

**SECTION TWO:**

# Learning Modules

## Module One - Broaching Dying

### Real Talk Case One - Ian

**CASE SYNOPSIS** (Keywords, Background, Clips, Overview of consultation)

#### KEYWORDS

broaching dying, euthanasia, pain, mood, resuscitation, returning to something the patient has mentioned earlier, unpacking ambiguity, motor neurone disease, day therapy, advance care planning.

#### BACKGROUND

The patient, Ian, has motor neurone disease (MND), currently affecting his lower limbs and hands. He does not currently have neck weakness. He is able to walk with a wheeled frame. He attends hospice day therapy weekly. He has asked to see the doctor because of severe pain in his legs the previous night. The pain is mostly not related to his MND per se, but the MND has an impact on it.

The doctor has known the patient for some months, and she has seen him and his partner on several prior occasions.

After the recording, the doctor remarked on some relevant matters. These included that the patient's mood was much, much lower than usual for him, and that she was trying hard to make eye contact with him during the consultation. She commented on the uncomfortableness of the doctor's chair in that particular consultation room, and that whilst its height was suitable for working on the computer, it was higher than optimal for talking to the patient.

The consultation lasted approximately 1 hour and 10 minutes.

After the appointment, the patient rated this doctor as excellent on all ten dimensions of the CARE 'Care and Relational Empathy' questionnaire.

## CLIPS

There are four clips: 51 seconds, 44 seconds, 1 minute 36 seconds and 4 minutes 34 seconds.

In the first clip, the patient, in the course of talking about the previous night's episode of severe pain, mentions feeling like 'throwing the towel in'.

In the second clip, the doctor explores what the patient means by this.

In the third clip, the doctor asks the patient a question about his feelings. In response, the patient talks about the recent death of another hospice patient with motor neurone disease. In this context, the doctor opens up opportunities for talk about Ian's own end of life by asking, 'Does it make you think about you?'

In the fourth clip, in the context of having to fill in a mortgage-related form about life expectancy, there is some talk about how long the patient may have left to live. The patient talks about what kind of disability would not be worth living with. He indirectly talks about euthanasia, and the doctor asks questions about this. They then move to talking about circumstances in which the patient would and would not want to be resuscitated.

## OVERVIEW OF CONSULTATION

Pseudonyms for people present or referred to in the consultation:

- The patient is Ian.
- Nic is the patient's partner (who is not present at this consultation).
- Bill is a hospice patient with motor neurone disease (MND), who attended day care with Ian; Bill has recently died.

Approximate timings are given as hours:minutes:seconds and rounded up or down for simplicity.

### 00:00

The doctor discusses with the patient the cameras and his assent to recording. She then says: 'It's good that we can catch up'. Patient talks about his extremely bad night - with leg and heel pain. Doctor mainly listens and acknowledges.

### 03:50

#### **Clip one (51 seconds) begins: the patient mentions 'throwing in the towel'.**

Doctor acknowledges this but at this point does not pursue it further. Patient talks about having good days and bad days, then moves on to further detail his pain and the pills and patches he is on. He starts to talk about another concern - sleeping a lot in the day. The doctor mainly listens, acknowledges, and asks some brief questions.

### 07:50

The patient returns to the pain problem and reports not telling his partner everything because she has enough stress.

### 08:02

#### **Clip two (44 seconds) begins: the doctor asks the patient about 'throwing the towel in'.**

The patient says he does not know if it worth carrying on taking the pills, and that this is why he wants to see her today. The doctor says: 'You mentioned a feeling of throwing in the towel', and they discuss and clarify what he means. Having done so, the doctor asks about the location of the patient's pain.

### 08:30

The doctor asks the patient more about his leg pain. The patient gives a detailed description. The doctor mainly listens, acknowledges, and asks clarification questions. There is also some talk about prior abdominal surgery he had.

**16:20**

In the context of the patient referring to his legs as his main concern, the doctor says: 'Can I ask you about your mood as well?' The patient becomes tearful, and a lengthy discussion follows about loneliness, things getting on top of him, stress and its causes. The doctor asks about his relationship with his partner, he replies things are good, he also talks about his children and grandchildren.

