvement of the family
- Reduce isolation (self & social)
- Acceptance & Trust

We need to communicate so that anxiety can be relieved, better adjustment, mutual exchange of ideas and feelings with the patient and doctor, proper guidance and better compliance, involvement of the family, reduced tension, isolation, acceptance and trust.

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And if we do not communicate properly, if we fail, then what happens? Poor symptom control. If patient does not tell the doctor properly, what is happening to him. How is the pain? Where is it happening? Doctor is not God.

Doctor comes to know about the state of disease and state of the patient from two factors. Firstly, what patient tells about himself and secondly from laboratory test. So, the patient has to communicate what is happening to him. If he does not say, then the poor symptom control. Doctor will not come to know about the disease and he will keep on writing the wrong prescription.

Improper adjustment. Poor compliance and lack of cooperation. This is what is happening in normal home also. Sometimes there is miscommunication. Sometimes there is poor communication and so many things happened. Worsening distress, when proper diagnosis hasn't taken place, a wrong medicine is being given out.

So, the sickness is not getting under control. The distress is increasing, escalating conflict and patient and the doctor, they are not in proper relations, they start blaming each other. patient becomes too demanding and sometimes medical-legal problems also come up. Patient might go to the court, might go to the police because I have not been treated properly. So, this is just what happens if you fail to communicate. If the doctor fails to communicate with the patient and the patient with the doctor.

What I am talking now, basically, it's fine in Palliative Care, but communication is important in our normal social life also.

If we do not communicate properly, if the teacher doesn't communicate properly, the students can't learn. If the parents do not communicate properly, the children will not understand what the parents are asking them to do. So clear-cut communication is a must in our social life also.

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Consequences of poor communication. Shock, if you don't know how to break the bad news, then you will create a shock effect. After seeing the report of biopsy and immediately the doctor says, sorry, you have got a big tumour and you are in a fourth stage of cancer, you are likely to die in few days, you know. This is not the way. You are really giving shock to the patient.

You must know how to break the bad news properly. So, understand your language should be proper. We have got, we generally have proper lessons how to break the bad news. In fact, everybody knows. A child when he gets a poor result in the class and he wants to break the bad news when he goes to his father with his report card, what does he do? How does he break the bad news? He knows that his father or mother, they are going to rebuke, you know. They will not be happy with him because of the poor performance.

So, one must know how to Break the bad news. You are not supposed to give the shock or emotional numbness. You cannot deny anger, anxiety, depression, guilt. These are the consequences, you know.

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COMMUNICATION
Art or Science?

***“The art of the individual clinician
communicating with their
patient”***

***“The science of ensuring this
communication effectively meets
the patients need”***

Communication is the art of individual clinician communicating with their patient.

Clinician, doctor, how he communicates with the patient. And it is science also ensuring this communication effectively meets the need of the patient. Whatever he says, whatever he speaks with the patient, those things must meet the needs of the patient.

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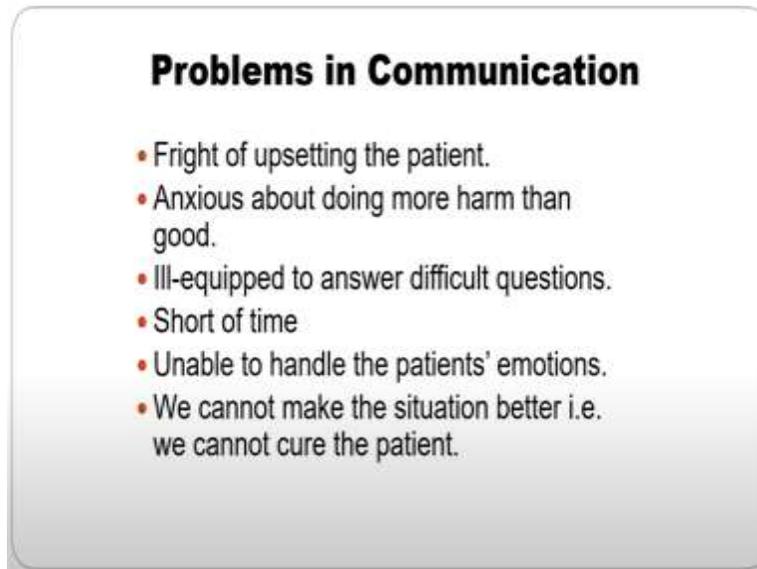
Goals of Communication

- To reduce uncertainty
- To enhance relationships
- To give the patient and family a direction in which to move
- Personal satisfaction

Goals of communication anywhere, whether in social field or whether in medical field, to reduce uncertainty. To enhance relationship, you have got good communication, you become fast friends.

Give the patient and the family direction in which to move. After a major disease, if a patient finds out that he is going through, he is undergoing, he will like to know what is going to happen. If a patient is suffering from cancer, he will like to know what sort of treatment has been planned by the doctor. Which direction they are going, personal satisfaction.

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Problems in Communication

- Fright of upsetting the patient.
- Anxious about doing more harm than good.
- Ill-equipped to answer difficult questions.
- Short of time
- Unable to handle the patients' emotions.
- We cannot make the situation better i.e. we cannot cure the patient.

Problems in communication, fights of upsetting the patient because you don't want to give a bad news to the patient. So these are all the problems, ill-equipped to answer difficult questions, short of time, unable to handle the patient's emotions.

