Conflict at the End of Life

Ian Anderson Continuing Education Program in End-of-Life Care
End of Life Decisions

Involve

- Family dynamics
- Varying beliefs
- Changing Health Care Teams
- Inconsistent opinions about prognosis
- Cultural differences
- Medical technologies and Advance Care Planning
- Perceptions of quality of life, moral principles
- Costs
Conflict

- Not surprising, considering what is involved in EOL decisions
- Relatively rare — occur in 2-5% of encounters
- Time consuming
- Stressful
- Result in 1) lack of treatment or over treatment
  2) lack of trust in health care providers and system
Conflict Resolution

- Resolution is responsibility of health care provider

- Balanced communication, negotiation and mediation

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Objectives

- To identify the nature of conflict
- To identify the cost of conflict
- To identify the causes of conflict in end-of-life care
- To demonstrate skill in subverting conflict in the early stages
- To describe techniques for third party mediation in end-of-life care
Causes of Conflict

- Standards, nature and delivery of end-of-life care
- Meaning of life
- Quality of life
- Right to make decisions
- Lack of accepted ethical and legal frameworks
- Differences in values and beliefs
- Age Differences
- Cultural differences
- Social class and education
- Perspectives on choices
- Major decisions
- Fractured communication
- Numerous, changing health care providers
- Multidisciplinary teams with different working cultures
Nature of Conflict

- Process of polarization and receding opportunity
- Cases are fortified by overstating
- More and more resolute in defending their view
- Reasons, views and justifications are ignored

Conflict is a process of simplification
Price of Conflict with Families

- Time
- Intentions interpreted through the lens of hurt, anger and fear
- Frustration, tension, burnout and intra-team conflict
- Emotional depletion, stress
- Loss of personal and professional regard
- Decreased confidence in health care system,
- Complicated bereavement
Quality of Care

Can be improved by asking:

- How can we manage conflict?
- How can we alter the way we work to reduce its likelihood?
- How can we integrate the lessons we learn from conflicts into improving the quality of EOL decisions?
The Inevitability of Conflict

Conflict is a given in end-of-life care:

1. Interdisciplinary teams with distinct working relationships and shifting membership
2. Complex EOL decisions involve high stakes and moral complexity
3. EOL decisions evoke strong feelings
4. The pace of EOL care may be brisk and opportunities for reflection limited
Subverting Conflict

- How have you been contributing to conflict?
- How has the healthcare team, system, or environment contributed?
- How can you change your behaviour or make a conciliatory gesture?
- Avoid labels e.g.: “dysfunctional” or “crazy”
- Avoid matching anger and arguments
- Focus on the affective and try to understand the emotional meaning of conflict
Skills for Conflict Resolution

- Create a climate of understanding and change
- Listen: what has this illness meant to them?
- Be non-biased
- Encourage self-awareness
- Stress the goal = to resolve the conflict
- Express disinterest in the outcome
- Remember the importance of non-verbal communication

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The Importance of Empathy

- Pay attention to non-verbal cues:
  - what is the quality of the person’s presence?

- Put yourself in their shoes:
  - imagine the force of the emotions they are feeling
  - imagine facing the other’s situation from their perspective
What is the Role of Culture in the Conflict?

- How are disputes resolved in your community?
- Do you believe both sides should talk openly about these problems?
- What is most important to you in settling this problem?
Pre-Mediation Steps

- Normalize the conflict
- Acknowledge the voluntary nature of the settlement
- Consider the differences in power and hierarchy
- Assess if cultural differences are part of the conflict
Mediation

- Principled resolution of a dispute by a knowledgeable and neutral third party
- Forum that fosters respect for patient and family
- Comprehensive examination of medical, cultural, legal and ethical elements
- Useful to establish balanced communication, consensus building and well-functioning teams
10 Mediation Steps

1. Negotiate the ground rules
2. Identify the cost of conflict
3. Appeal to a higher responsibility
4. Clarify what is really being said
5. Identify the meaning of the conflict
10 Mediation Steps

6. Look for the affect
7. Act as a messenger
8. Find a shared purpose
9. Test the choices for outcomes
10. Assess the larger picture and make a change to the system
Ground Rules

- Only one party speaks at a time
- Listen
- Intimidation, raised voice & threats NOT allowed
- Use of caucuses during which meet with parties separately
Cost of Conflict

- Recognize the cost of ignoring the problem
- Buried tensions undermine patient care
- Need healthy emotional working environment to meet complex patient needs
- Compromises ability to adapt to changing needs
- Decreased effectiveness, quality of care and satisfaction
Appeal to a Higher Responsibility

- Conflict affects many people: family, staff, other patients and families
- Can we ethically afford not to settle this conflict?
- Asking the parties to consider how conflict is affecting others may be a way of moving forward
- Create a desire to settle beyond personal interests
- Resolution = a shared, challenging task
Clarify What is Really Being Said

- Hear what the other is saying
- Seek the truth in the extreme positions and points of view
- Recognize there are real, genuine feelings, concerns and beliefs under the anger
- Illuminate these feelings
- Ask “Why?” and think deeply
- Identify points of commonality and difference
Identify the Meaning of the Conflict

- Contributing social, emotional, managerial, cultural, political and personal factors?
- Is there a subtext that underlies the words?
- Are people reacting to experiences separate from the immediate problem?
- Are they reacting to unrelated tensions within their working environment or family?
- Are they reacting to what is being said or to what it represents or to the timing?
Look for the Affect

- Often poorly understood or unacknowledged emotions
- Fear or rejection will often manifest as anger
- Allow emotions to be identified, acknowledged and expressed
- NOT psychotherapy
- The emotions of one party affect the other will allow progress to resolution
- May be done in presence of both parties OR individually
Act as a Messenger

- What is being said is NOT what is being heard
- Repeat what is being said
  1) first to the disputant who has communicated it to you, THEN
  2) to other party
- Done in caucus or with both parties together
Find a Shared Purpose

- Support EACH disputant
- Create atmosphere for problem solving
- Acknowledge interdependence by finding shared goals

*Shared responsibility = shared solutions*
Test the Choices for Outcome

- Explore the range of potentially acceptable outcomes
- Compromise, exchange, acknowledgement or apology
- Often means finding a creative solution not previously considered
- Allows parties to learn more about the other’s beliefs and opinions AND about themselves
The Larger Picture

- Explore why conflict arose
- How can our behaviour as health care providers change to avoid conflict in the future?
- How can the system be changed to prevent conflict in future?
Culture and Mediation

- Mediation is frequently a search for meaning
- Meaning is deeply embedded in culture
- Mediation cannot be effective without accommodating culture
Rights-Based Mediation

- Western concept

- Struggle to define where one person’s rights end and another’s begin

- Stands in contrast to non-Western communal forms of negotiation
Potential Difficulties in Cross-Cultural Mediation

- Assertiveness in expressing demands
- Direct disclosure of needs
- Verbal openness
- Confrontational interpretations
Pre-Mediation Cross-Cultural Assessment

- Clarify mediation expectations
- Clarify expectations of the process
- Define expectations of an enduring agreement
Necessary Attitudes

- Anthropological enquiry: how does this culture work?

- Willingness to suspend usual theoretical framework

- Critical self-reflection
Cross Cultural Approaches to Mediation

- Tacit understanding
- Proverbs
- Paradox
- Stories
- Humour
- Metaphors
- Shuttle mediation (meet with each party individually: saves face, maintains respect, protects honour)