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Words for Hard Moments

A Quick Reference for Nurses on Sensitive Conversations

"Presented to"

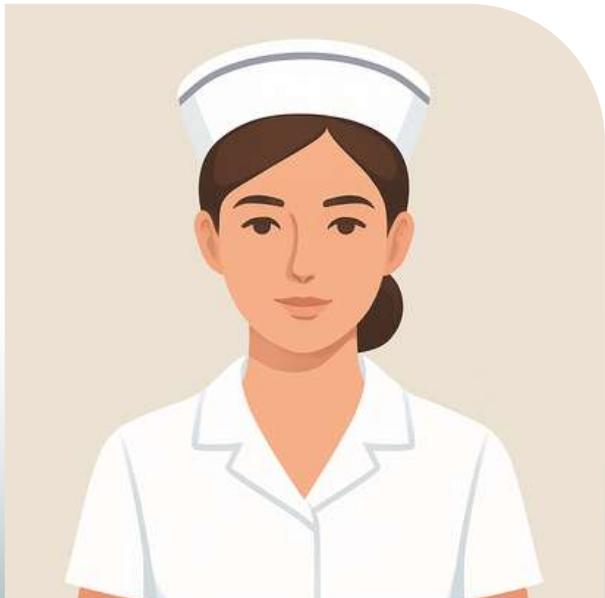
Oncology Nurses

"Presented by"

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Scripts for Difficult Topics

Language that supports patients, families, and you



These phrases are meant to be starting points. Adapt them to your own voice, your patient, and the culture of your unit. The goals are the same:

- Help patients feel safer, even when nothing feels safe
- Make hard truths more bearable, not harsher
- Protect your own heart while you show up with empathy

You'll see each section organized as:

- **Scenario**
- **Goals**
- **Try saying...**
- **If you only have 10 seconds**
- **Avoid...**

Topics Covered:

1. The moment soon after diagnosis
2. When the patient is overwhelmed
3. First day in infusion
4. When you have to hold treatment
5. When side effects are rough
6. When a patient asks,
“Am I going to die?”
7. When treatment is no longer working
8. When a patient declines something
you believe is important
9. When something went wrong
10. Supporting family in visible distress
11. When a patient is angry
12. When you feel low on compassion
13. When you don't know the answer
14. Phrases for any hard moment

The moment of (or soon after) diagnosis

Finding steady words when the ground has just shifted



Try saying...

- “I’m really glad you’re here today. This is a lot to carry, and you don’t have to do it alone.”
- “Most people don’t remember much from the day they’re diagnosed—just that it felt like the ground moved. We can go over things as many times as you need.”
- “Right now, you don’t have to understand everything. Today our job is just to talk about what’s next, one step at a time.”
- “Any way you’re feeling right now—numb, angry, scared, even calm—is a normal reaction to big news.”

Scenario

You’re meeting a patient who has just heard, or is still reeling from, “You have cancer.” They may remember almost nothing from the visit—only how they were made to feel.

Goals

- Slow the moment down so they can breathe
- Normalize their reaction
- Focus on immediate next steps, not every “what if”

If you only have 10 seconds

“This is a lot. We’ll go slowly, and I’ll stay with you through it.”

Avoid...

- “Don’t worry, you’ll be fine.”
- “At least they caught it early” (unless the patient has already framed it that way and finds it comforting).

When the patient is overwhelmed by information

Simplifying, slowing down, and helping what matters actually land



Scenario

You're midway through education and notice the "hearing through water" look—blank stare, slight nodding, no questions.

Goals

- Pause the information firehose
- Check understanding without shaming
- Prioritize what truly can't wait

Try saying...

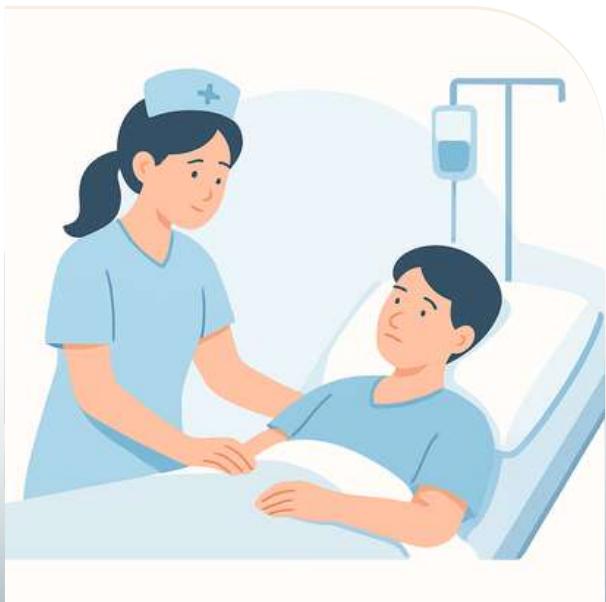
- "Let me pause for a second. What's standing out the most so far?"
- "I've said a lot—if you had to explain this to a family member when you get home, what parts feel clear and what parts still feel fuzzy?"
- "We don't have to digest everything today. Let's pick the three most important things to remember before you leave."

