



Seminar on Living with a Dying Loved One: Tips from the East and the West

Conflict Resolution in Dementia Care

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Dementia: A great Family Divider

Dementia: a great family divider

- Cracks in family solidarity
- Intra-family dynamics
- 40% of adult child caregivers have relationship conflicts with another member

(Strawbridge and Wallhagen, 1991)

Family Conflict in dementia

(Int J Geri Psy 2006; 21:485-492)

- Mild to Moderate dementia
- (End of Life care)
- *Between siblings*
- *Service providers* in 25%
- *Pwd* with paranoid ideation fueled by *family members*: neglect, exploitation, lack of communication
- Conciliation successful in 30%

Table 2. Nature of family and systems conflict in dementia

	Frequency [#]
Who is in conflict?	
Sibling vs sibling	27
Other intra-familial	9
Family vs agency	6
Person with dementia versus family	5
Family vs friend/'bystander'	3
Themes of conflict*	
Inadequate care	23
Money/financial exploitation	23
Lack of communication or sequestration	21
Placement/Where the person with dementia should live	15
Underestimation of the diagnosis	9
Paranoid ideation of the person with dementia	13
Risk	5
Position of person with dementia with respect to the conflict*	
Involved or allied	37
Inconsistent	13
Distressed 'trying to keep the peace'	7
Neutral, uninvolved	9

[#]All percentages are double the frequency because $n = 50$.

*Not mutually exclusive categories.

