



All Together-Compassion Communities
Topic: “Essential Conversations with Peter and Joe”
Date: March 20th, 2024

AGENDA ITEM	DISCUSSION
Introduction & Territory Acknowledgment	<p>All Together-Compassion Communities Series “Essential Conversations with Peter and Joe”</p> <p>Presenters: Kathleen Yue, RN, BSN, MN, CHPCN (C) Director of Strategic Initiatives, BCCPC Melody Jobse, Community Engagement Lead & ACP Master Trainer, BCCPC</p> <p>Welcome to all participants, and introduction of the presenter, and presentation outline. Participants are notified that the session is being recorded.</p>
Overview Summary Presentation	<p>Presentation Summary</p> <p>Learning Objectives</p> <ul style="list-style-type: none"> • Recognize the impact of essential conversations on the quality of life of people living with a serious, life-threatening diagnosis. • Identify opportunities for initiating essential conversations with clients, families, communities and healthcare settings. • Explore the roles of community and health care systems in promoting essential conversations. <p>When it comes to personal health/care, What Matters Most to You?</p> <ul style="list-style-type: none"> • To keep my sense of humour. • To have a doctor who knows me as a whole person. • Not being a burden to my family. • Not being connected to machines. • To be kept clean. • To have my family with me. • To be free from pain. • To be able to talk about what death means. <p>It is difficult to make choices because it depends on where we are with our health as this tends to change based on our priority at that time.</p>
Discussion/Q&A	<p>Joe’s Story with and without essential conversations - Conglomeration of true stories/events</p> <p><u>Without Essential Conversations</u></p> <ul style="list-style-type: none"> • Joe has a serious illness that was diagnosed quite a while ago. He doesn’t want to go to the hospital, no CPR, wants to die at home with his friend Peter and cat nearby. He hasn’t spoken to anyone about what matters most to him and what his wishes should be if his health declines in the future and when he has a health crisis, he doesn’t get what he wants but rather the opposite.

With Essential Conversations

- Joe shared his wishes with Peter and the nurse practitioner (care provider), legal documentation to appoint Peter as a substitute decision maker. filled out the forms for No CPR and expected death at home so when he had a crisis he got what he wanted.

How did you feel after Joe's story?

- Sad - there was no space made for listening to him and his concerns.

Peter's story with and without essential conversations

Without Essential Conversations

- Peter is Joe's friend, and he has his essential conversations with his family and his health care provider. He writes down his values and wishes and beliefs. So, he goes into the healthcare system at a specialist office and although he's ready to have these conversations, the health care professionals and the system aren't ready to have the conversations. So, he ends up feeling unheard and overwhelmed at the end of it because the conversation kind of delves into treatment plans before really talking about what his goals are.

With Essential Conversations

- The system as well as the individual health care providers are ready to receive Peter's advanced care planning information and what he has talked about already. Everyone knows their role. Documentation has a specific place to live in the patient chart and the whole team acknowledges what matters most to him. And so, they design the care plan around these things.

How did you feel after Peter's story?

- Creating the space to having the essential conversations is key and normalizing it

Did the story, ring true for people? In your own experience as a health care professional or as a patient or a family member.

- Resonates with some experiences with healthcare providers - placing their values on your experience.

What was the impact of having those essential conversations from Peter's experience?

- Having the conversations always opens more possibilities - having the space and opportunity to speak makes the conversation open.

Who are the people that can initiate the essential conversation in terms of healthcare professionals? Who do you think is appropriate in terms of discipline like positions? Who do you think can initiate these conversations both as healthcare professionals or as community members?

- Nurses, doctors, spiritual health practitioners, social workers, family doctor, friends, peers, neighbours, health care professionals e.t.c.

- Anyone who is involved in aspects of care that impact longevity and quality of life can at least open up the conversations - Clergy/Spiritual leader, other support workers, spouse, family members, Faith leaders, support groups, End of Life Doulas.

Where can these conversations take place?

- In the privacy of someone's home, societies.
- Anyone can initiate and even if it is "not in their place", they can bring it to someone's attention.
- Anybody, anywhere, anytime can have the conversation and say what matters most to you.
- There needs to be a great deal of sensitivity and some skill in bringing up these conversations – cultural sensitivity. These conversations should not just be jumped into without consent. It can be done in many different spaces/sessions/from different people.
- Depends on culture, autonomy, independence of the person.

How can we promote and enhance essential conversations? - How do you think we can link together conversations that are happening in community with the conversations that happen in the health care system?

- Facilitating the conversation is key and knowing when to. People have to be made aware that these conversations are possible and can be beneficial.

Key takeaway

Take an action that will be incorporated into your practice/life to promote or enhance essential conversation(s) because we all have a desire that people who are affected by serious illnesses have the best possible quality of life, supported by care that reflects their goals, their values and their wishes.

Additional Resources and connect

Upcoming session info: “Exploring the Role and Impact of Advance Care Planning on Patient, Family and Caregiver Grief and Bereavement”

April 9th 12pm-1pm [Register](#)

This session is a cross-over of our All Together and Grief & Bereavement Literacy ECHO series

- Session recording: [YouTube](#)
- [Link to ACP Videos](#)
- BC Centre for Palliative Care: [Compassionate Communities Resources](#)

Save the Date for **All Together Symposium, Oct 4th, 2024 in Vancouver. Details here: [All Together 2024 Event page](#). The symposium will focus on bridging the gap between healthcare system and community system and organizations.