If you only have 10 seconds

"I see that look a lot. Want to stop for a minute and sort what's most important right now?"

First Day in Infusion

Welcoming patients, normalizing fear, and creating a sense of safety



Scenario

It's their first treatment. They're anxious, scanning the room, and gripping the arm of the chair. For you it's a routine Tuesday; for them, it's the start of survival.

Goals

- Acknowledge fear without amplifying it
- Explain what you're doing before you do it
- Build trust quickly

Try saying...

- "First days are usually the hardest—not because of the medicine, but because everything is new. We'll take it one step at a time."
- "Before I do anything, I'll tell you what I'm doing and why. Nothing is going to happen to you without your understanding."
- "Feeling nervous right now doesn't mean you're not strong; it means you're human."

If you only have 10 seconds

"You're not expected to be brave today—just to show up. We'll do the rest together."

Avoid...

- "Oh, everyone gets used to this."
- Joking about how "toxic" or "strong" the chemo is in ways that increase fear.

When you have to hold or delay treatment

Explaining “why” with honesty, compassion, and shared goals



Scenario

Counts are low or labs are off. You have to tell the patient their treatment is delayed or dose-adjusted. They may hear “It’s not working” or “We’re giving up.”

Goals

- Frame delay as protection, not punishment or failure
- Validate disappointment
- Reassure them that the team is still “on it”

Try saying...

- “Your numbers are telling us your body needs a little more time to recover. This isn’t a setback—it’s a safety pause.”
- “We don’t look for perfect numbers; we look for safe ones. Today, that means holding treatment so we can keep you out of the hospital.”
- “I know this is disappointing. It’s okay to feel that. At the same time, this is your team taking care of the rest of you, not just the cancer.”

If you only have 10 seconds

“We’re not stopping treatment—we’re protecting you so we can keep going safely.”

When side effects are rough (fatigue, nausea, etc.)

Validating suffering while offering relief, options, and hope



Scenario

They're exhausted, nauseated, or in pain—and minimizing it because “others have it worse” or they don’t want to be a bother.

Goals

- Normalize symptoms without dismissing them
- Emphasize that telling you is part of safety, not complaining
- Invite honest reporting

Try saying...

- “What you’re describing is common—but that doesn’t mean you have to suffer quietly.”
- “You’re not ‘being dramatic’ or ‘bothering us’ when you tell us how you feel. This is exactly how we keep you safe.”
- “If we know what your hard days look like, we can help you plan for them and treat them.”

If you only have 10 seconds

“You’re never bothering me by telling me how you really feel. This is how we take good care of you.”

When a patient asks, “Am I going to die?”

Meeting the deepest fears with truth, tenderness, and presence



Scenario

The question lands in your lap—sometimes in the hallway, sometimes in the chair, sometimes as a whisper at 3 a.m.

Goals

- Honor the courage of the question
- Stay within your scope
- Share what is known and who will help answer the rest

Try saying...

- “That is such a deeply important question. Can you tell me what’s making it come up today?”
- “I wish I had a simple yes-or-no answer. What I can tell you is what we’re doing right now, and I can help you talk with your provider about the big-picture ‘what does this mean for me?’”
- “What worries you most when you think about that question—the time, the suffering, your family?”
- “No one is expecting you to carry questions like that alone. It’s okay to say them out loud with us.”

If you only have 10 seconds

“I don’t want to brush that off. Let’s talk more about what you’re afraid of, and I’ll help you bring it to your doctor too.”

Avoid...

- Giving specific prognoses that belong to the oncologist
- “We’re all going to die someday” (minimizes their very real fear).

When treatment is no longer working

Redefining hope and honoring what matters most now



Scenario

The plan is changing from cure or long-term control to comfort-first, palliative care, or hospice. Patients and families may equate this with being “given up on.”

Goals

- Reframe “stopping” treatment as changing the kind of treatment
- Affirm that they are not being abandoned
- Make space for grief

Try saying...

- “What’s changing now is our goal, not our care. We’re shifting from trying to stop the cancer to making sure every day is as comfortable and meaningful as possible.”
- “Choosing comfort-focused care is not giving up—it’s choosing how you want your time and energy to be used.”
- “It’s completely normal to feel both relief and sadness. Both can live in the same room.”
- “Our team is still here. The faces and places may change, but you’re not being left alone with this.”