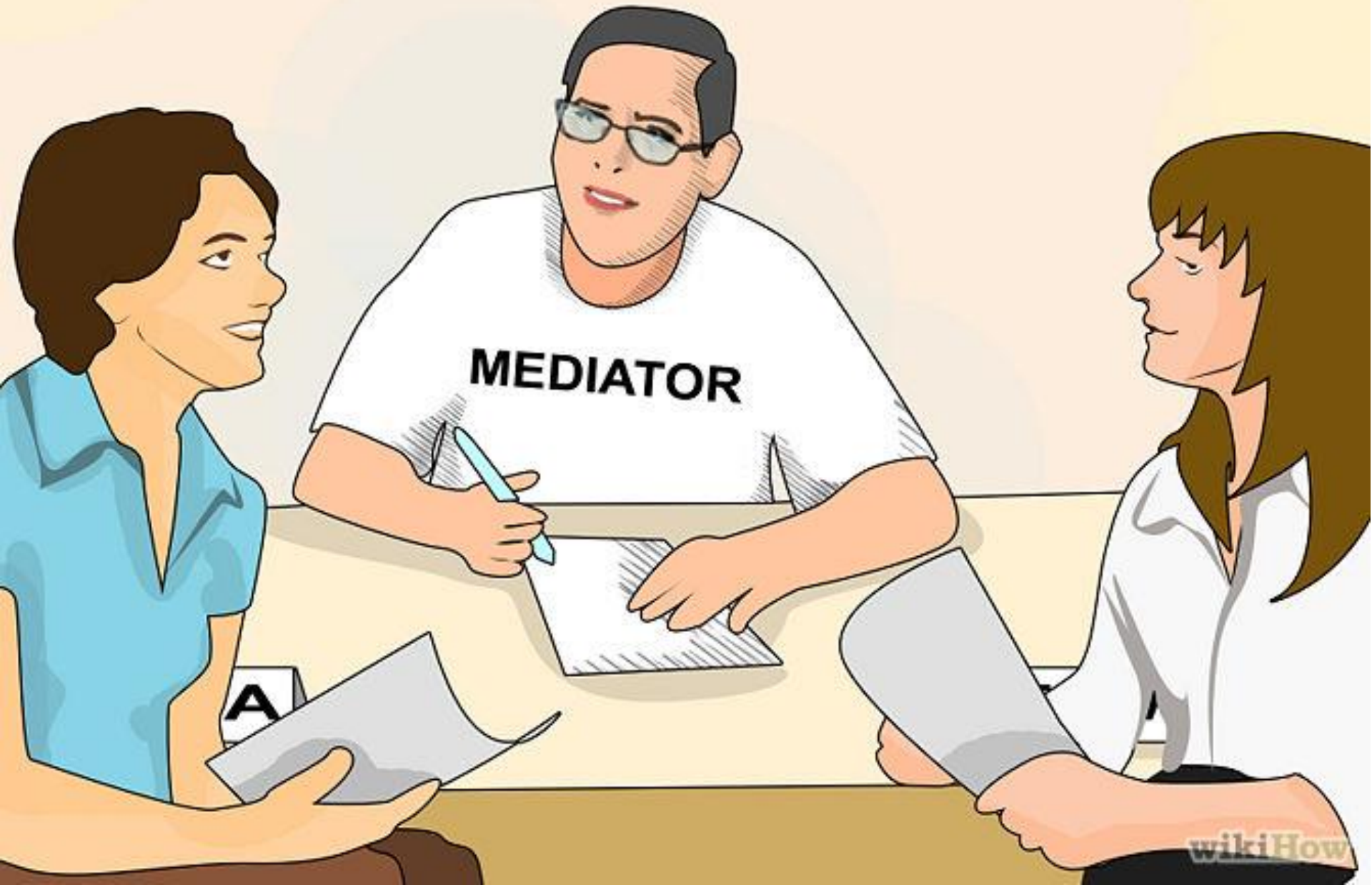
Table 1. Common Examples of Conflict

Family vs Clinician	
Son prefers life-sustaining treatment for patient	Physician thinks life-sustaining treatment would increase patient suffering
Husband is uncertain about patient's wishes	Physician finds the husband is inconsistent when discussing patient's wishes
Husband does not trust that clinician is acting in patient's best interests	Nurse thinks family is not acting in patient's best interests
Wife does not believe prognosis given by clinicians	Physician believes wife is in denial
Clinician vs Clinician	
Specialist physician wishes to continue interventions targeted at disease	Palliative physician wishes to focus on quality of life and patient goals
Physician wants to continue life-sustaining treatment based on small chance of cure	Nurse wants to focus on quality of life based on large chance of treatment failure
Physician thinks that medical decisions are his/her responsibility	Nurse thinks his/her input is excluded from decision making
Attending physician gives resident increasing responsibility	Nurse thinks that resident decisions are inadequately supervised
Family vs Family	
Daughter thinks she knows patient wishes best	Son thinks medical options have not been exhausted
Wife has come to accept her husband's imminent death	Daughter has just arrived from out of town, insists on not giving up
Patient vs Clinician	
Patient wants to try another chemotherapy regimen	Physician thinks that more chemotherapy is futile
Patient wants to live independently	Physician thinks patient's debility requires assisted living

Effects

- Dysfunctional alliances between disgruntled family members
- Caregiver burden and depression and anger
- Post placement depression among wives
- Legal disputes about wills, power of attorney, financial management
- **Guardianship and financial management:**
end point of family breakdown

The Healthcare Provider



Mediation:

