



The 'Fix-It Urge'

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The following discussion questions are provided as an additional educational tool to accompany this fireside chat video. Please feel free to select the questions that are most relevant to your committee or group, revise and adapt them as needed, etc. As always, we welcome feedback on this or any other NSHEN resource.

1. The 'fix-it urge' is described as a problem-solving tendency that drives health care providers to help other people. It may become a barrier to good patient care if, for example, the health care provider pushes for interventions that the patient is not ready for. Can you think of some case examples from your work where the 'fix-it urge' has gone astray?
2. How would you define good patient care in relation to chronic-disease management and end-of-life care?
3. Discuss different ways that the 'fix-it urge' may influence the way you, as a healthcare provider, deal with patient autonomy and decision making around end-of-life care.
4. Dayna states that health care providers often feel uncomfortable discussing death with their patients. Do you agree? Discuss what some of the reasons for this might be.
5. Dayna talks about the importance of empowering the patient and taking on the role as 'collaborator' as opposed to maintaining the role as 'expert provider'. Can you think of case examples from your work that illustrate these different roles?
6. Why might some health care providers feel more comfortable with the role as 'expert providers'?
7. Discuss ways that may help identify discrepancies between the values, goals, and expectations of the health care provider, the patient, and the patient's family.
8. Dayna talks about the need for a shift in the way health care is delivered in order to accommodate the need for chronic disease management. Discuss what type of changes this may include.
9. In your opinion, what are the values that should be driving health care?

Resources

Ahrens, T., V. Yancey and R. Kleinpell (2003). Improving family communications at the end of life: Implications for length of stay in the intensive care unit and resource use. *American Journal of Critical Care*, Jul 2003, Vol.12(4), pp.317-23, discussion 324

Campbell C. and G. McGauley (2005) Doctor-patient relationships in chronic illness: insights from forensic psychiatry. *BMJ* 2005 Mar 19; 330 (7492).667-670.

<http://www.bmj.com/content/330/7492/667>

Fasulo, A., J. Zinken and K. Zinken. (2016). Asking 'What about' questions in chronic illness self-management meetings. *Patient Education and Counseling*, June 2016, Vol.99(6), pp.917-925

Fried, T. R., E. H. Bradley, V. R. Towle, and H. Allore (2002). Understanding treatment preferences of seriously ill patients. *The New England Journal of Medicine*; April 4 2002; 346:1061-1066.

<http://www.nejm.org/doi/full/10.1056/NEJMsa012528#t=article>

Lawna, S., J. McMillan and M. Pulvirentic. (2011). Chronic condition self-management: Expectations of responsibility. *Patient Education and Counselling*; Volume 84, Issue 2, August 2011, Pages e5–e8

<http://www.sciencedirect.com/science/article/pii/S073839911000409X>

Lee-Baggley, D. (2016). Death, Dying and the “Fix-It-Urge”. *Impact Ethics*, April 16, 2016.

<https://impactethics.ca/tag/dayna-lee-baggley/>

Websites with resources:

The behaviour change Institute <http://www.behaviourchangeinstitute.ca/WELCOME.html>

Vallis, Michael. Readiness algorithm. Video resource available at the behaviour change institute's website: http://www.behaviourchangeinstitute.ca/Readiness_Algorithm.html