If you only have 10 seconds

“We’re not giving up on you. We’re changing how we care for you.”

When a patient declines something you believe is important (a port, premeds, etc.)

Balancing safety with respect for autonomy and shared decision-making



Scenario

They say “no” to a recommended intervention—maybe from fear, past trauma, cost, or mistrust.

Goals

- Respect autonomy
- Explore the “no” with curiosity, not pressure
- Keep the door open

Try saying...

- “Thank you for telling me how you feel about this. Can you share what worries you most about it?”
- “My job isn’t to force anything—it’s to make sure you have all the information you need to decide what’s right for you.”
- “Would it be okay if I share why we usually recommend this, and then we can see what still feels like a no for you?”
- “If you decide later that you want to revisit this, you are always allowed to change your mind.”

If you only have 10 seconds

“I hear your ‘no.’ Let’s talk through what’s behind it so the team understands and can support you.”

When something went wrong (delay, miscommunication, or error you must disclose)

Owning mistakes, rebuilding trust, and centering the patient's safety



Try saying...

- "I'm sorry this took so long. Here's what happened behind the scenes, and here's what we're doing about it now."
- "You were supposed to receive your medications in a different order. As soon as I realized it, I notified your provider and pharmacy. They've reviewed it and confirmed what we need to watch for. I'll be keeping a close eye on you."
- "You deserved clearer communication than you got today. Thank you for your patience while we fix this."
- "If you have questions or worries about what happened, I want you to feel safe asking."

Scenario

The patient has waited an hour because of a pharmacy error, or you gave meds in the wrong sequence and must be transparent.

Goals

- Be honest and factual
- Take responsibility for your piece
- Reassure them about what's being done to keep them safe now

If you only have 10 seconds

"I'm sorry—this is on us, not you. Here's what we're doing to keep you safe now."

Avoid...

- Blaming another department or person in front of the patient
- Minimizing ("It's no big deal") when it is a big deal to them.

Supporting family in visible distress

Caring for the people who are holding the patient



Scenario

A family member is crying in the corner, snapping at staff, or clearly falling apart but trying to “be strong.”

Goals

- Acknowledge their experience
- Normalize their reaction
- Offer a concrete way to help

Try saying...

- “I can see how much you care about them. This is a lot for family members too.”
- “You don’t have to be the strong one every second. It’s okay to step out, cry, breathe—whatever you need.”
- “What would feel most helpful right now—a quiet room, a chaplain or social worker, or someone to just sit with you for a moment?”
- “If you like, I can step out in the hall with you and answer questions away from the chairside.”

If you only have 10 seconds

“This is hard on the people who love them too. You’re allowed to have feelings here.”

When a patient or family is angry with you or the system

Staying grounded, listening deeply, and de-escalating with empathy



Scenario

They raise their voice, accuse staff of not caring, or seem to direct all their frustration at you.

Goals

- De-escalate
- Validate the feeling without endorsing any unfair accusations
- Seek the real problem underneath

Try saying...

- “I can hear how frustrated you are, and I want to understand what’s been hardest about today.”
- “You’ve had to deal with a lot of waiting and uncertainty. Anyone would be upset in your shoes.”
- “Let’s separate a couple of things: what’s happening medically, and what’s happening with communication. We can work on both.”
- “My goal is not to argue with you—it’s to see what we can fix together, starting now.”

If you only have 10 seconds

“Your anger makes sense to me. Help me understand what part feels most unfair so we can start there.”

Avoid...

- “Calm down.”
- Matching their volume or defensiveness.

When you notice your own compassion running low

Recognizing burnout, resetting boundaries, and reconnecting to purpose



Scenario

You feel numb, cynical, or like you have nothing left to give—classic compassion fatigue or burnout signals.

Goals

- Name what's happening without shame
- Take one small step toward support or rest
- Remind yourself you're not alone

Try saying (to yourself)...

- "I'm not a bad nurse; I'm a drained nurse. This is a signal, not a failure."
- "I am allowed to have limits. Taking a breath or a break is part of safe care."
- "Today was heavy. I will not carry this whole shift home with me."
- "I can talk about this with someone I trust—another nurse, my leader, or a counselor. I don't have to hold it alone."

Try saying (to a colleague)...

- "Today hit harder than I expected. Do you have a minute to debrief?"
- "I'm noticing I'm more irritable and tired than usual. Have you ever felt that way in this work?"
- "Can we trade one assignment or task? I want to make sure I'm safe for my patients."

If you only have 10 seconds

"I am human and I am tired. I'm allowed to ask for help."

When you don't know the answer

Saying "I don't know" while still offering support and next steps



Scenario

A patient asks about a rare side effect, prognosis detail, or trial data you're not sure about. Your instinct may be to guess to appear competent.