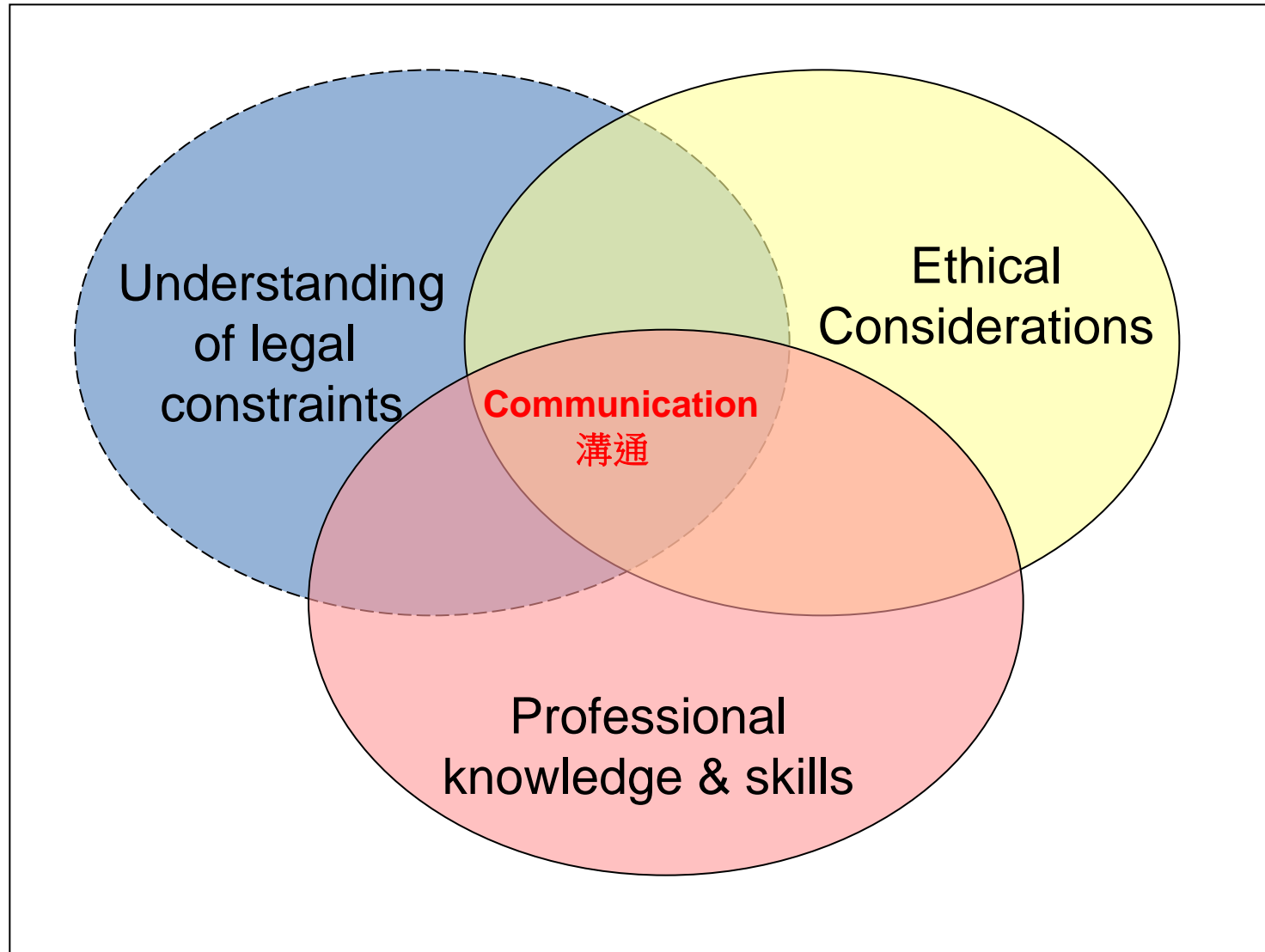
At the Heart of Communication



The Modern Practitioner

Patient

Public



Family
Members

Colleagues

Definition of Mediation 調解

(Folberg and Taylor, 1984)



“ (Mediation) can be defined as the process by which the participants, together with the assistance of a neutral third person or persons, systematically isolate disputed issues in order to develop options, consider alternatives, and reach a consensual settlement that will accommodate their needs.”

M

M



m

Opening
Joint
Caucus
Joint
Settlement



Position →
Interest
Create
Common grounds
Options
Agreement



Acknowledge
emotions
Active listening
Reframing
Paraphrasing
Summarsing
Reality checking
BATNA/WATNA
Empowerment
Breaking impasse