**23:30****Clip three (1 minute 36 seconds) begins: a question from the doctor elicits talk about another patient's death.**

The doctor asks whether he feels anxious about things. In responding, he mentions the recent, unexpected death of a fellow patient 'Bill', and how that 'brought everything back home'. As the discussion progresses, the doctor asks: 'Did it make you think about you?' Ian confirms it did.

**24:20**

The patient then talks more about the suddenness and shock of Bill's death. The doctor asks if it has put him off coming to day therapy. The patient reports that the staff, who he likes, successfully encouraged him to keep coming. The patient raises 'happy pills', his and other's experiences of them, and whether if he stopped taking them, his mood would go down.

**29:00**

The doctor says that pain can be connected with mood, and a discussion of whether this is the case for this patient follows.

**30:20**

The doctor returns to the issue of mood. They talk about it; the patient says he is down today due to lack of sleep and pain. He talks about not wanting to discuss his mood and difficulties with his partner. The doctor listens, acknowledges, and asks some specific questions about his partner and how both she and the patient are feeling. The patient moves to talk about things he sometimes enjoys.

**36:30**

The doctor proposes a physical examination of the leg and abdomen, and this proceeds.

**47:00**

There is a discussion of possible medication side effects, and the doctor proposes talking to the patient's other doctor - who prescribed several of the medications. She says her

gut feeling is that some of the medicines need reducing, as they are not giving enough benefit and he is getting some side effects. The doctor proposes staying on the current medications for the next week, giving her time to discuss with the doctor who prescribed several of them.

#### 48:40

The conversation moves to the patient's difficulties eating, and with bloating. Discussion of related medications follows.

#### 55:00

The doctor writes out and gives the patient an instruction sheet relating to medications, which the patient reads. The doctor says, well, it's good to have time to chat, says 'thanks for sharing that', and 'we'll meet again next week'. The patient says 'Yeah. Sometimes it's nice to just chat to an individual'.

#### 55:50

The doctor asks if there are other people the patient chats with. They talk about the counselling service which the patient has used, but he prefers to see the doctor.

#### 59:20

The patient now raises a new support group he is involved in starting up, and they move on to talk about seeing people more severely affected and how he would feel about this. The patient then says he could get run over by a bus tomorrow, and comments that at least then the insurers would then pay off the mortgage. The doctor mainly listens, acknowledges, and asks brief questions.

#### 1:00:20

The patient says that his insurance will not pay off his mortgage now, because he has answered no to the question on whether he is going to die in the next six months.

#### 1:01:00

**Clip four (4 minutes 34 seconds) begins: the conversation moves from life expectancy to euthanasia and resuscitation preferences.**

The discussion moves to the patient's likely life expectancy, and he starts to talk about what kind of disability would be bearable, and at what stage it would be time to go. In doing so, he talks about when it would be 'better off having an injection and going to sleep'. Discussion about euthanasia and the patient's thoughts on this ensue. This further develops into discussion of his views and preferences on resuscitation, and to discussions about this with his partner. The patient says he would not want to be resuscitated at the point where

he has lost mobility, but says that if it were a heart attack, this would be different. The doctor goes on to ask questions about this.

### **1:05:00**

The patient says that at the point he has a ventilator, he would not want resuscitation. The doctor asks clarification questions, and the patient then goes on to say he knows the muscles in his lungs are a bit weak. He goes on to talk about the fact he still smokes, his pleasure from doing so, and then moves to talk about a forthcoming holiday. The consultation ends with the doctor noting she will see the patient next week and that this would entail getting him 'set up for a good holiday'. Then patient stands and leaves the room.