Goals

- Preserve trust through honesty
- Show you will find out, not leave them hanging
- Close the loop

Try saying...

- "That's a really important question, and I don't want to guess. Let me check with your provider / pharmacist so I can give you the most accurate answer."
- "I'd like to learn a bit more before I respond or give you an answer. Give me a few minutes to look it up and circle back."
- "Thank you for asking that; it helps me learn too."

If you only have 10 seconds

"I'm not sure—and you deserve an answer. Let me find out and come back to you."

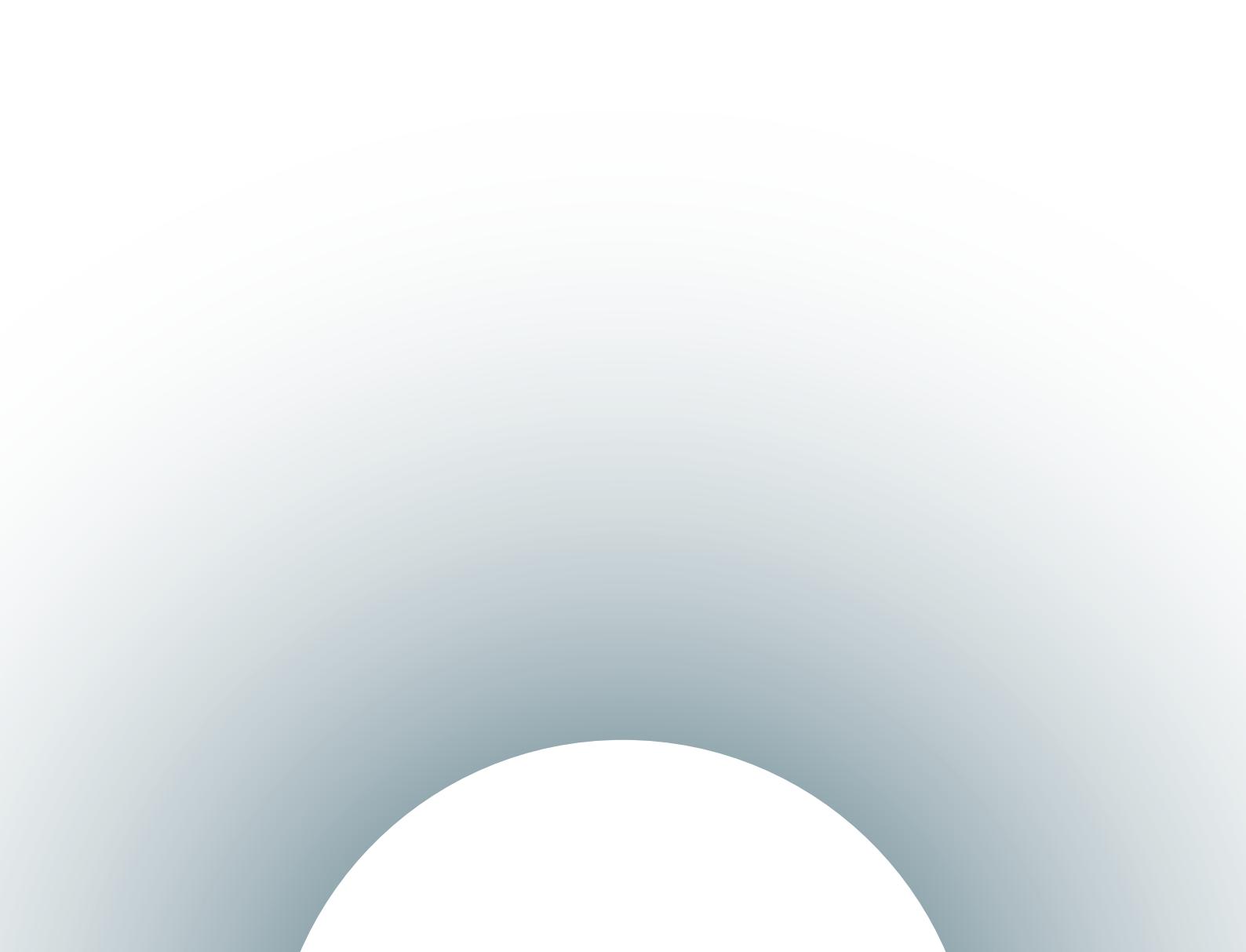
Quick-check phrases for any hard moment

**Go-to language when your heart cares but
your words freeze**



**These are “pocket phrases” you can
adapt to almost any difficult interaction:**

- “Tell me what this is like for you right now.”
- “What worries you most about this?”
- “It’s okay to feel exactly how you feel right now.”
- “We can take this one step at a time.”
- “You’re not doing this alone—we’re in it with you.”



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