LIFE IN MEDICINE
HOW PHYSICIANS MANAGE

Talking with patients about serious illness and death

Physicians are trained “to do stuff, to fix things,” says BJ Miller, MD, a palliative care specialist at University of California San Francisco. “Someone comes in with a problem, we solve the problem. But death is an unfixable problem, and that flummoxes us.”

Miller, who is an expert on palliative care and end-of-life issues, was scheduled to speak at the St. Paul conference of the Minnesota Network of Hospice and Palliative Care in April. The conference was cancelled because of the coronavirus pandemic; Miller shared some of his thoughts in an interview with Minnesota Medicine.

Many physicians are uncomfortable with talking about death with their patients because they are not good at thinking about death, period.

“Humans are pretty uncomfortable with the subject and doctors are human,” Miller says. “We are wired as a species to run away from death; it’s just a tough subject. Wrapping our heads around nonexistence is practically impossible.”

Virtually every physician is going to see patients whose medical issues will lead to death or life-changing disabilities; few have the training or resources to have an honest and caring discussion with their patients. They may offer hope, they may focus on next steps—or they may avoid any prediction about the patient’s future.

What can physicians do, or do better?
First, Miller says, physicians need to learn how to accept things they can’t control or change. “Learn to just not run away,” he says.

Simply being with the patient, really being there, is hugely important. Miller dislikes the phrase, “I’m so sorry, there’s nothing we can do.” “That phrase needs to be banished,” he says. “Being with someone is doing something. So, there is always something we can do. What we do is to be with people in hard, hard moments.”

There are no magic words when telling a patient bad news; you simply start by listening. “You pick up on the nuances in knowing who you are talking to—and that means listening,” Miller says. “You get a gut sense of what lands with people, and what doesn’t.”

To do it well, physicians have to get comfortable with mortality

BY LINDA PICONE
**How physicians manage the bad news**

“I feel grief in the air,” says BJ Miller, MD, palliative care specialist at the University of California San Francisco, about the way COVID-19 is impacting the United States—and the world. “We are all losing stuff—our jobs, our innocence, we’re losing something, even if we’re not sick.”

The individuals he works with are confronting their own existential crises as they get bad diagnoses; “it rocks the ground underneath them and threatens to shorten their life.” After an existential crisis, Miller says, “you tend to come back more loving, less sure of yourself, less convinced you can fix everything.”

He sees the coronavirus as an existential crisis for society. “Do we apply the same things we do with an individual to our society?” he asks. “Potentially, this may mean we approach our lives with a softer touch. It’s too soon to say if we’re going to have this massive kind of waking up, but that’s what I’m keeping my eye out for.”

One patient may say he’s a fighter, he’ll go through anything. Another may say he doesn’t want to spend his last days suffering through painful treatment. “Figure out what’s important to your patient,” Miller says. “You need to listen to the goals and preference of that individual—and then you tailor the treatment to that personality, figure out what makes sense for them.”

“And then be able to say things like, ‘I don’t think that therapy is going to help you’ or ‘another pathway would be to not treat it.’”

Providing what may be false hope is not simply a function of a physician’s discomfort, it’s often part of a collusion between the patient and the physician. “Patients sometimes don’t want to hear that there aren’t a lot of options,” Miller says. “We all have to work on it; it’s not just doctors getting better at dealing with it.”

The last step in working with a patient facing a bad outcome is to understand the kinds of resources available to them. “A lot of it becomes non-medical stuff, but as a doctor, you can help the patient broker options,” Miller says. “At least know how to get hold of a social worker. You don’t have to know all of this stuff; it’s a team effort.”

Relaying bad news, sitting with the patient is in shock or grief, being honest about options, then talking about next steps … all of that takes time. “Everyone is so busy in these frigging 20-minute encounters,” Miller says. “Most of these decisions don’t need to be made today—and they can’t be. You need to figure out the right time to talk about things, and the day of the bad news may not be the day to say, ‘Hey, how about hospice?’”

Linda Picone is editor of Minnesota Medicine.

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**Grief and change in the time of coronavirus**

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**POLST form helps patients take control**

For many patients facing long-term serious illness that may lead to their death, being able to have some control over their medical treatment helps them both better understand and accept their situation.

The Provider Orders for Life-Sustaining Treatment (POLST) is a medical order that helps ensure that emergency services and other medical providers know what kinds of treatment a patient wants to receive. POLST does not replace a health care directive; it’s an additional part of advance-care planning. The POLST form must be signed by a medical provider—a physician, physician assistant or advanced practice RN—to be valid. The order takes effect as soon as it is signed.

The discussion around the POLST form between medical provider, the patient and families helps clarify goals for the patient and allows families to work with the medical provider and the patient to make sure medical interventions are what the patient wants. The Minnesota Medical Association first developed a standardized POLST form in 2010; it was adopted across Minnesota. The form was revised in 2017. The MMA offers a link to a 12-minute video, three versions of a scripted conversation between a health care professional and the patient and family, a downloadable POLST form and a complete POLST How-To Guide on the MMA website at https://www.mnmed.org/polst. The website has new information about how to complete the POLST during the current COVID-19 pandemic, when face-to-face meetings with families are limited.