

Assembling Information and The Family Meeting

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Learning Goals

- ▶ Describe a seven step approach to facilitating a family meeting
- ▶ Be able to conduct a values based discussion to determine goals of care



What is Hard About a Family Meeting?

- ▶ Multiple people's agendas
- ▶ Don't know what pt or family knows
- ▶ Uncertainty about where it will go
- ▶ May be bad news



Why Talk To Families?

- ▶ **In general, families:**
 - ▶ Know what the patient would have wanted
 - ▶ Care about the patient's well-being
 - ▶ Live with the consequences of the decision
- ▶ **Patients want families to make decisions**
- ▶ **Improves patient and family satisfaction**



What Does the Data Show?

- ▶ Families consistently view physician communication and end-of-life decision making as problematic
- ▶ What effect does it have on families?
 - ▶ Anxiety (69%)
 - ▶ Depression (35%)
 - ▶ PTSD



What Do Families Want?

- ▶ Frequent communication
- ▶ Understandable
- ▶ Consistent information
- ▶ Honest with hope
- ▶ Time to voice concerns and emotions
- ▶ Non-abandonment



Steps for a Family Meeting

- ▶ Prepare
- ▶ Introduction/Agenda
- ▶ Elicit Pt/Family understanding
- ▶ Offer information
- ▶ Attend to emotion
- ▶ Make a plan
- ▶ Conclude



Step I- Prepare for the meeting

- ▶ Review medical info
- ▶ Make sure that everyone is present who wishes to be
- ▶ Coordinate providers (attending MD, RN, SW, etc.)
 - ▶ Meeting before the meeting
- ▶ Private room with seating, tissue
- ▶ Minimize distraction



Step II- Introductions and Agenda

- ▶ Introduce everyone at meeting
- ▶ Review goals
 - ▶ “Today I’d like to make sure everyone understands how [the patient] is doing, answer your questions, and address any concerns you may have. I’d also like to get a sense about what you value most with regard to [the patient]. Do you have any other goals for this meeting?”



Step III- Elicit Pt/Family Understanding

- ▶ “What have you been told about [the patient’s] condition?”
 - ▶ THIS IS THE MOST IMPORTANT QUESTION!



Step IV- Offer information

- ▶ **ASK-TELL- ASK**
- ▶ **When giving information:**
 - ▶ **NO JARGON**
 - ▶ No more than 3 facts at a time
 - ▶ Check in frequently, ask for questions
 - ▶ Foreshadow bad news
 - ▶ “Unfortunately things have not gone the way we wanted.”
 - ▶ Ask before giving prognostic info
 - ▶ “Do you want me to talk about what we think is going to happen?”
- ▶ **Review what is being done to help patient!**



Ask-Tell-Ask

- ▶ Ask current understanding
 - ▶ Tell what you need to communicate
 - ▶ Ask if the patient understood
-
- ▶ Always helps introduce a difficult conversation





Step V- Attend to Emotion

- ▶ Anticipate emotional reactions
- ▶ Resist the temptation to try and make the information better than it is
- ▶ Employ techniques to respond to patient's emotions
 - ▶ **NURSE**
 - ▶ Name, Understand, Respect, Support, Explore
 - ▶ **“Wish statements”**



Step VI- Make a plan (1)

- ▶ Ensure everyone understands the issues
- ▶ Keep it focused on values/goals
 - ▶ “What is most important to you right now?”
 - ▶ “What is the hardest part for you and your family?”
 - ▶ “When you think about the future, what concerns you most?”



Surrogates

- ▶ Ensure surrogate(s) understands the issues
- ▶ Elicit pt's goals and values
 - ▶ Reinforce they are speaking for pt, not themselves

“You know your father best. Given what's gone on, what would your Dad say if he could see himself?”

“Did your mother ever say anything about how she felt about herself or others being put on a ventilator when they would never get off the machine?”



Step VI- Make a plan (2)

- ▶ Offer recommendations
 - ▶ Use overall values and goals
 - ▶ Consider therapeutic trial
- ▶ Reinforce what you **WILL** be doing
- ▶ Reinforce what it doesn't make sense to do



Step VII- Conclude

- ▶ Summarize consensus, disagreements, decisions, and plan
- ▶ Establish benchmarks/goals to look for
- ▶ Document content of meeting and f/u plan
- ▶ Ask for questions



Common Pitfalls

- ▶ Trying to reach a decision too quickly
- ▶ Attending to only one family member
- ▶ Telling before you ask



Exercise: Assemble the Information

- ▶ For each case, how and where would you gather:
 - ▶ Medical Facts
 - ▶ Patient's preferences and interests
 - ▶ Other parties' preferences and interests
 - ▶ Ethics knowledge



Request A

- ▶ Dr. Bassil, a cardiologist, requests an ethics consultation for an 86 y/o woman with end-stage heart failure who has been in the CCU for 3 weeks. She was admitted with CHF exacerbation and has now progressed with pneumonia, stroke, likely anoxic brain injury and the team would like to discuss limiting treatment. However, the family insists on continuing very aggressive treatment believing that there will be a miracle and she will recover to her baseline.



Request B

- ▶ Dr. Robinson, Chief of Nephrology, requests an ethics consultation asking if it would be ethically justifiable to stop dialysis treatment in a 52 y/o patient who has become increasingly disruptive, and most recently violent, during treatment.



Request F

- ▶ Dr. Karam, a psychologist who specializes in post-traumatic stress disorder, requests an ethics consultation about a patient with intermittent dissociative episodes who is also a recreational pilot. Although the patient's flight safety record is impeccable, recently the patient said that after his last flight he did not remember how he got home. Dr. Karam is concerned that if he reports the patient to the Civil Aviation Authority, it will put his relationship with the patient at risk.

