



The art of listening

By **Lucien Latulippe, MD, FRCPC**

One of the most delicate tasks a caregiver of a dying patient has is harmonizing the exchanges between the patient and his/her loved ones. Essentially, loved ones must understand the importance of being close and intimate with the dying patient, rather than simply close to his/her bed. The caregiver must learn to provide this kind of care as well, in the interest of providing an example for the loved ones.

One of the many difficulties faced at the end of life is being able to communicate. Some time ago, a girl whose father was dying came to me and expressed her need to speak with a psychiatrist. After explaining her situation to me, I asked her why she felt the need to speak with a profes-

sional. She explained how she was no longer comfortable speaking with her dying father. She described how she wished to finish his sentences and knew exactly how he was feeling, but was incapable of this. In addition, her father was discouraged that he could not communicate and verbalize his thoughts and feelings.

What do you do?

The caregiver must explain to the family that the physical capacities and the morale of the patient can be heavily affected according to the patient's various pathologies. In these delicate situations, the caregiver should reassure the family that there will be difficulties in communication, but they should not blame themselves.

In particular, listening attentively must be a priority. The family should not hope the patient says the words they are expecting to hear, but

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Editorial

must instead listen to the words the patient is whispering, and listen to the silent messages the patient is trying to send.

The art of listening and concentrating allows us to understand why the patient may be crying, murmuring, moaning, folding his/her arms, and breathing heavily. These listening and concentrating skills will allow us to understand the patient.

Is this discomfort something that can be soothed by a team of health professionals? Is this discomfort going to spring out from an inner tur-

moil that the patient cannot handle? Would it not be better, in this last case, to simply be there for the patient and to show respect, calmness, and tenderness? Would it not be better to choose words that are short, precise, respectful, and full of meaning, rather than simple clichés and false hopes?

Words fall into a void if they are not accompanied by a patient-centred approach.

Finally, the silence and prayers are part of caring for the patient and showing the patient respect and dignity. **CME**

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