Inviting end-of-life talk in initial CALM therapy sessions: A conversation analytic study

Chloe Shaw, Vasiliki Chrysikou, Sarah Davis, Sue Gessler, Gary Rodin, Anne Lanceley
Patient Education and Counseling 2017, 100: 259-266

Prepared by: Cheryl Nekolaichuk, PhD, R. Psych.
Reviewed: Tertiary Palliative Care Unit 43, Grey Nuns Community Hospital, March 14, 2017

Abstract
Objective: To examine how end-of-life talk is initiated in CALM therapy sessions with advanced cancer patients.
Methods: Conversation analysis was used to systematically examine the sequences where talk about death was raised in the first sessions of ten patients.
Results: Open questions about the patients' experiences, feelings or understanding in the context of talk about their troubles, were found to regularly elicit talk concerning end-of-life. These questions were designed in ways that invite patients to discuss troubling aspects of their cancer journey, without making discussion of this topic an interactional requirement. That is, the interactional work required to not engage in such talk is minimised. This choice is provided through the open question design, the degree to which negative feeling descriptors are specified, and the sequential context of the question.
Conclusion: The analysis shows that therapists provide patients with the opportunity to talk about end-of-life in a way that is supportive of the therapeutic relationship. The readiness of patients to engage in end-of-life talk displays the salience of this topic, as well as the reflective space provided by CALM therapy. Practice implications: The results provide important insight into the process of CALM therapy, which can be used to guide training.

Strengths:
- Well-designed study
- Explicit description of in-depth data analysis (conversational analysis)

Weaknesses:
- Starting point for analysis was subjective, using both explicit references (e.g. death, dying) and oblique references (e.g. "all black") – use of "loose, to-be-refined notion of the phenomenon" rather than formal definition
- Small sample (n=10) with multiple therapists (n=4): Although this was intended as part of purposeful sampling, this sampling approach may have also introduced some potential bias

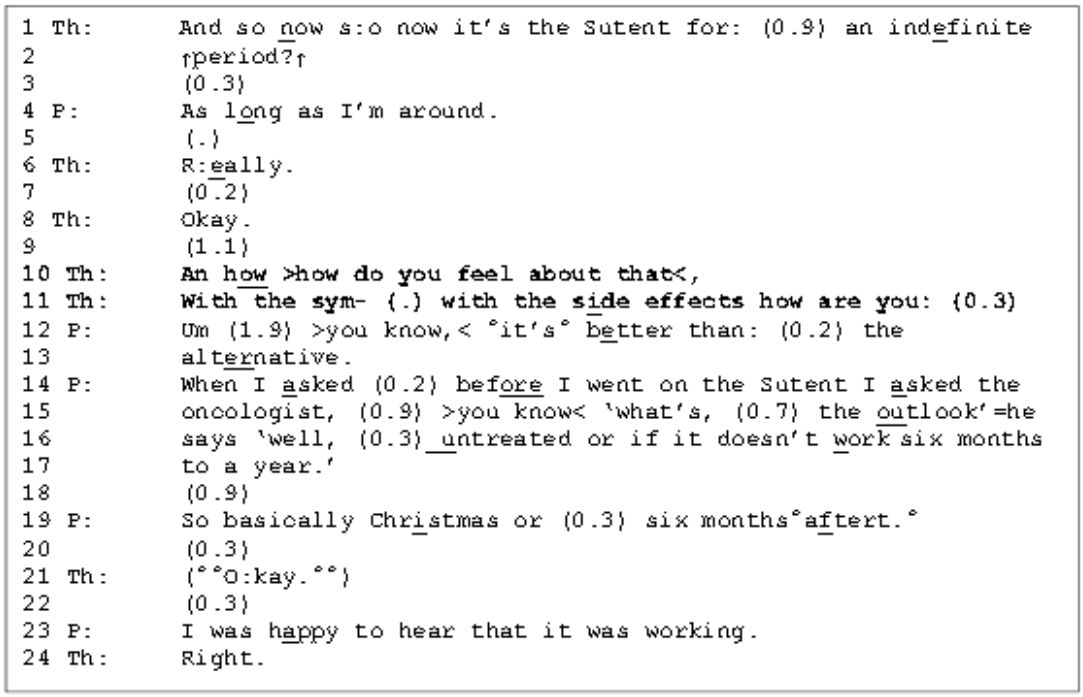
Relevance to Palliative Care
The initiation of end-of-life conversations with palliative care patients may present challenges to health care professionals. A trusting therapeutic relationship and patient readiness are key factors in facilitating these reflective and personal interactions. The findings from this study provide therapists and health care providers with some resources for initiating these sensitive discussions within a safe and trusting environment that ultimately respects the patient's privacy and willingness to share substantive existential challenges of advancing disease.

Cancer diagnosis	Stage IV Genitourinary Cancer (Kidney), Stage IV Genitourinary Cancer (prostate) X2, Stage IV lung X2, Stage IV Gastrointestinal (pancreatic), Stage IV Gastrointestinal (hepatobiliary), Stage III Gynecological Cancer (ovarian), Stage IV Gynecological Cancer (ovarian), Stage IV Gynecological Cancer (uterine)
Gender	5 male: 5 female
Age	51 – 77 (mean = 59.1)
Education level	high school X2, college/trade school X3, undergraduate X2, postgraduate/professional X3
Family status	Married and living with spouse X7: -3x no children -4x children (2 of whom living with children) Widowed X3: -3x children (2 of whom living with children)
Therapist professional background	Social Work X9, Psychiatrist X1
Length of session	55minutes – 1 hour, 43 minutes (mean = 1 hour, 17 minutes)

Fig. 1. Table of patient demographics.

