

SMILES-Toward a Better Laughter Life: A Model for Introducing humor in the Palliative Care Setting.

Presented: June 26, 2012 at the Grey Nuns Palliative Care unit by Dr. Keith Huber.

Reference: Borod, M. Journal of Cancer Education. 2006; 21:30-34.

Summary: This article reviews the role that humour and laughter play in medicine and palliative care. It also introduces a model that clinicians can follow when trying to introduce humour into their patient interactions.

The Benefits of humour in medicine:

- improved communication between patient and doctor
- decreasing anxiety in patients interactions with caregivers
- patients are more satisfied with their care
- physicians use it as a coping mechanism
- less cases of being sued for malpractice

SMILES –Model (based on SPIKES model for breaking bad news)

S- Smile- a smile is contagious, and can really brighten a patient's mood. Patients don't want people walking into their room looking like they're attending a funeral.

M- Make Eye Contact- Look through the cachexia and signs of cancer to see who the person really is. Their eyes can give you cues about if they are joking around or teasing you, leading to good opportunities for humour.

I- Intuition and Imagination- Use your intuition to facilitate the introduction of humour into the visit. Look for things in the room or on the food tray. You also need to use intuition to avoid using humour in cases where it can worsen things. Inappropriate use can cause hurt feelings, anxiety, hostility and embarrassment.

L- Look for, Listen to and Leap at the Opportunity- Listen to patients, pick up on things they are joking about or even making fun of you for. Avoid sarcasm!

E- Elephants Never Forget- Remembering things patients have previously told you can allow you a shortcut into a humorous exchange, and the patient will really appreciate the effort you put into remembering things about them.

S- Sensitive to the Situation- In palliative care things change by the day or by the hour. The patient's condition or their neighbor's may have worsened, they may be in pain or experiencing dyspnea or in the actual hours of dying. The presence of certain family members can dampen the humour of situations patients would find funny alone.

Strengths:

- A topic that is not often dealt with, especially in a scientific paper
- Provides a very user-friendly model to incorporate humor into practice
- Valuable case stories that exhibit the model in action

Weakness:

- It is a very difficult topic to study, must rely on levels of evidence such as expert opinion, observational studies and anecdotal evidence