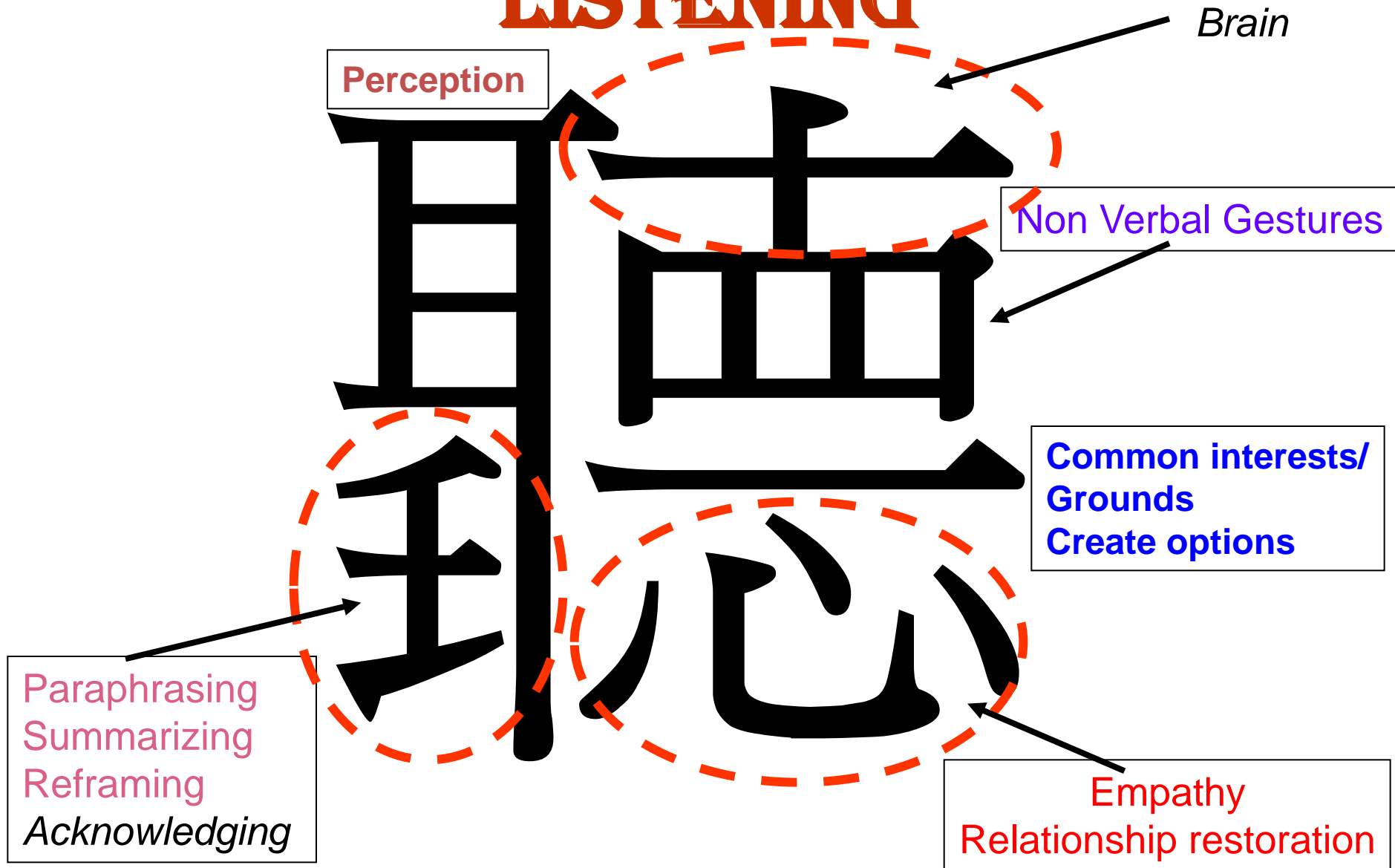
Relationship
restoration



Active Listening

“Remember before
you speak, it is
necessary to listen,
and only then, from
the fullness of your
heart you speak...”
(Mother Teresa)

ACTIVE, EMPATHETIC, RESPONSIVE LISTENING



Applied Mediation Skills in Dementia Care: From Diagnosis to EOL

Disclosure and breaking news:

preparation of clinical information

active listening

acknowledging emotions

separate sessions with patient and family
members

identification of needs

Impact of disclosure

(Aging & MH, 2006; 10(5): 525-531)

- Disclosure without introducing stress
- Regular practice of careful planning and performance of diagnostic disclosure
- **Emphasize hope** in the face of a difficult diagnosis, progressive disclosure to allow preparation (Alz Dis & Assoc Dis, 2007; 21(2): 107-114)