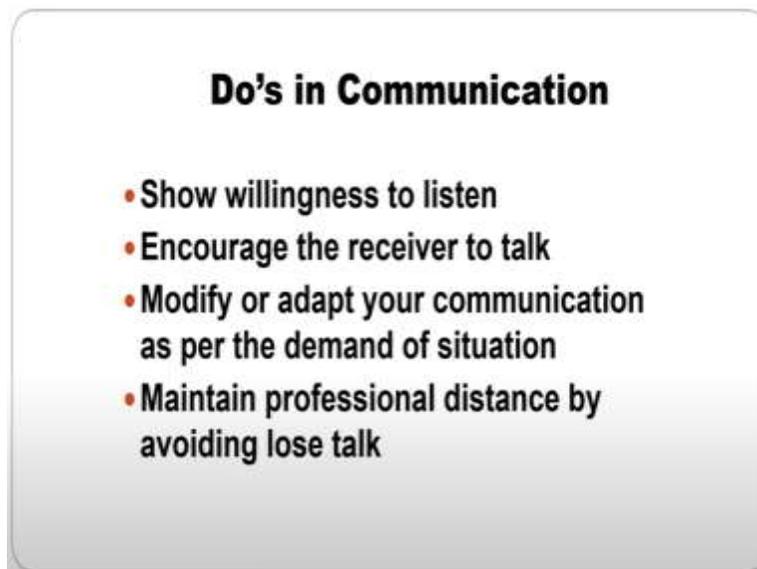
We cannot make the situation better, that is we cannot cure the patient. These are the problems with the doctors as well as the patients and the family members.

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Principles of good communication should be clear, complete, concise, constructive, correct and courteous. Three C's that is the communication.

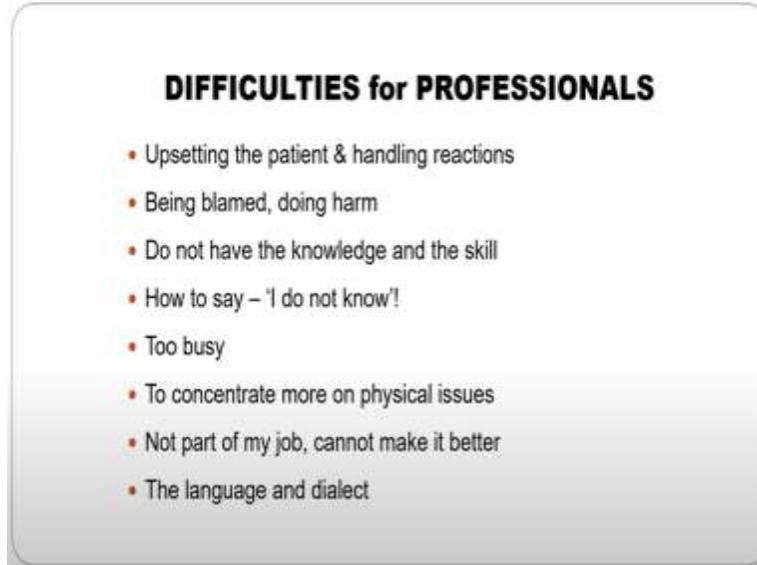
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Do's in communication. Willingness to listen. You must listen to the patient. You must listen to everybody. Whenever somebody is speaking, listen his or her story properly and then respond.

Encourage the receiver to talk, modify or adapt your communication. As per the demand of situation, maintain professional distance by avoiding loose talk.

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DIFFICULTIES for PROFESSIONALS

- Upsetting the patient & handling reactions
- Being blamed, doing harm
- Do not have the knowledge and the skill
- How to say – 'I do not know'!
- Too busy
- To concentrate more on physical issues
- Not part of my job, cannot make it better
- The language and dialect

Difficulties for professionals, that is for the doctors. Doctors are generally busy. They don't have time for the patients because they are going from one hospital to another hospital, one clinic to another clinic.

Sometimes doctors do not know the language of that patient also. So these are the difficulties for professionals.

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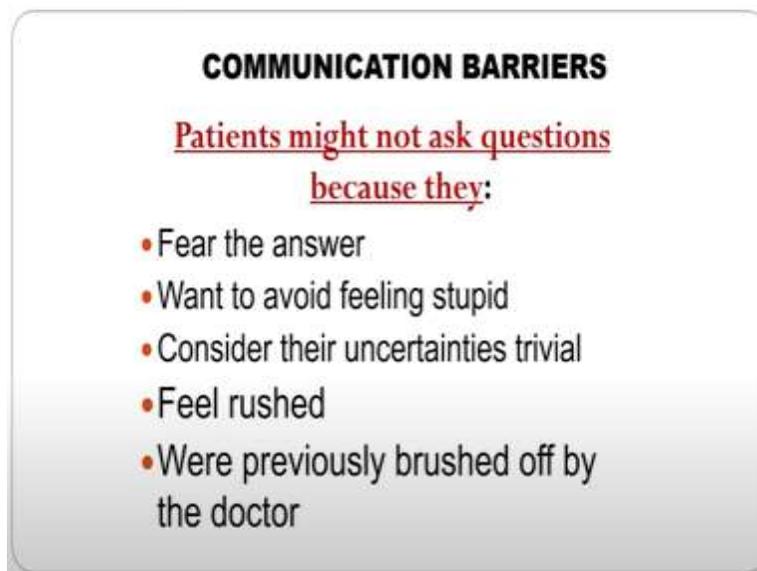
DIFFICULTIES for PATIENTS

- Lack of time & privacy
- Other than physical – To tell or not ?
- Afraid of the 'truth'
- Afraid of treatment being denied
- Fear of losing control over emotions
- Unfamiliarity of the surroundings
- The 'med speech', authoritative Hierarchy

Patient lack of time and privacy. Sometimes patient thinks that you know, should I give this information to the doctor or not? How is it related? Sometimes the patient doesn't come up with the actual problem because he is afraid that something more drastic medical situation will come out. Some of the people, they don't go for biopsy report also. It is natural that we generally always imagine bad thing to happen first.

