



NEGOTIATING HOPE

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COMMUNICATING ABOUT HOPE IN REHABILITATION

The many faces of hope....

- Hope as “everlasting” – “hope will remain”
- Hope as “resource” – can’t “take away her hope”

The context in which hope is most often used in rehabilitation....

- Hope to “return to normal”
- “Hope to get better”
- Fueling “false hope”

CONTEXT - NEGOTIATING HOPE IN REHABILITATION

- Interprofessional dynamics – “less hierarchical, coordinated team approach”
- High level of patient participation and family/caregiver involvement in plan of care



Arthur L. Caplan, Daniel Callahan and Janet Haas, Special Report: Ethical & Policy Issues in Rehabilitation Medicine, The Hastings Center Report, Vol. 17, No. 4 (Aug. - Sep., 1987), pp. 1-20.

SHIFT IN HOPE – CONTEXT FOR NEGOTIATION

Is SHIFT in hope necessary to successful course of rehabilitation at end of life?



3 TYPICAL NEGOTIATION SCENARIOS

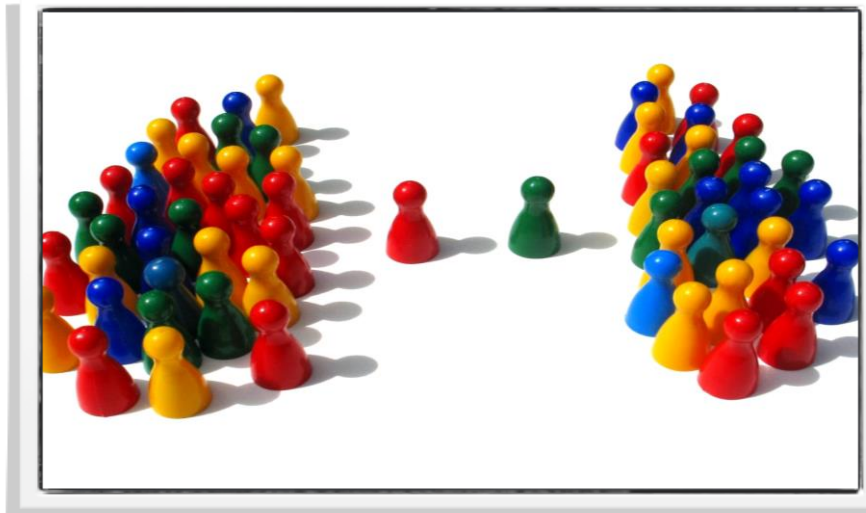
3 Scenarios: Conflict re: hope at end of life

1. Conflict within team (e.g., physician vs. therapist)
2. Patient* vs. team
3. Patient* vs. Family

*patient may lack capacity or the ability to communicate wishes effectively

3 TYPICAL NEGOTIATION SCENARIOS

- 1) Conflict within team (e.g., physician vs. therapist) re: hope at end of life
 - Case ex: “stealing the patient’s time”
 - Case ex: “unethical admission”