**IAN CLIP ONE TRANSCRIPT (51 SECONDS)****3 minutes 50 seconds into the consultation. The patient mentions 'throwing the towel in'.**

1 **Pat:** It didn't seem that I could- couldn't settle my left leg down with the pains

2 **Doc:** Mm

3 **Pat:** and that and I tried every way of doing it. Now, I'm on all these pills and  
4 patches and everything else and you know, it's sometimes um I just feel like  
5 throwing the towel in and that

5 **Doc:** Mm

7 **Pat:** Because um t-t-today, some days I have- I do have me good days and I have  
8 me bad days, um but I get cramps in my fingers, and me muscles on me  
9 arms.

**IAN CLIP TWO TRANSCRIPT (44 SECONDS)**

**8 minutes into the consultation. The doctor asks the patient about 'throwing the towel in'.**

- 1 **Pat:** I d-d I don't know whether it's worth carrying on taking these pills, that's why I  
2 wanted to see you
- 3 **Doc:** Mm
- 4 **Pat:** and um
- 5 **Doc:** You mentioned about a feeling of throwing in the towel?
- 6 **Pat:** Yeah
- 7 **Pat:** Stop taking the pills and stuff like that. It's
- 8 **Doc:** Stop taking the pills? That's what you mean by that
- 9 **Pat:** Yeah, yeah
- 10 **Doc:** Okay.
- 11 **Pat:** and that because like I don't know if that'll make me worse
- 12 **Doc:** Mm
- 13 **Pat:** whether it'll make me better,
- 14 **Doc:** Mm
- 15 **Pat:** or feel better
- 16 **Doc:** Mm
- 17 **Pat:** Umm, some days I get so much pains
- 18 **Doc:** Is it always in this left leg or is it in other places?



**IAN CLIP THREE TRANSCRIPT (1 MINUTE 36 SECONDS)**

**23 minutes 30 seconds into the consultation. A question from the doctor elicits talk about another patient's death.**

- 1 **Pat:** Believe it or not it [seeing my grandchildren] bucks me up  
2 **Doc:** Mm hm  
3 **Pat:** It does buck me up  
4 **Doc:** Mm  
5 **Pat:** it um  
6 **Doc:** Feel anx-  
7 **Pat:** Yeah I suppose it does  
8 **Doc:** Mm  
9 **Doc:** Do you feel anxious about things Ian?  
10 **Pat:** Erm.... tell you the truth, I never- right, it err, no I suppose I never, not for a  
11 while and um I think, when Bill died,  
12 **Doc:** Mm  
13 **Pat:** I think that brought everything back home you know?  
14 **Doc:** Mm  
15 **Pat:** And.... because it seems so unexpected as well  
16 **Doc:** Mm  
17 **Pat:** and that and... don't know....  
18 **Doc:** Does it make you think about you?  
19 **Pat:** Yeah it did at the time. A- Before all that I was like I thought well you're going  
20 to die one day you know, this that and the other, but now um I think I do think  
21 more of it now since Bill died because like I don't know what his situation or  
22 whatever that was before like, but he didn't seem poorly. Well to us in the day  
23 centre he didn't seem poorly.

**IAN CLIP FOUR TRANSCRIPT (4 MINUTES 34 SECONDS)**

**1 hour and 1 minute into the consultation. The conversation moves from life expectancy to euthanasia and resuscitation preferences.**