They are afraid of the truth, afraid of the treatment being denied, fear of losing control, unfamiliarity of the surroundings and the med speech, medical speech. Doctors most of the time speak English. They make use of medical words which normal patients do not understand.

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COMMUNICATION BARRIERS

Patients might not ask questions
because they:

- Fear the answer
- Want to avoid feeling stupid
- Consider their uncertainties trivial
- Feel rushed
- Were previously brushed off by the doctor

Patients might not ask questions because these are the barriers. Patient may not ask because normally doctor will say, you are suffering from this, my dear brother.

I can't do anything for you now. They don't want to ask because if they ask something silly question, they say, okay, I look foolish, stupid in front of him. Sometimes doctor doesn't have time, you know. Doctor wants to go to somewhere else, he wants to go to operation theatre, anything. So, he feels rushed. Doctor will say, okay, okay, fine, fine, just tell me, tell me in one minute, I want to go.

Previously brushed up, didn't have good relations earlier with this doctor. So, there are so many problems, communication problem with the patient, it doesn't ask questions to the doctor.

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COMMUNICATION BARRIERS

Patients might not disclose problems because they:

- Do not want to seem negative or ungrateful
- Want to be strong
- Think their concerns are not legitimate
- Do not want to add to the doctor's burdens
- Believe nothing can be done

Sometimes patients do not disclose properly, because this is what has happened to you, happen to me. They do not want to seem negative or ungrateful, want to be strong, think their concerns are not legitimate, do not want to add to the doctor's burdens, believe nothing can be done. So, these are some of the issues where the patients do not come out with the truth.

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Communication Barriers

Doctors block communication when they:

- Give cues that they feel time pressure
- Allow distractions
- Do not acknowledge the patient's emotions
- Address physical aspects only
- Offer reassurance before the main problems have been identified

Doctors also block communication. When they give cues that they feel more, they have time pressure, allow distraction, do not acknowledge the patient's emotions, address

physical aspects only, offer reassurance before the main problem have been identified. Therefore, I speak and tell everyone that whenever you are communicating, do not make use of mobile. Because when patient is talking to a doctor and the ring comes up and he starts using mobile, that means patient thinks that I don't have any importance at all. You just see he is talking to somebody else.

When doctor talks to the patient, no distraction of any kind to be allowed.

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**EFFECTIVE COMMUNICATION
IN
PALLIATIVE CARE**

Builds a Healthy
Therapeutic
Relationship!

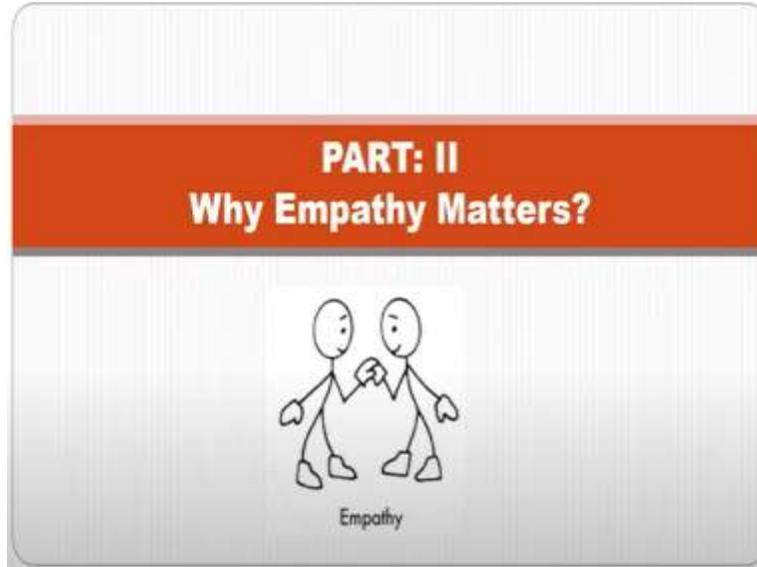
- **Genuineness**
- **Love, compassion**
- **Empathy**



Communication should be genuine. When it is required, it is to be said. It is not for the pleasure of anybody. Yes, truth has to be given with simplicity.

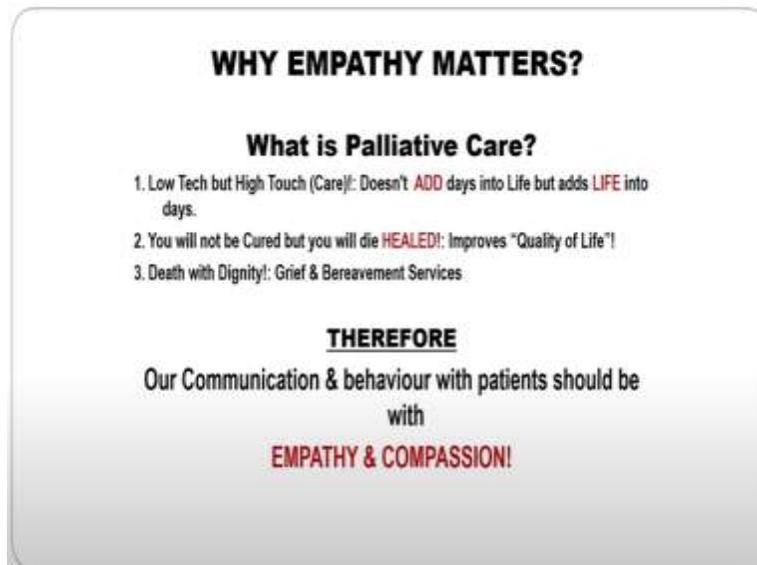
Love and compassion, they are the parts of communication and empathy. This is what it is effective communication in palliative care, part one.