3 TYPICAL NEGOTIATION SCENARIOS

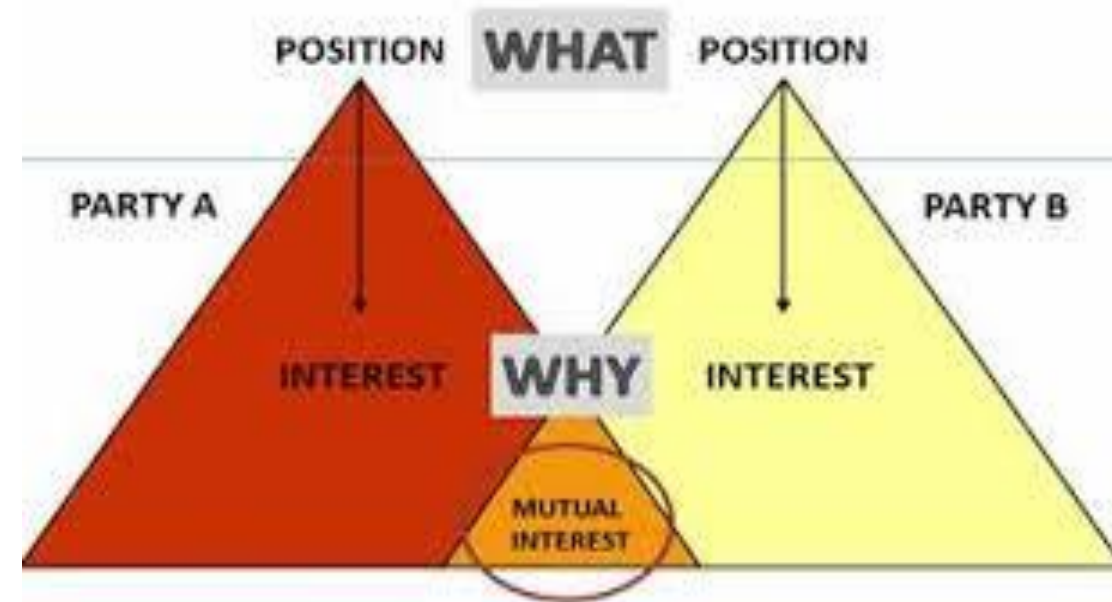
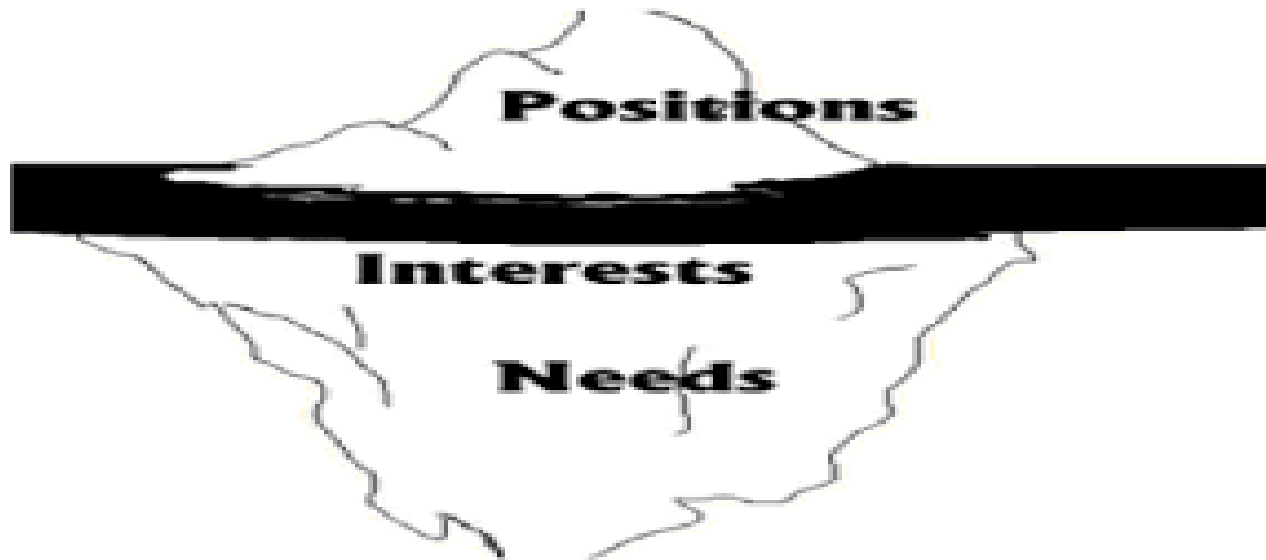
2) Conflict between patient and team

- Pt is 68 yrs old and in rehab post surgery for resection of brain tumor
- Pt's primary language is Mandarin. He had a previous history of right hemisphere stroke and team is concerned that he believes he is in rehabilitation "just like the last time" to work on "walking and thinking."
- Adult son has requested that his father not be told about his diagnosis or prognosis or he will "lose hope" and "give up."

Lie DA, Fu JB, Schmitt P, Kodish E, Mukherjee D. Cultural Factors in Ethics Consultation: A Rehabilitation Example, PM&R 2017 (in press).

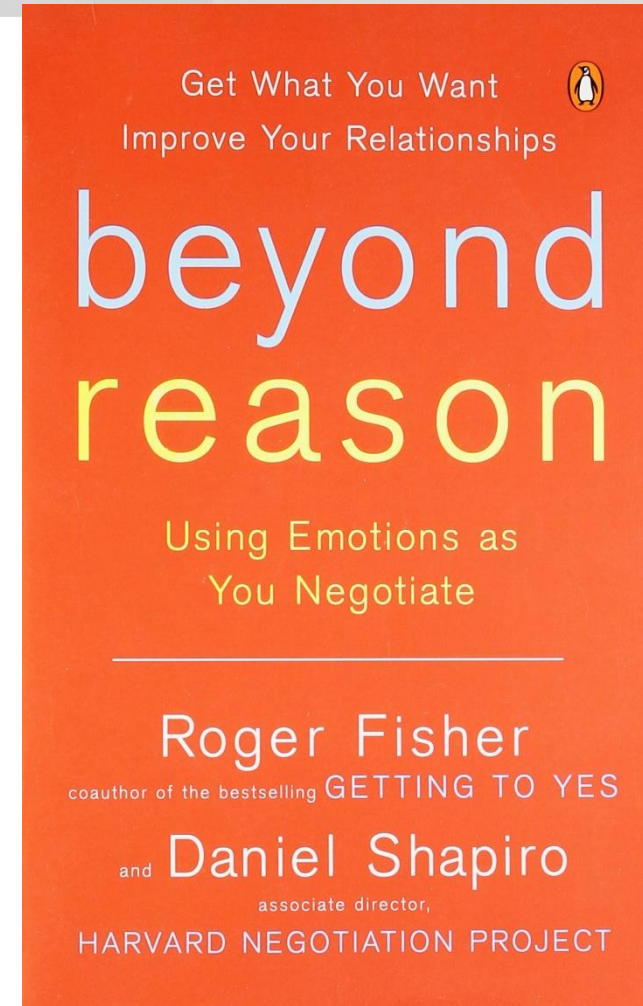
CRITICAL TO DIG FOR INTERESTS

- Strategy behind “Getting to Yes” or Principled Negotiation - digging for interests



