

Palliative Care: Communication and the Patient Experience

Resources - Video 2

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So, many times people ask me what I do, and I tell them I'm a palliative care doctor, and they immediately say, "Oh, that must be so depressing", and I always - I understand why they say that, but I tell them that it really isn't depressing at all. It is intense, but it's so rewarding to be able to do this work. And it's not easy to put into words why it's so rewarding. When I try to think about "Why do I love this work?" I think - I think back to a time when palliative care was thought of just hand-holding. But in my world palliative care is incredibly active - it always was. And it's about marrying that art and science of medicine, and the science I love - knowing all the drugs that every patient will need; how to use them properly. But the art part which is that being able to connect with people, communicate with people at the most difficult time of their life, when they are suffering, and try to bring some relief to that suffering. That is very magical as doctor - very special - a place of privilege that is really hard to describe. People - families - often worry about "please don't say the word 'dying' to my loved one", and we have to talk to them a lot about "I think your loved one already knows they're dying", and using the word I think is important, because when you try to use euphemisms people might completely not understand what you mean. And it's very, very rare that I have a difficult conversation with a patient who's dying who doesn't look to me to say "I know". They know in their heart. They might not want to - they might not have wanted to say it out loud; they might not have wanted to look at it; but it is incredibly rare to see that that doesn't lead to somewhere special and important. And to sit and wonder with them about, you know, just even the mystery of life and 'why did this happen to me' - all those existential questions; all the things that go through their mind. What they - their fears about the end of life, and that's something that's rewarding cause we can help them to understand: "We can help you with your pain; we can help you if you're short of breath." They have many fears; they might have watched a loved one die, and perhaps it was very difficult, and we can talk to them about what we're going to do to - to avoid that for them.

And just for them to express, you know, what their life meant to them, what meaning their life had, what meaning they're finding now at this different time of their life; what they hope to achieve before they die; what legacy do they want to leave to their children, their grandchildren - all those important

things. And you can't get any of that out of a patient unless you have a good rapport with them, and the only way you have that is to be able to communicate with them. We joke with my colleagues that, you know, it's our tool. The main tool of palliative care, the main scalpel of our world is communication. And to be able to connect with people, and to be able to have these difficult conversations - that is what makes my work rewarding, what makes me not get depressed; what makes me be able to go on every day, because I feel like I am able to help.