Changing needs

(Alz &Dis 2007;3: 404-410)

Evolution of disease

- Individual, family, future care provider
- Progressive process:
Diagnostic uncertainty, treatment options, future plans,
Respite, Institutionalisation, Hospitalisation
Financial planning, EPOA, wills and living will;
Driving, services, research, EOL care

Cooperative Communication in Special Care

(The Gerontologist 2007; 47(4): 504-515)

- **Disagreement is common**
- Shared goal of optimal QOL for resident
- Relatives tend to withhold suggestions for improving care, fearing negative repercussions
- Nursing home staff, working with resident's families is stressful
- Racial, cultural, socioeconomic

Ms. A provided care for **her father** since he was diagnosed dementia in his early 90s. On An episode of acute illness in August 2001, Ms A realized that she could not take care of Her father alone at home. He was subsequently admitted into a **nursing home**. Since then, **eating difficulties** became the major issue. The nursing home staff had discussed with Ms A several times on commencing **long-term tube feeding**. However, Ms A **resisted** the idea as she knew that her *father loved food* very much, forgoing oral feeding meant taking away the **only pleasure** from him (EMPATHY AND LOVE). She was able to *learn* over time how to **feed her father** (FILIAL CARING). In October 2003, her father an episode of **acute illness** that rendered him warded in an acute Hospital. On admission, she told the ward staff that she would bring food to her father, and asked them not to tube feed the patient. It was the post SARS period when restricted visiting was observed. When her father was transferred to the *convalescent hospital*, she noted that her father was already **put on tube feeding**. This was done **without her knowledge** (RESPECT AND ACKNOWLEDGMENT). She noted that her father's **sad and fearful face**. Her father **died** in early January 2004, **two more months** after tube feeding commenced. Ms A was still in **grief** at the interview, which took place in September 2005. She **could not forgive herself and the healthcare providers**; or the **pain** that had inflicted on her father in the **last two months of his life** (GUILT, REGRET and ANGER).

