The Impact of Death Anxiety on Communication and Care Delivery for Patients with Advanced Illness

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Objectives

• To define death anxiety
  o Citing the literature

• Why are we talking about this?
  o Relevance to health care provider communication

• The role of social work
  o Building on self-awareness

• Case example
  o Understanding death anxiety in action…what we’ve noticed

• Tools for clinicians
  o Ideas for improving communication and care delivery in your setting

• Moving forward…
Setting the tone...
What is death anxiety?
Defining death anxiety

- A **negative reaction** to the awareness of the inevitability of death
- Unwanted or unpleasant emotions that surface when thinking about ceasing to exist
- Often accompanied by **feelings of dread** or other unwanted emotional responses (e.g. fear, anger)

Why acknowledge death anxiety?

“No, this is the elephant.”
Why…

- Advanced illness poses a unique opportunity to address the nearness of death/dying in an open manner

- Daily active witnessing of death, dying, grief, and bereavement for health care providers

  - How do our personal views influence our ability to engage openly around death/dying with authenticity and empathy?

  - Do our personal views and experiences allow us to go deeper or do they result in avoidance?

A closer look

Death anxiety

Attitudes/beliefs; ceasing to exist; past regrets; personal losses; future losses

Level of comfort
Level of competence

Chow A. British Jour of SW. 2013;43:373-393
Impact on communication

For patients & families

- EOL discussions may improve a patient’s consent to certain treatment measures, EOL planning, or establishment of advanced directives.

- May reduce psychological distress; patients and families experience death anxiety too!

For providers

- May result in discussions re: EOL planning/advanced directives or referrals to hospice sooner

The role of social work

- Clinical support and assessment
- Understanding of patient/family values re: end-of-life issues
  - Identify and mediate team
  - Identify and mediate impact on family
  - Facilitate patient/family/team discussions
  - Provide education and information to the medical team
Building on self-awareness

- Development of self-awareness for clinician is unique to SW profession
- SWs taught to uncover transferential reactions situated in the patient/clinician dynamic
- Differentiating one’s own needs from a patient’s needs
- “Protective factors” – use of supervision, exploring effective communication, continuing education

Case example: Neil

- Male in late 30s with gastric cancer
- Married with 2 young children (ages 7 & 9)
- High social support
- Uncontrolled pain and symptoms
- Spiritual distress: role as a father, role as a spouse, why should my children be left without a father?
- Hopeful attitude and resilient
- Infectious personality
Common triggers of provider death anxiety

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<tr>
<th>Trigger</th>
<th>Description</th>
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<tr>
<td>Patient’s young age</td>
<td><em>defies expectations of when death should occur</em></td>
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<tr>
<td>Young children</td>
<td><em>what would I say to my own children?</em></td>
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<tr>
<td>Uncontrolled symptoms</td>
<td><em>is this what my death will look and feel like?</em></td>
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<tr>
<td>Patient’s hopefulness</td>
<td><em>I can’t talk about advanced directives because I may cause harm</em></td>
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Quinn-Lee L. Jour of SW in EOL & Pall Care. 2014; 10:219-239
Clinical themes

- Ability to discuss advanced directives
- Offering treatment when approaching EOL
- Comfort level with hope vs. denial
- Looking through the lens of the patient and how illness is understood
### Tools for clinicians

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<th>Reflection rounds/ processing group:</th>
<th>Social work case presentation:</th>
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<td>• Provide a format for providers to reflect on their practice</td>
<td>• Formal case presentation from SW point of view</td>
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<td>• Ritual to improve self-awareness</td>
<td>• Discussion of areas of countertransference and where SW struggled with own communication efforts</td>
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<th>Social workers as mentors:</th>
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<tr>
<td>• SWs as “debriefing buddies”</td>
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<td>• Provide education around emotional impact of work &amp; implications for care</td>
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Moving forward

1. Need for experiential training modules
   - Most training programs/workshops for communication focus on knowledge and competency, not emotions!

2. Evidenced-based programs
   - Model in Hong-Kong for developing emotional competency for SWs working with EOL/bereavement

3. Need for training for all professional care providers working in PELC
   - Room for improvement across disciplines; there are many providers caring for patients/families!

Chow A. British Jour of SW. 2013;43:373-393; Black K. Death Studies. 2007;31:563-572
Thank you!

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Thoughts, questions, feedback...


