

Times 22.10.2018

## Dealing with death

Sir, I welcome the guidance by the Royal College of Physicians (RCP) in its report "Talking about dying: How to begin honest conversations about what lies ahead" (News, Oct 19). It reiterates what we know from a litany of reports on care at the end of life. All highlight the devastating effect that poor communication and lack of honesty can have on patients and families.

Communicating with clarity and compassion requires the ability to navigate complex clinical circumstances and powerful emotions. Health professionals as well as GPs describe these conversations as emotionally draining and demanding. Worse, patients and their families are left dissatisfied and distressed. Clearly, all health professionals should be supported to develop their skills in communication. Yet they receive scant training and, specifically, training that works. Few of the initiatives outlined in the RCP's

guidance have been rigorously evaluated to determine their benefits and harms. Patients deserve better. This approach is taken for granted with new medicines. Why should difficult-conversations training be different?

DR JONATHAN KOFFMAN  
Reader in palliative care, Cicely Saunders Institute, King's College London

Sir, What if the patient does not want how long they have left spelt out for them? When my wife was terminally ill some 34 years ago, I knew that she did not want to discuss her imminent demise, as did the surgeon. But she remade her will, left messages regarding the children (and the dog), asked me not to allow her to suffer too much, then went into hospital for the final four days where she died under palliative care.

I knew a man in his nineties who knew his end was near, told everyone and admitted himself into a care home for the last few weeks.

The suggestion that patients must