A Daughter's Reflection

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graph TD; A([Demented Patient]) --- B([Ward Nurse]); A --- C([Daughter]); B --- C
```

Demented Patient

Ward Nurse

Daughter

Collective Decision Making

Conflict Resolution

(DOI: 10.1089/jpm.2008.9882)

- 1) Separate people from the **issues**
- 2) Focus on **interests**
- 3) Invent **solutions**
- 4) Outline **objective criteria**

Mediated Communication

Issues : Feeding in a person with
advanced dementia

Parties and Positions:

Daughter (No suffering);

Nursing home(facilitate task; no risk);

Hospital (rules and accountability, professional)

Common interests:

needs , fear and concern

Reframing to change Perception:

Quality of life and care, Dignity

Skills : active listening, acknowledging,
creating options

Options : palliative approach, consensus in care
outcomes, allow hand feeding by daughter

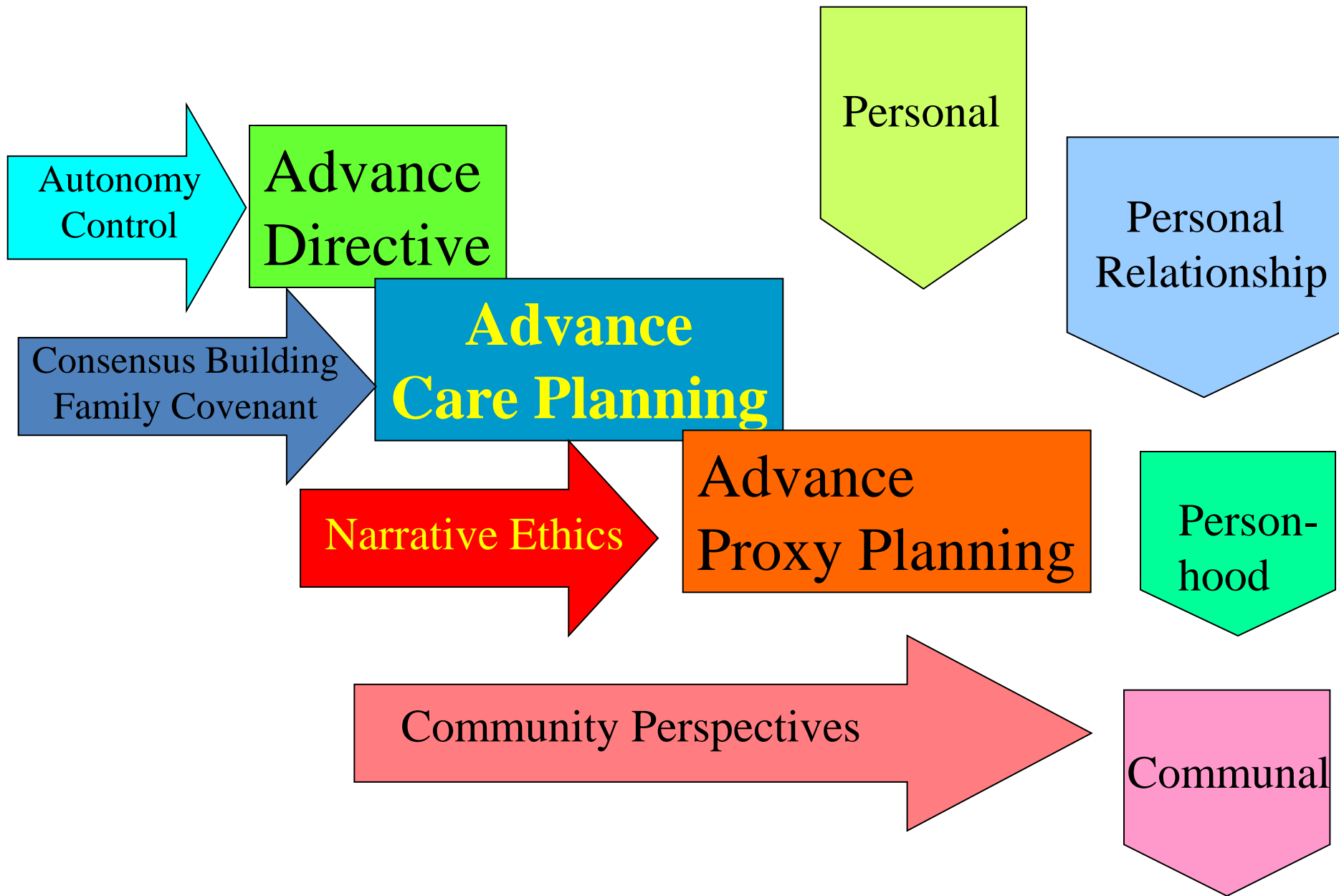
Lesson to learn : advance care planning

Minimize Regret

A photograph of a group of people in a meeting. On the left, a man in a light blue shirt and tie sits on a patterned sofa, gesturing with his hands while speaking. Next to him, a woman in a white blazer and white pants sits on the same sofa, listening. To the right, two more people are seated on another patterned sofa. A woman in a white t-shirt and dark pants sits next to the man, and a person in a yellow shirt sits next to her. In the foreground, a low wooden table holds a large green and white thermal water bottle, a white mug, and a tray with several small white cups and a green cloth. The background consists of light blue vertical panels and a door.