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Part two, why empathy matters?

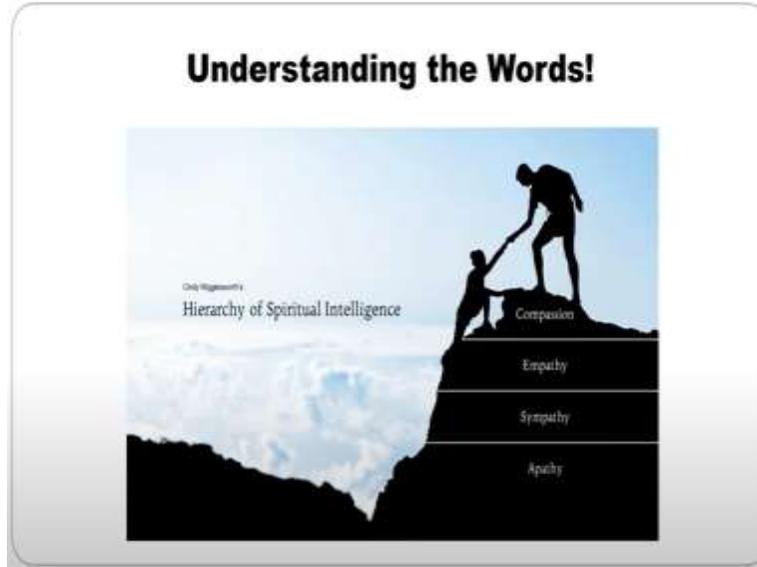
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What is palliative care? Again I have given out. I want you to understand. This is the last time I am telling you about what is palliative care.

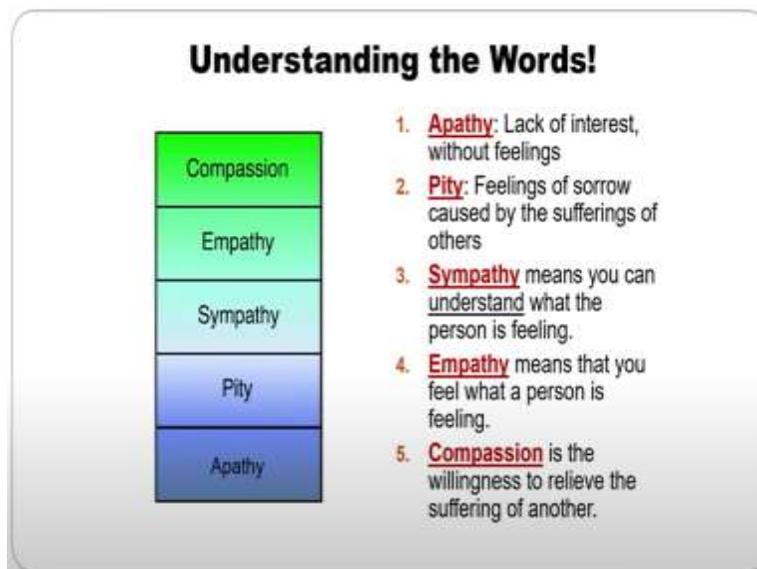
Low tech but high touch. Our aim is we do not want to add days into the life but add life into the days. We want to improve quality of life. And death with dignity and we give proper grief and bereavement services. And therefore communication and behavior with patients should be with empathy and compassion.

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Let's understand the words. This is the hierarchy. It is going upward like this. Apathy at the lowest level. Then goes up to sympathy, goes up to empathy and finally it is the compassion. Now what are these four words?

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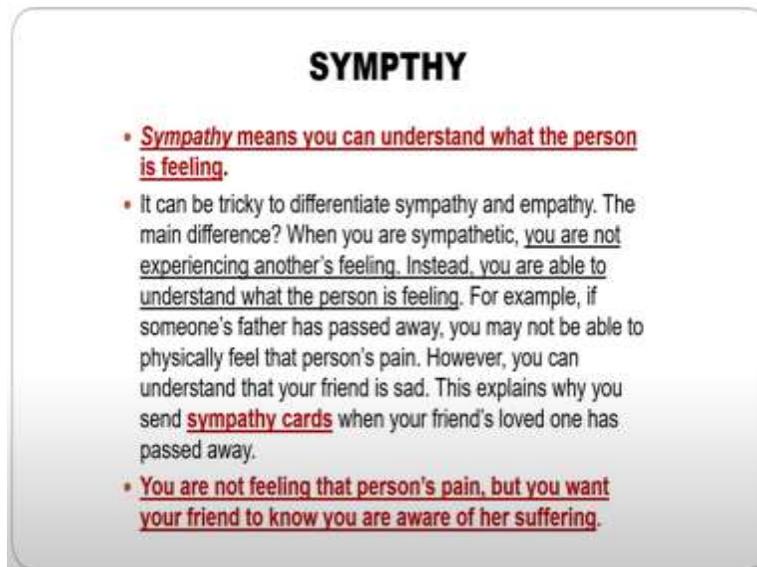


What is apathy? Apathy means lack of interest without feelings. A doctor should never be apathetic to the patient.