NEGOTIATING WITH EMOTION

1. Express Appreciation
2. Build Affiliation
3. Respect Autonomy
4. Acknowledge Status
5. Choose a Fulfilling Role



Fisher, R & Shapiro, D. *Beyond Reason: Using Emotions as You Negotiate*. New York, NY: Penguin Books, 2005.

KEY NEGOTIATION TECHNIQUES

- Investigate previous preferences, values & refusals of treatment through active listening and actively building connections

Goal: *Looking to show appreciation and build affiliation with the patient*

KEY NEGOTIATION TECHNIQUES

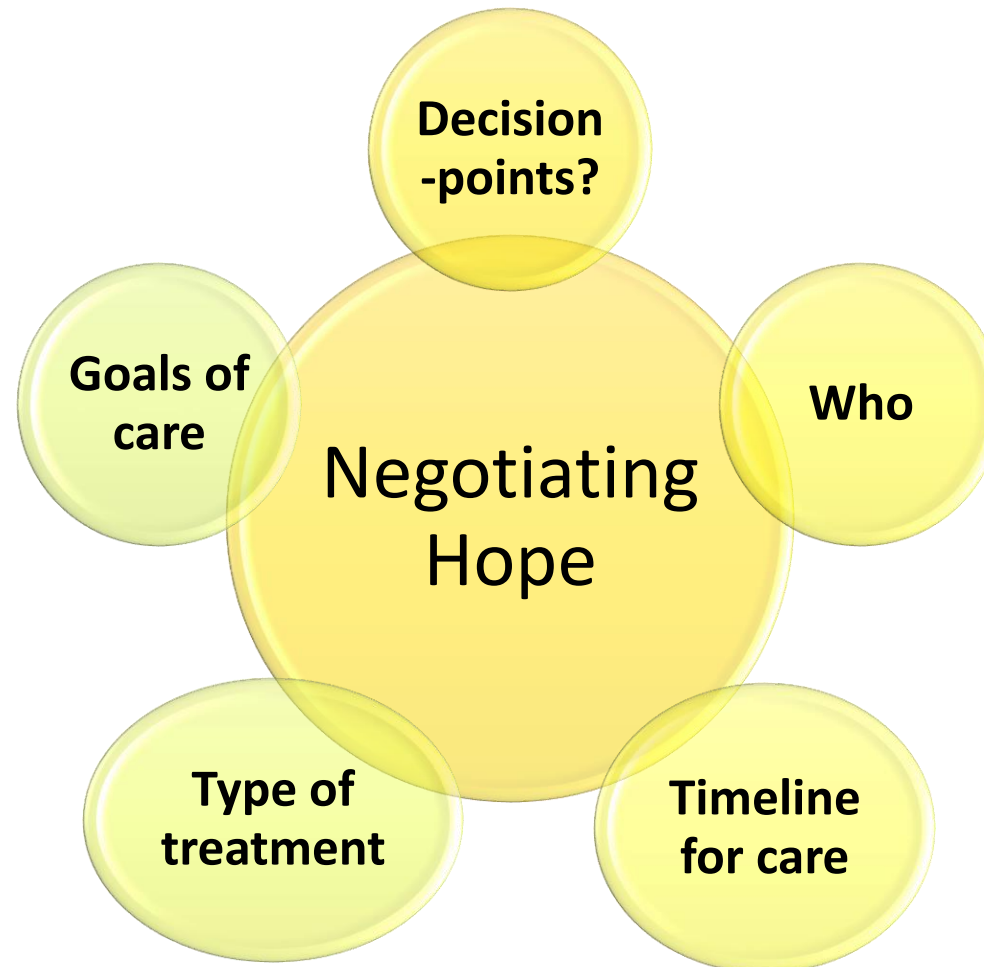
- Scale discussions and choices to capacity level to enable patient participation in decisions
- Support patient's autonomy to create space for negotiation

*Goal: Looking to help improve patient's status,
promote patient's autonomy & find
meaningful role*

ASSENT – NEGOTIATION TECHNIQUES

- Other negotiation and communication techniques help create a favorable context for negotiating hope
 - Build on small agreements
 - State rationale before conclusion
 - Show don't tell when feasible
 - Framing & timing matters
 - Silence can be your friend
 - Open ended questions can be the default

NEGOTIATION & HOPE



What variables are more vs. less negotiable?