

02

Talking About Hard Things

Corresponds to Chapter 4 in the *Palliative Care Is... A collective response to death, dying, and grief in the inner city* Resource Guide.



Purpose of the Discussion

This discussion focuses on building comfort and confidence in having conversations about health changes, serious illness, and care needs.



Key Messages

- Conversations about illness and care often begin informally.
- Trust and relationship are key to these conversations.
- You do not need to have perfect words to begin a meaningful conversation.



Before You Facilitate

- Reflect on your own comfort level with conversations about illness and death.
- Be prepared for participants to share experiences where conversations were difficult or avoided.
- Remind yourself that the goal is not to teach scripts, but to encourage self-reflection, build comfort and confidence, and explore approaches to support conversations.



During the Discussion

- Normalize uncertainty and discomfort.
- Reinforce that these conversations are invitations, not obligations.
- Encourage participants to reflect on moments when they noticed changes in someone's health and responded with care.

Participants may express concerns such as:

- "What if I say the wrong thing?"
- "What if I open something I can't fix?"

These concerns are common and can be acknowledged openly.



Closing the Conversation

- Reinforce that showing care and curiosity can make a meaningful difference.
- Remind participants that conversations about illness and care often happen gradually over time.

Discussion Guide

You gotta talk about it!

Purpose

This guide is designed to help frontline workers explore their unique role in having conversations about health, decline, dying, and support needs with people who are often excluded from care. These conversations can feel heavy, but they're also powerful.

Talking about hard things is already part of what you do, and your ability to build trust makes a huge difference in whether someone gets the care they need.



Introduction: Why it Matters

You don't need to be a nurse, a doctor, or a case manager to support someone who's seriously ill. Often, your relationship with someone puts you in the best position to notice when something is changing and to talk about it.

These conversations don't always lead to big decisions or clear plans. Sometimes, it's just about saying: "I've noticed something. How are you feeling about it?" When someone is dealing with chronic illness, mental health challenges, addiction, or housing instability, even small conversations can open the door to connection, planning, and dignity. We also recognize that given the different roles, responsibilities, and environments you are working in, that you might not be able to have these conversations in the moment, but we want to make sure that what people are saying is acknowledged and that there is follow up later.

It all starts by noticing. And then opening the door to conversation. *(Remembering it's an invitation, not a demand).*

Case Scenario

Arielle's Story

Arielle is in her early 40s and staying at a women's shelter. She is a sex worker, has a history of substance use, and recently mentioned she was feeling "off." You've known her awhile. She's usually sharp, funny, and active, but lately she seems more tired. She told you she's been in and out of hospital and isn't sure what the doctors are saying. She waved it off, but you're still thinking about it.

Discussion Questions:

- Have you worked with someone like Arielle? What changes made you feel like something might be going on with their health?
- When you're unsure how to start the conversation, what stops you? What's helped you push through and start talking anyway?
- What might happen if no one talks to her about what's going on? What could happen if someone does?

Reflecting on Your Role

Sometimes you are the right person to have the conversation. Sometimes you're not. Both are okay. What matters is reflecting on your role and what support you can realistically offer emotionally, practically, and organizationally.

As part of reflecting on your role, it can be important before jumping into conversation to pause and get clear on the purpose of the conversation. Some suggestions to ask yourself are: is work asking me to find something out? am I just curious? do I feel emotionally ready to have this talk today? If not, who else do I need to bring in? Do I have supports or referrals to offer if needed?

Discussion Questions:

- Have you ever avoided a conversation because you felt unsure of your role or worried about what might come up?
- What helps you decide when you are the right person to talk to someone? When might it be better to bring someone else in?
- What do you need (from your team, supervisor, or community) to feel more supported in having these conversations?

How to Lean in to Hard Conversations

You already have the skills. You listen without judgment. You meet people where they're at. That's the foundation of a palliative approach. The goal isn't to "fix" things, it's to give space for people to talk about what matters to them. That might mean:

- Picking up on natural prompts ("Yeah, I've been feeling tired a lot lately.")
- Asking open-ended questions ("Do you have a sense of what's going on?")
- Not pushing when someone isn't ready
- Knowing it's okay not to have answers

Discussion Questions:

- What are some things you've heard from people or noticed in people that made you think something was going on?
- How do you usually respond when someone brings up their health, their fear, or the future?
- Have you ever had a conversation like this that really stuck with you? What helped it go well? What made it difficult?
- What steps do you take to check in with yourself to make sure you're keeping the person's values, beliefs, and needs centred, especially in difficult conversation topics (like death and dying, end-of-life care planning, etc) where your beliefs, values, and positions may differ from theirs?

What if They Don't Want to Talk?

Sometimes, people won't want to talk and that's okay. They may fear losing housing, being judged, or being forced into a system they don't trust. Some folks just aren't ready. Your role isn't to push, it's to stay open and be there when and *if* they are.

Discussion Questions:

- Have you ever supported someone who didn't want to talk about their health? How did you stay connected?
- What are your strategies for offering care and support when someone avoids talking about what's going on?
- What do you do with your own feelings when someone doesn't engage? How do you take care of yourself in those moments?

Closing Reflection

Even when it feels like you're "just talking," you're making a difference. Opening up space for someone to name what they're going through can be the first step to getting help or simply feeling seen. You don't have to have all the answers. Whether you are helping people to start the conversation or you show them you are committed to listening (not shutting down the conversation when people come to you), you are playing an important role. You just have to start the conversation.

Discussion Questions:

- What's one conversation you've had that changed the way you think about your role in this work?
- How can we support each other in leaning in, staying open, and being okay with not having the answers?