If he is not interested in the patient then he cannot serve. Pity means feelings of sorrow caused by the sufferings of others. Doctors should have pity, but not generally he should. Sympathy means you can understand what the person is feeling, just understanding only. Empathy means that you are feeling what the person is feeling.

There is a difference of words. In sympathy, you understand the pain of the person. But in empathy, you are understanding also at the same time, you are feeling the same pain in your heart. And compassion is a very big term. It's a willingness to relieve the suffering of another.

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SYMPATHY

- Sympathy means you can understand what the person is feeling.
- It can be tricky to differentiate sympathy and empathy. The main difference? When you are sympathetic, you are not experiencing another's feeling. Instead, you are able to understand what the person is feeling. For example, if someone's father has passed away, you may not be able to physically feel that person's pain. However, you can understand that your friend is sad. This explains why you send sympathy cards when your friend's loved one has passed away.
- You are not feeling that person's pain, but you want your friend to know you are aware of her suffering.

Some more. Sympathy means you can understand what the person is feeling. You are not feeling that person's pain, but you want your friend to know you are aware of her suffering. In sympathy only you are not feeling the pain, but you understand generally what your friend is suffering from.

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Like it is here friends so you just go there speak to him say something must have gone wrong maybe you might have failed in the exam or maybe someone very close might have died in the family or whatever it is so this is sympathy.

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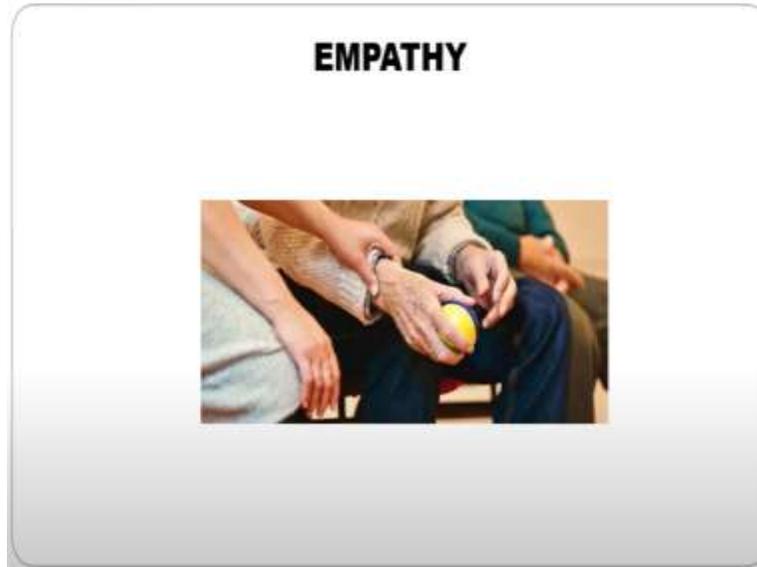
EMPATHY

- **Empathy means that you feel what a person is feeling.**
- When you are viscerally feeling what another person feels, you are experiencing. Thanks to your brain's researchers "mirror neurons," empathy may arise automatically when you witness someone in pain. For example, if you saw a spider crawling up my arm, you may feel a tickle on your arm.
- For example, perhaps you saw me slam my fingers in a car door, but you didn't automatically feel that pain. **Instead, you can imagine what it might be like to have your fingers slammed in a door, and that may allow you to feel my pain.**

You go meet your friends just pat him up, empathy means you feel what that person is feeling. Instead you can imagine what it might be like to have your fingers, slammed in a door and that may allow you to feel my pain.

Like one of your friends it happens his fingers they just come into the door and he starts crying. So, here also again you feel curious what happens when your own finger comes into the door.

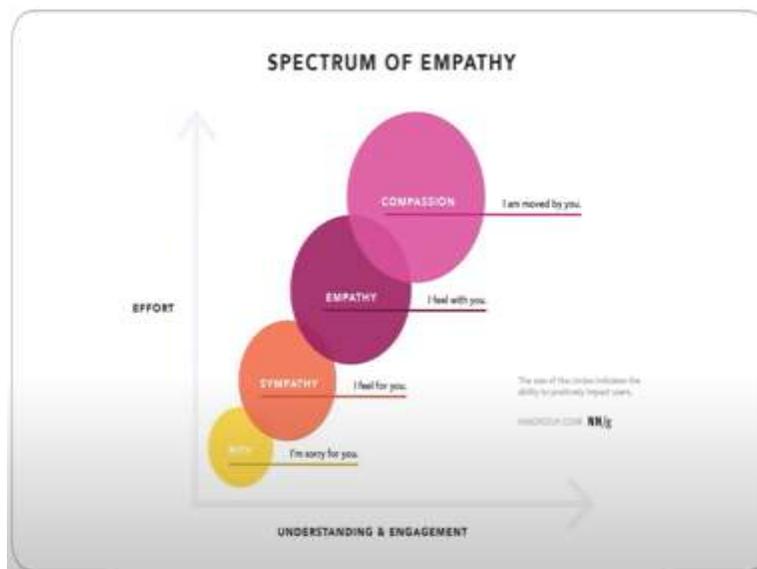
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Empathy, here the caregiver is just taking the hand of the patient or the old person. The old person is doing that exercise with the medicine ball.

And the caregiver or the nurse who are maybe sitting along with the patient.

