

## Recommended language for communicating end-of-life concepts

Poor statement	Possible interpretation by family	Better statement
<i>Do you want us to do everything?</i>	Do you care whether they live or die? Do you want us to try?	<i>We want to work out what is the right thing to do.</i>
<i>What do you want us to do?</i>	It is the family's responsibility to decide medical treatment – not the patient or doctor.	<i>What would he or she want?</i> OR <i>What do you think he would want us to do?</i>
<i>We need your permission or consent to stop.</i>	The family have total control of decision-making.	<i>I would like to discuss with you whether it is appropriate to keep on...</i>
<i>There is nothing more we can do. We are withdrawing treatment.</i>	Abandonment.	<i>We will do everything we can to ensure his or her last days are as comfortable and dignified as possible.</i>
<i>We are going to withdraw care.</i>	The medical staff do not care.	<i>We are recommending making comfort a priority and to stop doing unpleasant things that are not helping.</i> OR <i>We are recommending continuing good care while stopping treatments that are distressing and not helpful.</i>
<i>Futile treatment</i>	Your relative's life is futile/worthless.	<i>Overly burdensome or ineffective treatment.</i> OR <i>Treatment that is ineffective and distressing.</i> OR <i>Treatment that is worse than the disease itself.</i>

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<i>We can't be certain...</i>	Things are too uncertain for important decision-making.	<i>We are as certain as we can be.</i>  OR <i>There are some things that we can't be sure about but other things that are very clear. (i.e. focus on the most certain facts rather than on the least certain).</i>
<i>The medical team have decided...</i>	The family and their views do not matter at all.	<i>We are becoming concerned that the burden of continuing this sort of treatment outweighs the benefit. I am afraid the treatment is not working.</i>
<i>We could do this or this or that... (the 'shopping list').</i>	The family have the power and responsibility to decide. Continued treatment is being offered and advocated by the doctor.	<i>There are lots of treatments that we could do but it is important for us to discuss what we should do.</i>  OR <i>We could theoretically do a number of things but I should like to discuss what we should actually do.</i>
<i>Terminal care.</i> OR <i>Comfort care.</i>	Clichés that obscure meaning.	<i>Reset our focus to ensure his or her end is as comfortable and dignified as we can make it.</i>  OR <i>Reconsider our goals to make comfort the priority.</i>
<i>There is a lot of misinformation on the internet.</i>	Family efforts to get information are being derided.	<i>Can you show me what you have found so we can discuss it?</i>
<i>This is not euthanasia.</i>	He is talking about euthanasia and using a controversial, highly emotional, weighted word.	<i>Permitting to die (with a specific explanation of what is proposed).</i>