- 1 **Pat:** But in reality nobody knows how long you've got you know  
2 **Doc:** Mm  
3 **Pat:** I could have another two months left or I could have another two years  
4 **Doc:** Mm  
5 **Pat:** and nobody knows  
6 **Doc:** No, it- it's more likely to be nearer the two years than the two months, but  
7 **Pat:** Yeah well  
8 **Pat:** Mm  
9 **Doc:** More likely  
10 **Pat:** Yeah. As long as I'm still pottering around or if I'm- Alright, I won't be still  
11 pottering around, but long as I'm still in the um- Basically I still be using my  
12 arms, I might be in- Well I probably will be in a wheelchair by then. And I've  
13 still got talk and that, I'll be happy with that. You know? I ain't got a problem  
14 with that. But, it's when you're just laying there like a vegetable and you can't  
15 do  
16 **Doc:** Mm  
17 **Pat:** nowt that is- I think that is the time to go  
18 **Doc:** Do you?  
19 **Pat:** Yeah because what good are you?  
20 **Doc:** Mm  
21 **Pat:** If you can't do nothing. You can't move  
22 **Doc:** Mm  
23 **Pat:** And if you lose your voice  
24 **Doc:** Mm  
25 **Pat:** If you're laying there as a vegetable, you've got no life  
26 **Doc:** Mm  
27 **Pat:** Better off having an injection and going to sleep  
28 **Pat:** Whatever  
29 **Doc:** Do you- are you someone who thinks about that much about euthanasia and  
30 **Pat:** Erm  
31 **Doc:** that sort of side of things?  
32 **Pat:** Um if I get that- if I get really bad  
33 **Doc:** Mm  
34 **Pat:** Yeah I suppose. Y' know it um  
35 **Doc:** Mm  
36 **Pat:** And  
37 **Doc:** Do you think about ending it yourself?  
38 **Pat:** No no no I-  
39 **Doc:** Mm  
40 **Pat:** No  
41 **Pat:** I don't get that- erm

- 42 **Doc:** Don't get that bad
- 43 **Pat:** No
- 44 **Pat:** No No
- 45 **Doc:** Okay
- 46 **Pat:** Um you know
- 47 **Doc:** But in terms of hypothetically if you were-
- 48 **Pat:** Hopefully
- 49 **Pat:** Well I said to Nick [his partner]
- 50 **Doc:** Mm
- 51 **Pat:** 'If I die or whatever, don't um don't resuscitate me'.
- 52 **Doc:** Mm
- 53 **Pat:** Cause if I- If my muscles in my lungs and whatever have packed up
- 54 **Doc:** Mm
- 55 **Pat:** it's a waste of time resuscitating me, you know,
- 56 **Doc:** Mm
- 57 **Pat:** you know it's just... make sure it's all in place.
- 58 **Doc:** And- is it in place?
- 59 **Pat:** Oh well, Nick said she would sort it out.
- 60 **Doc:** Okay.
- 61 **Pat:** Um
- 62 **Doc:** Okay so
- 63 **Pat:** She- she
- 64 **Doc:** So if something out of the blue were to happen and that was your way of
- 65 going, that's how you'd want it to be.
- 66 **Pat:** Yeah
- 67 **Pat:** Because it's erm... you might only live for a couple of days afterwards
- 68 **Doc:** Mm
- 69 **Pat:** Or if you come back you might be a- vegetable
- 70 **Doc:** Mm, hm
- 71 **Pat:** I mean that's no life is it?
- 72 **Doc:** Mm
- 73 **Pat:** You know?
- 74 **Doc:** Mm
- 75 **Pat:** Yeah, so I said to Nick: 'If I'm just laying there in a bed you know laying there
- 76 in bed as a vegetable or whatever
- 77 **Doc:** Mm
- 78 **Pat:** if I die I die and that's it. You just leave me.... You know, just put me to p-
- 79 **Doc:** Do you talk about that much with Nick?
- 80 **Pat:** Um, I did at the start
- 81 **Doc:** Mm
- 82 **Pat:** Urm, I said to her, 'Look, you know. This, that and the other.' The question
- 83 was asked to me am I scared of dying and stuff like that.
- 84 **Doc:** Mm
- 85 **Pat:** Well yes and no really. Um yes I suppose everybody's scared of dying. I
- 86 don't know. But, the way I look at it now. Everybody dies sometime or
- 87 another. Right? Um, I would like to go in my sleep. I don't want to be laying
- 88 there choking or in agony or whatever trying to breathe and then die. I would