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This is the spectrum of Empathy. In pity, you use this word. I am sorry for you. Like some poor guy just, you know, begging for something, some money or something.

This is what you feel. I'm really feeling sorry for him. Sympathy, I feel for you. I understand what sort of things you are suffering from. Empathy, I feel with you. Whatever is happening to you, how you are unhappy or happy, I have the same feelings in myself.

And compassion, I'm moved by you. This is what has happened. Really, I am with you and I am going to do something so that such situation in the world can be changed.

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COMPASSION

- **Compassion is the willingness to relieve the suffering of another.**
- Compassion kicks empathy and sympathy up a notch. When you are compassionate, you feel the pain of another ((empathy) or you recognize that the person is in pain (sympathy), and then you do what you can to alleviate the person's suffering. **Compassion is a four-step process:**
 - Awareness of suffering.
 - Sympathetic concern related to being emotionally moved by suffering.
 - Wish to see the relief of that suffering.
 - Responsiveness or readiness to help relieve that suffering.

Compassion is the willingness to relieve the suffering. And that is how most of these hospitals and so many things, educational institutes, they come up because some people, they come to know that such situation should be removed.

Compassion is a four-state process. Awareness of the suffering. It can be anything. It may be in the matters of education or health. Sympathetic concern. They want to see the relief of that suffering. And the responsiveness, readiness to help.

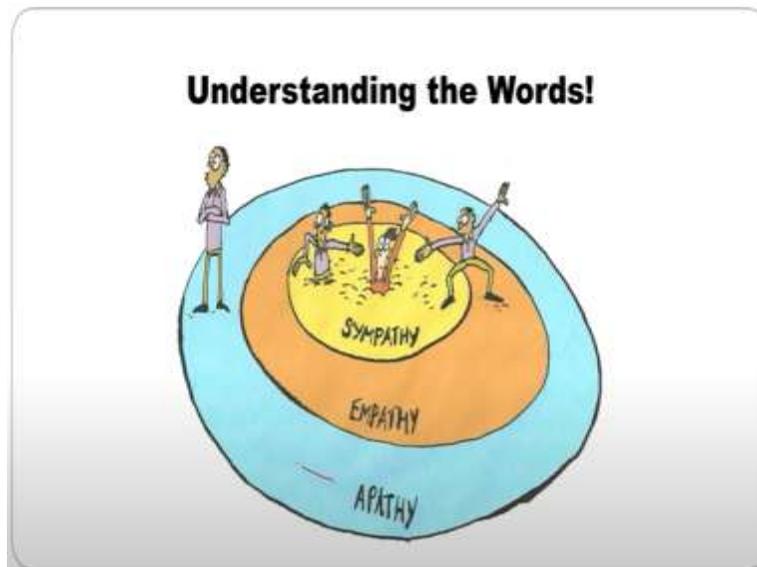
So compassion of people sometimes, you know, they help the communities. In last perspective, most of the hospitals, educational institutes, even water tanks and so many things have come up because of the feeling of compassion.

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This is a poor guy, homeless person, you know.

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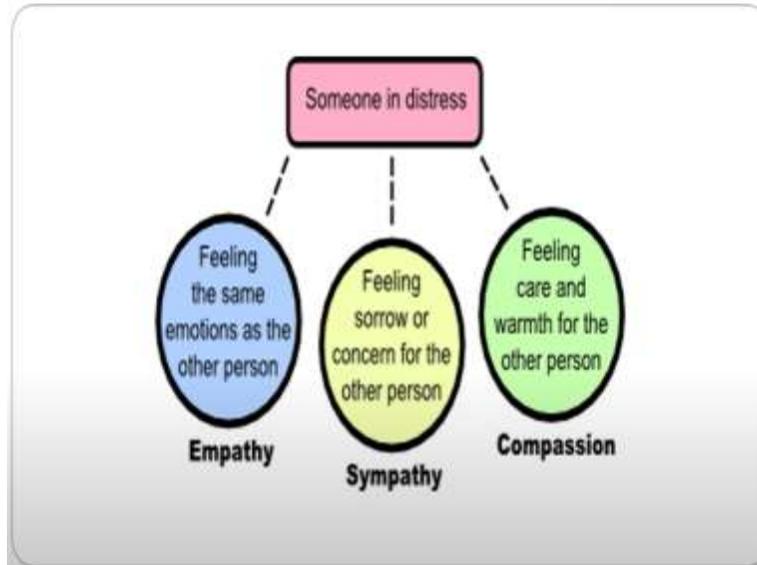
Another image, apathy.

You are not interested. When something, this chap is getting drawn, he is looking other way.

I am not worrying. Bloody you die. Sympathy is just standing there. Come, come, come, come. I will save you. I will save you. But he is not jumping inside and catching his head,

catching his hand and taking me out. But in empathy, you jump inside the pond, pick up his hand, give him support and try and get him out, you know. This is how it happens.