Communication
Narration
Anticipatory Grief
Preparation

Advance Care planning



Empowerment, Enrichment



A Personal Story

Regret

白象



爸媽，我在這裡！

照顧失智雙親心路歷程



內附DAISY有聲書光碟

台灣第一本失智症家屬照顧後全記錄！

本書真實紀錄雙親罹患失智症的發病過程，照顧期間家屬所遭受的恐懼、無奈，更說出一位失智患者，在清醒的片刻所表達出的內心世界……

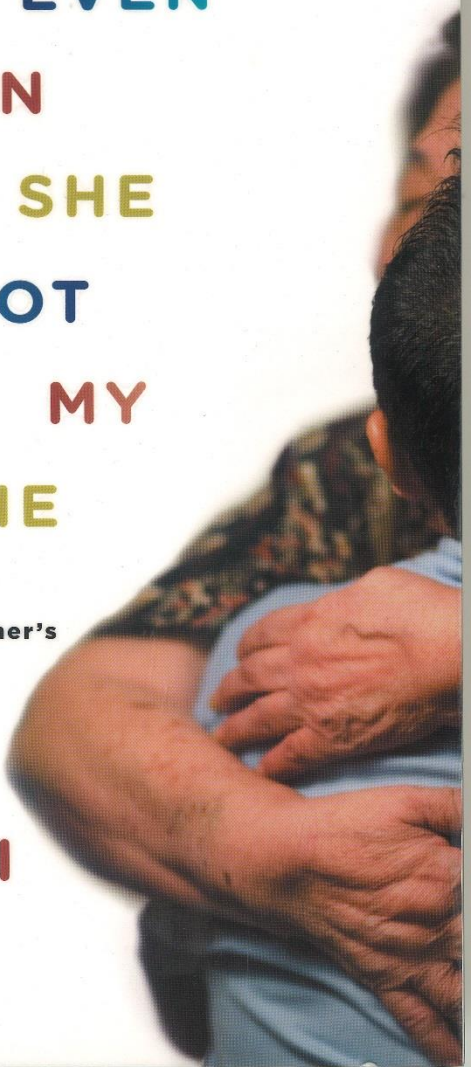
——龍祥燕 著

聯合推薦

春禾劇團藝術總監 郎祖筠／台灣失智症協會名譽理事長 陳榮基／行政院衛生署口腔醫學委員會主任委員 韓良俊
臺大醫院神經科教授暨天主教康泰醫療教育基金會董事長 葉炳強／天主教失智老人基金會執行長暨耕莘醫院永和分院院長 鄧世雄

Filial

EVEN
WHEN
SHE
FORGOT
MY
NAME
Love, Life
and My Mother's
Alzheimer's
WONG
CHAI
KEE



官斥缺德貶長者尊嚴

逼癡呆阿婆吃糞
無良女護囚半年

A residential staff fed human feces to a client with dementia

PWD

DIGNITY



Family
members

Service-
Providers



Palliative Care

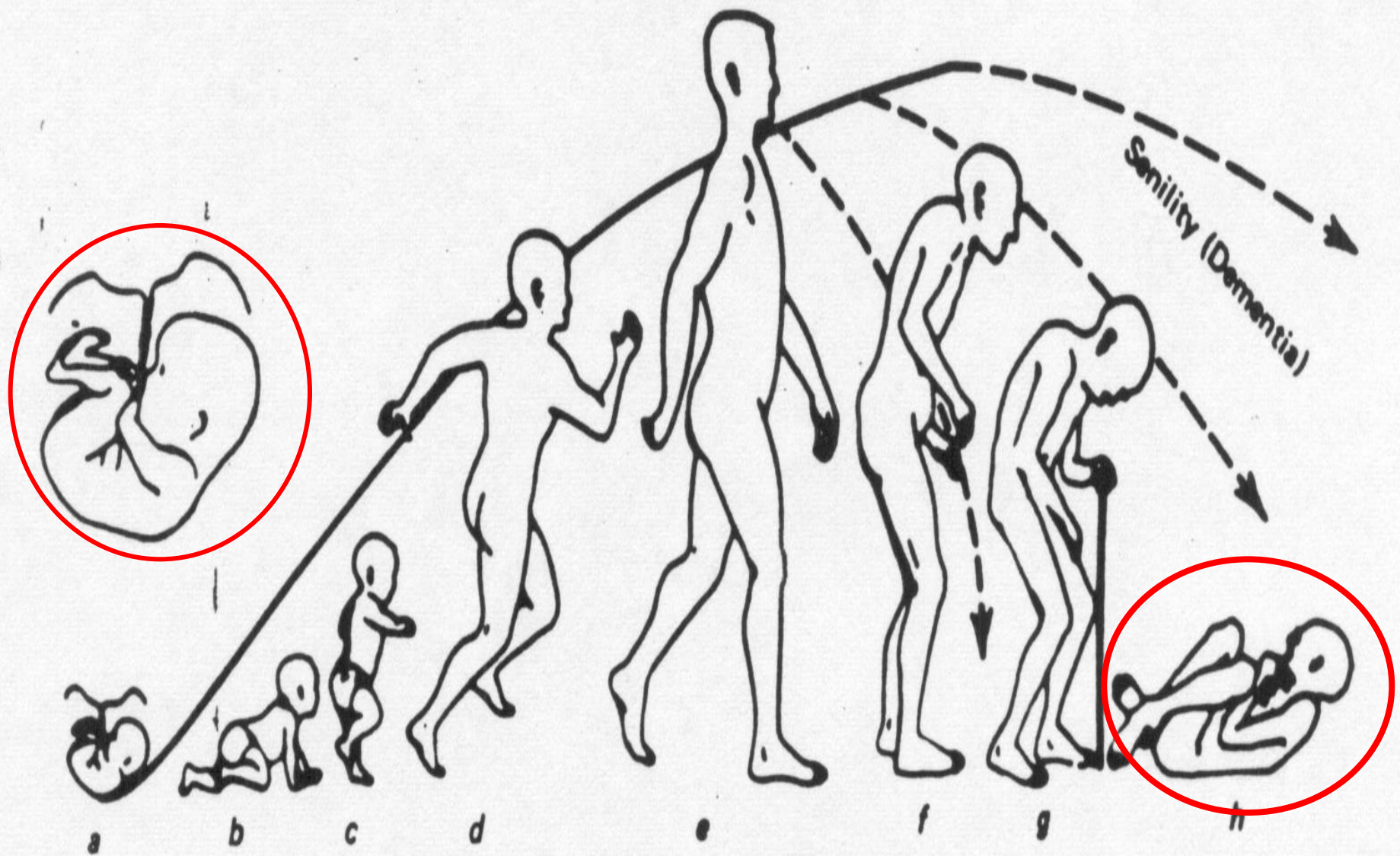
Dignity



Advance Care Planning

Dignity

- Acceptance of identity
- Inclusion
- Safety
- Acknowledgment
- Recognition
- Fairness
- Benefit of doubt
- Understanding
- Independence
- Accountability



The evolu

Collective Meaning at Ends of Life

traub.



Sanctity of Life



Dignity rises above Sanctity of Life:

Restore the
Fading
Personhood

The Elder

The book cover features a photograph of a waterfall cascading over rocks, with a single autumn leaf falling in the foreground. The title 'Dignity & Grace' is in a white serif font, and 'of AGEING' is in a large, bold, orange serif font.

