



Lesson Plan: Palliative Care

Teacher Guide

Topic: palliative care
Timing: 30–50 minutes
Lesson type/focus: speaking, vocabulary and listening

Aims:

- **Speaking:** discuss palliative care, practise a doctor-relative conversation
- **Vocabulary:** learn and review language related to palliative care
- **Listening:** listen for specific information

Overview

The focus of the lesson is aspects of palliative care. The speaking activity introduces the topic and gives students the opportunity to share their ideas and experience. The vocabulary activities review language related to palliative care. The listening activities practise listening for specific information and provide input for the final speaking activity where students practise a doctor-relative conversation.

Note: This lesson supports the language introduced in the following:

- Course, [‘English for Doctors’](#)
- Unit: ‘Oncology and end of life care’
- Module: ‘Discussing palliative care’ page 5

Teaching notes and answer key

Part 1: speaking

Put students into pairs or small groups and ask them to discuss questions 1 and 2 on the student worksheet. Encourage them to share examples from their own experience.

Do whole class feedback to discuss and share answers.

Suggested answers

1. What is palliative care?

care for someone with a serious illness that isn't going to get better

2. Who is it used for?

it can be for someone with a long-term serious illness and is to help them manage their symptoms and treatment before their end of life

Part 2: vocabulary

A. Have students work individually to complete the activity and then compare their ideas with a partner.



Go through the answers as a class. You might want to elicit and drill pronunciation for some of the words.

degenerative /dɪ'dʒen.ə.rə.tɪv/

holistic /həʊlɪ'stɪk/

palliative /'pæl.i.ə.tɪv/

prognosis /prɒ'g'nɒʊ.sɪs/

respite /'res.paɪt/

Answers

1c 2a 3d 4e 5b

B. Have students work individually to complete the activity and then compare their ideas with a partner.

Go through the answers as a class.

Answers

1. prognosis 2. treatment 3. manage 4. distressing 5. comfortable 6. support
7. holistic 8. carer

Part 3: listening and speaking

A. Read through the examples together then have students work with a partner to make a list of relatives' questions.

Do whole class feedback to discuss and share answers.

Suggested answers

Students' answers may include

Do you think she is in any pain?

how do we know if she is in pain, she can't tell us?

How long has she got left?

B. 📌 Have students work individually to complete the activity as they listen.

Click the link to access the video.

[Talking to a relative](#)

Go through the answers as a class. You could do this by playing the audio and pausing before the answers are given to elicit the answers.

Answers

1f 2d 3a 4b 5g 6e 7c

B. 📌 Explain you are going to listen again and pay close attention to the doctor's words from A. Play the sections of the conversation (timings below) and pause the audio to give the students the chance to listen carefully. Ask them what they notice about how the doctor talks, for example, intonation, pace of language, pausing.

Have students repeat what the doctor says using the audio as a model.

1. I can talk to you now about your mother and explain what has been happening with her treatment. (0:14)



2. I'm not sure what you've already been told, but your mother had all the antibiotics we intended giving her. (0:24)
3. What do you understand about your mother's treatment at the moment? (0:41)
4. I imagine that it's very difficult for you, seeing your mother like this. (0:52)
5. We can tell if she is in any discomfort by her facial expressions. (1:32)
6. We are also going to move your mother into a side room so you and your family can stay with her as long as you like and have some privacy. (1:49)
7. I'm sorry, but it's impossible to say. All we can do is make sure that we keep your mother as comfortable as possible. (2:05)

Transcript

Doctor: *Did you want to talk to me about your mother?*

Relative: *Yes. Can you tell me what's happening? We were told that she'd have a drip in her arm with some antibiotics. Um...to treat her chest infection.*

Doctor: *Yes, that's right. I can talk to you now about your mother and explain what's been happening with her treatment if you like.*

Relative: *Thanks. To be honest I'm a bit confused about what's happening. I thought she'd be a bit better now.*

Doctor: *I'm not sure what you've already been told but your mother had all the antibiotics we intended giving her. They finished this morning. Unfortunately, the antibiotics didn't improve her condition at all.*

Relative: *Oh, so what are you going to do?*

Doctor: *Mr Dawson, what do you understand about your mother's condition at the moment?*

Relative: *Well, she's getting worse, isn't she? She can hardly breathe.*

Doctor: *Yes, you're right. She's having a lot of trouble breathing. I imagine it's very difficult for you seeing your mother like this. Unfortunately, the antibiotics haven't worked and your mother is very ill now.*

Relative: *Can't you do anything? I hate seeing her like this. She's getting really upset.*

Doctor: *I'm going to give your mother some oxygen through her nose to help her breathe a bit easier. It's less frightening if we use the nasal prongs rather than the face mask.*

Relative: *I see.*

Doctor: *I've also prescribed a medication which will dry up some of her secretions so she won't make a gurgling noise when she breathes in and out. It will be easier for her to breathe as well.*

Relative: *Right, I see. Do you think she's in any pain? She can't tell us if she is.*

Doctor: *We can tell if she's in any discomfort by her facial expressions, or if she starts to moan or become more restless. I've prescribed some strong pain medication for her and the nurses are making sure she has the pain relief as often as she needs it.*

Relative: *That's good. I don't want her to suffer.*

Doctor: *We're also going to move your mother into a side room, so you and your family can stay with her as long as you like and have some privacy.*

Relative: *What about visiting hours?*

Doctor: *Don't worry about that. You can stay with your mother as long as you like in the side room.*

Relative: *How long...um how long has she got?*

Doctor: *I'm sorry, but it's impossible to say. All we can do is make sure that we keep your*



mother as comfortable as possible. The nurses will check on her frequently and keep her comfortable. If you need us, just press the call buzzer and one of the nurses will come and help you.

Relative: *Thank you. I'll do that.*

C. . Read through the instructions together and make sure everyone is clear on what to do. Explain they have a few minutes to prepare before starting the role play. They should use the time to write notes for themselves as both doctor and relative as they are going to swap roles. Remind them that the language used in the lesson can be included in the role play.

D. When students are ready, start the role plays. Encourage students to think about their intonation.

Listen to the conversations noting down examples of good language use and any errors.

Go through any examples after the discussion. You could ask some of the pairs to perform their role plays for the class.

**LESSON PLAN COMES FROM SLC'S
ENGLISH FOR DOCTORS COURSE:
[CLICK HERE TO VISIT PAGE](#)**