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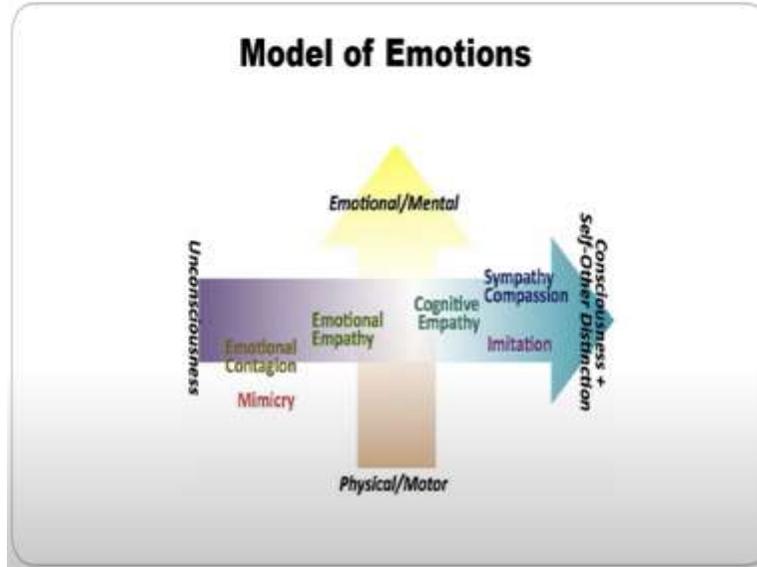
Empathy feeling the same, sympathy understanding the same and compassion feeling care and warmth for the other person.

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Meaning of Empathy

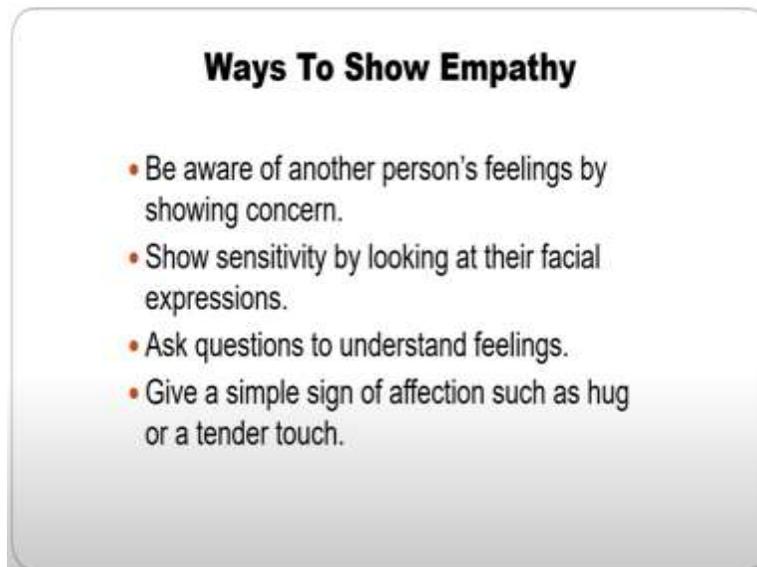
- Understand another person's emotions and feelings
- Understand one's own feelings and emotions.
- Supporting others who are in need.
- Making people feel better about them.
- To be able to exercise self-control.
- To treat others the way you want to be treated.

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This is a model for emotions, emotional unconsciousness and consciousness plus self and other distinctions, emotional model, mental and physical model. And this is how empathy, cognitive empathy and emotional empathy that matters.

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Way to show, Be aware of another person's feelings.

Show sensitivity by looking at their facial expressions. Ask questions to understand feelings. Give a simple sign of affection such as hug. This is what we normally do.

Whenever something happens, a child comes to home crying, what does a mother do? A mother picks up the child and puts him or her in the hand and taking upwards, it's a simple sign of affection, hugging, hugging the child and the child becomes calm and quiet because he is in the safe custody of the mummy.

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Ways To Show Empathy

we show empathy by acknowledging the emotion.

We may say, for example,

- I can see you are really uncomfortable about this.
- I can understand why you would be upset.

Though empathy is usually used in reference to sensing someone else's painful feelings, it can also apply to someone's positive feelings of success, accomplishment, pride, achievement etc. In this case a "**high five**" would also be a sign of empathy.

Ways to show empathy, sometimes high five.

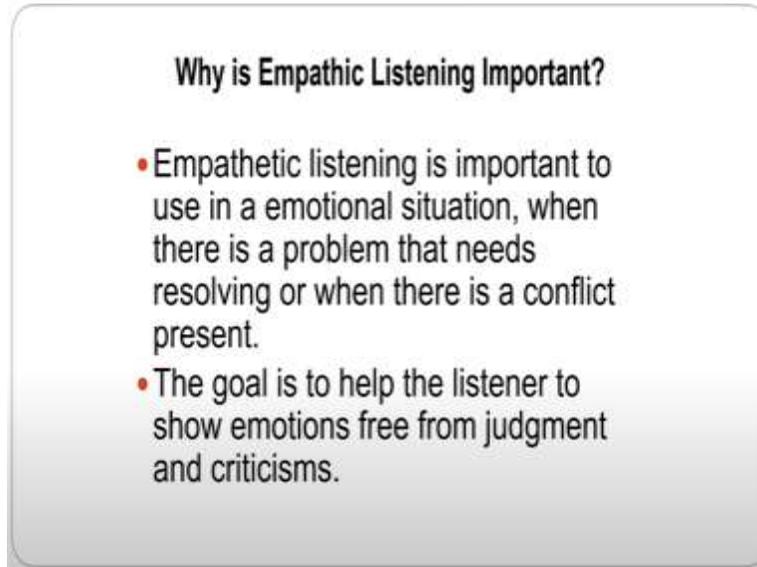
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What is Empathetic Listening?

- Empathetic listening is when one listens with the intend to understand how the speaker feels.
- To understand his/her ideas.
- Identify with person's emotion and feelings

What is empathetic listening? Active listening is a type of empathetic listening. You should listen to the person who is happy as well as who is not happy.