- 89           rather like to go in my sleep. And, but I haven't spoken to Nick for a long while  
90           and then I think the subject come up a few weeks ago. When Bill died I think  
91           it come back up, and I said to her, 'Look, when I've gone, I've gone,'  
92 **Doc:** Mm  
93 **Pat:** 'That's it you know?'  
94 **Doc:** Mm  
95 **Pat:** I said unless it's a heart attack or something like that you know? It's different  
96           but I- you know, if, if I stop breathing and it's my lungs or if I'm there a  
97           vegetable, just leave me I said, because it's a waste of time you know, to me.'  
98           You know?  
99 **Doc:** What do you mean by: 'if it's a heart attack it's different?'  
100 **Pat:** If I got up now and had a heart attack  
101 **Doc:** Mm  
102 **Pat:** I know me lungs are still working, that's entirely different  
103 **Doc:** Okay, so if you were to ha- it to happen now, you would want us to  
104 **Pat:** Well if possible  
105 **Doc:** see what we could do?  
106 **Pat:** Yeah yeah  
107 **Doc:** Okay  
108 **Pat:** Um but if it was MND related, like once I'm on the machine. Well I haven't got  
109           one anyway.  
110 **Doc:** Do you mean a breathing machine.

## IAN - LEARNING POINTS FROM A CONVERSATION ANALYSIS PERSPECTIVE

There are four clips. In the first, within the course of talking about the previous night's episode of severe pain, Ian mentions feeling like 'throwing the towel in'. In the second clip, the doctor explores what he means by this. In the third, the doctor asks the patient a question about his feelings, and in response, the patient talks about the recent death of another hospice patient with motor neurone disease who has recently died, in this context, the doctor opens up opportunities for talk about Ian's own end of life by asking: 'Does it make you think about you?' In the fourth clip, in the context of having to fill in an insurance and mortgage form where there is a question about life expectancy, there is talk about how long Ian may have left to live. He talks about what kind of disability would not be worth living with. He indirectly talks about euthanasia, and the doctor asks questions about this. The talk evolves to discussion of circumstances in which Ian would not, and would, want to be resuscitated.

Small words can do important things. The doctor's 'Mm's' are what conversation analysts call 'continuers'. When we use them whilst another person is talking, continuers such as 'yes', 'mm hm', and 'uh huh' can tell that other person we are not going to come in (or 'take the floor'), so they encourage the other person to continue<sup>1,2</sup>. Continuers are supportive or 'aligning' actions by a person who is the recipient of another person's extended talk<sup>3</sup>.

In clip two, we can notice that the doctor waits for a lull in the patient's talk before investigating what he might mean by 'throwing in the towel'. If she had immediately 'pounced on' what he said, the doctor could have been heard as more judgmental - treating what he said as something so problematic or serious that it needed very immediate investigation.

In clip three, as is commonly the case in the recordings from the VERDIS research upon which Real Talk is built, the doctor's question about the patient's feelings provides an opportunity space in which the patient moves towards talk that is more closely relevant to his own death than what he has been talking about before. We can see how, with the doctor's support: 'Does it make you think about you?' Ian gradually unpacks his allusive references [e.g. 'I think that brought everything home you know?'] to more directly talking about his own dying. The VERDIS research team have written about ways healthcare practitioners can sensitively move towards talk about end of life<sup>4,5</sup>.

In clip four, the doctor unpacks the patient's allusive or indirect reference 'Better off having an injection' in a particular way. She asks him if he is 'someone who thinks that much about euthanasia and that sort of side of things?' We can notice at least three things about what she asks and how she asks it;

1. By asking if he is someone who thinks about it, she implies that there are people who do think about this, and doing so to a degree normalises it. This helps neutralise the negative moral or personal evaluation that a question about euthanasia could carry.
2. By adding 'that sort of side of things', the doctor softens the starkness of the reference to euthanasia.

3. Her tone of voice implies an interested but not negative judgemental attitude – the doctors in the VERDIS recordings often use this tone of voice when asking or talking about contentious, and/or highly sensitive matters [see also for instance, Eashan Case Four in Module One].

The case illustrates that practitioners do a lot of ‘active listening’ – acknowledging what the patient says, encouraging them to continue talking, and waiting until the patient seems to come to the end of their topic or story before coming in and asking questions, raising new topics, or returning to earlier topics.

## REFERENCES /FURTHER READING

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