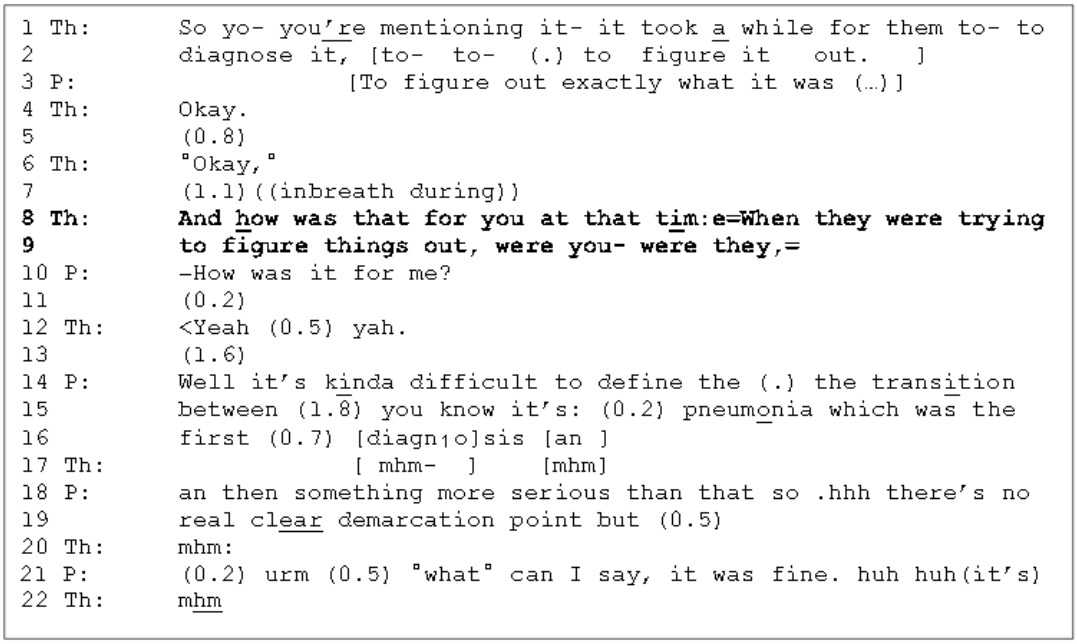
Sample Themes and Questions

Theme	Question
Inviting end-of-life talk through introspective open questions: positive cases	Pt: [talking about being told "that I had this tumour" Th: **What was it like for you when you were told** [about your tumour]? Pt: [talking about being on a chemotherapy medication, Sutent, for an "indefinite period." For "As long as I'm around." Th: **And how do you feel about that?**
Inviting end-of-life talk through introspective open questions: deviant case	Pt: [talking about the long time that it took to figure out what was going on and having a diagnosis] Th: **And how was that for you at that time. When they were trying to figure things out?** Pt: Well, it's kinda difficult to define the transition…..there's no clear demarcation point…what can I say, it was fine.
Modulating the interactional constraint of the question [puts more constraint on the type of response expected]	Pt: [talking about her husband who does not understand her condition] **Th: What do you understand about it?** Pt: [talking about the possibility that the cancer may have metastasized] Th: **So are you feeling nervous about that?** Pt: Of course….Because I'm feeling it's better to go….You know what's straight ahead…..But I don't think there's any problem….



```
1 Th:    And so now s:o now it's the Sutent for: (0.9) an indefinite
2        ↑period?↑
3        (0.3)
4 P:     As long as I'm around.
5        (.)
6 Th:    R:eally.
7        (0.2)
8 Th:    Okay.
9        (1.1)
10 Th:   An how >how do you feel about that<,
11 Th:   With the sym- (.) with the side effects how are you: (0.3)
12 P:    Um (1.9) >you know,< °it's° better than: (0.2) the
13       alternative.
14 P:    When I asked (0.2) before I went on the Sutent I asked the
15       oncologist, (0.9) >you know< 'what's, (0.7) the outlook'=he
16       says 'well, (0.3) untreated or if it doesn't work six months
17       to a year.'
18       (0.9)
19 P:    So basically Christmas or (0.3) six months°aftert.°
20       (0.3)
21 Th:   (°°O:kay.°°)
22       (0.3)
23 P:    I was happy to hear that it was working.
24 Th:   Right.
```

Fig. 3. Extract 2, M1120 (06:07 06:41).



```
1 Th:    So yo- you're mentioning it- it took a while for them to- to
2        diagnose it, [to-  to-  (.) to  figure it   out.   ]
3 P:                  [To figure out exactly what it was (…)]
4 Th:    Okay.
5        (0.8)
6 Th:    °Okay,°
7        (1.1)((inbreath during))
8 Th:    And how was that for you at that tim:e=When they were trying
9        to figure things out, were you- were they,=
10 P:    -How was it for me?
11       (0.2)
12 Th:   <Yeah (0.5) yah.
13       (1.6)
14 P:    Well it's kinda difficult to define the (.) the transition
15       between (1.8) you know it's: (0.2) pneumonia which was the
16       first (0.7) [diagn↑o]sis [an ]
17 Th:               [ mhm-  ]    [mhm]
18 P:    an then something more serious than that so .hhh there's no
19       real clear demarcation point but (0.5)
20 Th:   mhm:
21 P:    (0.2) urm (0.5) °what° can I say, it was fine. huh huh(it's)
22 Th:   mhm
```

Fig. 4. Extract 3, M1104 (12:50-13:26).