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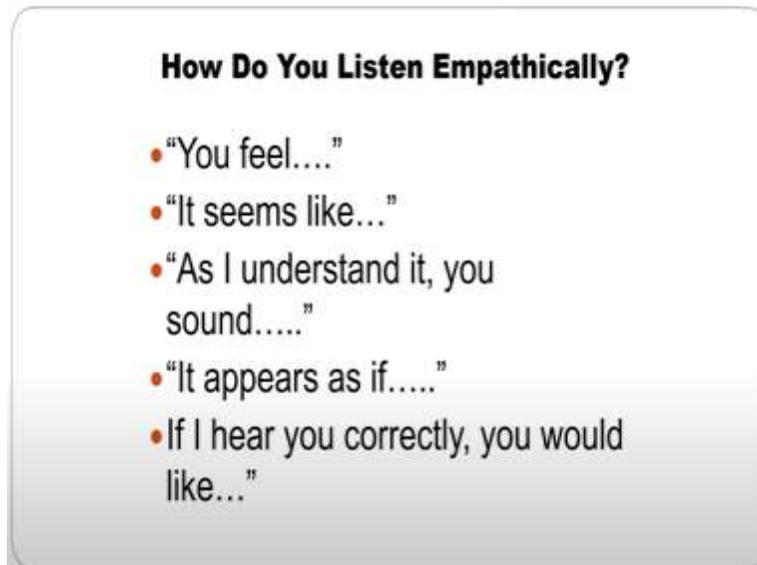


Why is Empathic Listening Important?

- Empathetic listening is important to use in a emotional situation, when there is a problem that needs resolving or when there is a conflict present.
- The goal is to help the listener to show emotions free from judgment and criticisms.

The goal of empathetic listening is to help the listener to show emotions free from judgment or criticism.

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How Do You Listen Empathically?

- “You feel....”
- “It seems like...”
- “As I understand it, you sound.....”
- “It appears as if.....”
- “If I hear you correctly, you would like...”

How do you listen empathetically? You feel, it seems like, as I understand it, you sound, it appears as if, these are the words you make use of in your normal conversations of empathetic listening.

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Steps for Empathic Listening

- Listen carefully for speaker's messages, both verbal or non-verbal.
- Display an open and caring posture.
- Consider the speaker's emotional state.
- Calmly reflect back what you perceive the speaker's feelings and meaning to be.

Improving Communication Empathetic Listening

- Be present, and attend the conversation at hand.
- Don't be judgmental.
- Pay attention to the speaker, their facial expressions, and their body language.
- Be quiet and patient. This is never truer than in a tense situation that involves the speaker venting over some hurt.
- Make sure you actually understand the issue at hand.

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Behaviors To Avoid

- Judging
- Criticizing
- Lecturing
- Advising
- Interrupting



Empathy

Many more things are there. Behaviours to avoid in communication. Do not judge others. Do not criticize others. Do not give a big lecture. Do not keep on giving advice every time. And do not interrupt when the opposite person is speaking.

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Empathetic Listening Tips

- Be interested in speaker.
- Have good eye contact and body language.
- Have less distractions.
- Allow the speaker to talk
- Respond in a tone that is appropriate for that situation.

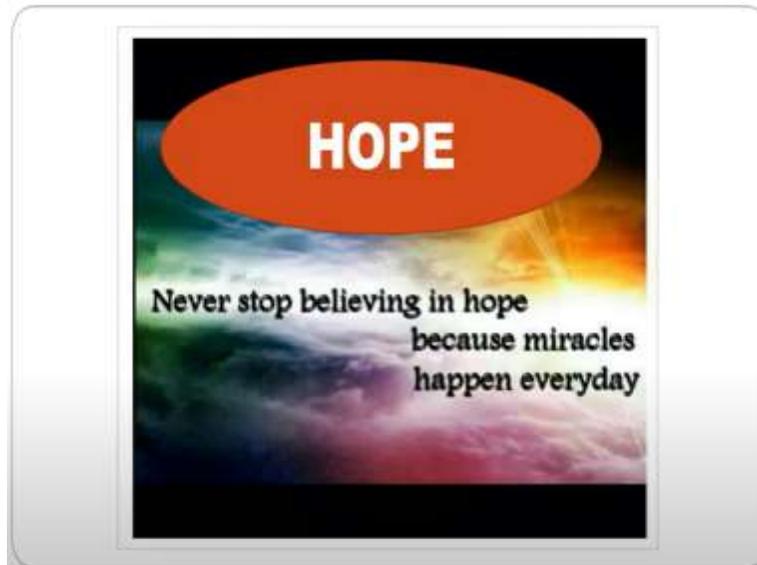
These are the tips.

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In palliative care, hope is something, you know, it plays an important part.

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We say hope is immortal. Hope remains. Never stop believing in hope because miracles happen every day.

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Hope...

HOPE is an expectation greater than ZERO of achieving GOAL

Hope needs an object. Sometimes, it is necessary to break down an ultimate goal into a series of mini goals. Setting goals is an integral part of caring for patients with an incurable disease, even if progressive.

So in our language also, there should be always a factor of hope to be interwoven.

Hope is an expectation greater than zero of achieving goal. Hope needs an object. Sometimes it is necessary to break down an ultimate goal into series of many goals. Setting goals is an integral part of caring for patients with an incurable disease even if progressive giving hopeful communication to the patient to the family member is very very important in palliative care. Hope gentlemen I also hope that you go through this particular course of integrative palliative care for three months learn something it will be useful to you, to your family members and to others also. Thanks, thank you friends.