

Guideline 1: Family inclusive practices

Summary

Create an environment that welcomes and facilitates family involvement



To include family in your clinic:

- Ensure staff indicate that the family is welcome to attend
- Highlight that family are welcome in clinic documentation
- Include a space for family member details in patient forms
- Provide enough seating for family members
- Seat the family member next to the patient in consultations
- In the inpatient setting- provide prior warning of ward rounds or visits when feasible (so family can be present)

Guideline 2: Encouraging family attendance

Summary

Encourage family members to be involved in their loved one's care



To include family in your clinic:

- Remind family that they are welcome to attend consultations.
- Encourage patients to bring support people when treatment decisions or bad news will be discussed.
- Find out if there are barriers to family attendance and identify solutions e.g. teleconferencing with the family.

Respect if patients do not want their family/friends to be involved



- Some patients prefer to attend consultations alone

Guideline 3: Building rapport

Summary

Establish and maintain a good working relationship with family carers



- Find out their name, relationship to the patient, and other relevant information
- Affirm the important role of the family
- Acknowledge the impact that cancer can have on the family
- Continue to recognise, listen to and respond to the family

Ensure that the patient remains the primary focus



- Avoid forming a coalition with the family carer that excludes the patient
- Include patients in discussions with the family carer

Guideline 4: Patient privacy & confidentiality

Summary

Ascertain and respect patient's preferences for sharing information with family



- Ask patients for their preferences for sharing information with family
- Try to meet the information needs of the family without undermining patient confidentiality.

Exercise caution when discussing sensitive issues (e.g. sexuality, coping, prognosis) in the presence of family



- Ask patients for their preferences for sharing information with family
- Try to meet the information needs of the family without undermining patient confidentiality.

Guideline 5: Observing family relationships

Summary

Take notice of patient-family dynamics and take action if needed



- Ascertain patient and family preferences for involvement
- Signs of dissatisfaction to look out for include the patient or family carer being interrupted, or appearing frustrated or overwhelmed
- If necessary, explicitly inquire about patient and family preferences for involvement
- Remain alert to problematic patient-family carer relationship dynamics
- If dominance or conflict are detected, follow further guidance in Guidelines 11 and 13 of this program.

Guideline 6: Emotional & informational needs

Summary

Recognise that family carers may have unmet emotional and information needs

To identify unmet emotional needs:

- Remain alert to signs of distress, including statements, crying, distressed tone
- Ask the family how they are coping.

To identify unmet informational needs:

- Look for cues from the family members, including direct questions and indirect statements
- Ask family carers if they have any questions.

Attempt to meet emotional and informational needs of family carers

To meet emotional needs:

- Listen to the family carer
- Validate their feelings and express empathy
- Offer to refer to appropriate support services e.g. counsellor, psychologist, support groups.

To meet informational needs:

- Attempt to answer the family's questions
- Get the patient's permission before discussing sensitive issues
- Refer the carer to a health professional with the appropriate knowledge/training to answer specific questions.

Guideline 7: Large families

Summary

Attempt to include all family members that the patient wishes to be involved



- Seek to accommodate as many family members as the patient wishes to have in the consultation room
- If unable to accommodate all family members,
 - Show respect to the family
 - Apologise for the lack of space in the consultation room
 - Consider asking the patient to nominate a smaller number of family members to attend the consultation.
- Consider including the family through:
 - Teleconferencing,
 - Holding a family meeting or
 - Audio recording consultations for family to review.

Ensure that the patient remains the focus of the consultation/meeting



- Seat the patient closest to the clinician
- Refer back to the patient throughout the consultation

Guideline 8: Requests for nondisclosure

Summary

Empathise with family's requests for non-disclosure of information



- Ask the family why they don't want information disclosed to the patient
- Attempt to address their concerns
- Empathise with the family members to encourage continued partnership

Respect the patient's wishes to know or not know about their illness



- Enquire with the patient about their preferences for information
- Tailor information to the patient's preferences
- Ensure they have enough understanding to provide informed consent

Guideline 9: Family as interpreters

Summary

Facilitate the use of professional interpretation services



- Identify patients with limited English language proficiency or severe/profound hearing loss early.
- Advocate for the use of professional interpretation services.
- Address family member's concerns about the use of an interpreter e.g. cost, confidentiality.

Guideline 10: Conflicting treatment preferences

Summary

Explore the understanding and different perspectives of the patient and family

Explore the patient and family's understanding of the treatment options

- Ensure an they have an accurate understanding of the medical situation
- Understand the views of the patient and family towards the decision
- Explore the emotions behind their views the emotions behind them

Seek to resolve conflicting treatment wishes through finding shared values and common ground

- Attempt to find shared values and common ground between the patient and family
- Try to negotiate a mutually acceptable path
- Suggest more time to process the decision, if feasible and necessary

Respect patient autonomy

- If consensus cannot be achieved, respect the wishes of the patient
- Acknowledge the impact on the carer of the decision

Guideline 11: Family dominance

Specific strategies

Identify unhealthy dominance by family members



- Be aware of verbal and non-verbal signs of unwanted dominance
- Ask the patient (alone) what their preferences for family involvement are

Address and contain dominant family members



- Explicitly emphasise the need to hear and heed the patient's thoughts and feelings
- Acknowledge the value of carer support and involvement
- Clarify useful roles the carer can undertake in the consultation, without being dominant

Guideline 12: Family anger

Summary

Attempt to understand and empathise with angry family members



- Remain calm and respectful
- Explore the reasons behind the anger
- Validate the family member's feelings

Try to establish a partnership with angry family members



- If errors have been made, apologise and show that corrective action will be taken
- Affirm the family member's important role
- Offer practical support

Protect personal safety and well-being



- Stay a comfortable distance away from angry family members
- If aggression continues, discontinue working with them
- Seek support from colleagues
- Debrief with a supervisor or counsellor

Guideline 13: Longstanding family conflict

Summary

Remain alert to problematic patient-family relationship dynamics



- Be aware of verbal and non-verbal signs of conflict.

Respectfully address any conflict suspected



- Discuss the conflict either with the patient alone, or with the patient and family.
- Negotiate an approach to family involvement which minimizes disruption and enables continued management of the patient's illness.
- If appropriate, refer the patient (and family carer) to a psychologist, counselor, or social worker for ongoing management of relationship difficulties.

Follow appropriate reporting guidelines if abuse is suspected



- Attempt to ascertain information about the nature and extent of abuse.
- Document any evidence of abuse.
- Follow appropriate State/Territory guidelines for managing and reporting abuse.