Dignity & Grace of AGEING

Two Riveting Novels Celebrating the Journey of Ageing
The Forgotten River • Listening to *Letter from America*

KUA EE HEOK

"A compelling, provocative and totally absorbing book."

Henry Lim, *President, Gerontological Society, Singapore*

"Greatly pleased and grateful."

Alistair Cooke, New York, (1908-2004)

Legendary Broadcaster of Radio Programme Letter from America

**Dignity
and
Respect**

Dignity

Harvey Max Chochinov

(J Pall Med 2008, 11(5): 674-675)

Dignity-conserving Care for the dying

A: attitude

B: behaviour

C: compassion

D: dialogue

Every Person has his and her
inherent value and worth

Therapeutic Advocacy

(Geriatrics 2003, 58(2): 9-15)

Doctor's role:

Teacher and
Advocate

More than a Mediator

- Helping children help their patients make decisions
- Educate, inform and convince older patients about what is in their best interest
- Covert relatives into “therapeutic advocates” to your recommendations

The Doctor' Role

(Chest 2002; 121(3): 683-686)

We do our best to help our patients overcome the obstacles during this journey that are posed by various illnesses and accidents...The intent at that time (end of this journey) is not to cure, but to palliate; ...to be a sensitive and compassionate physician who respects the *Dignity* of the patient and family, and their right to refuse (and receive appropriate) treatment (in a collective decision process).