

Love and Death: Conversations Before the Crises

Joy Howard DNP, AGCNS-BC, ACHPN

Disclosures

Joy Howard discloses no relevant financial relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients during the past 24 months.

Learning Objectives

- Explain the importance of advance care planning conversations
- Identify barriers to having advance care planning conversations
- Discuss effective ways to optimize the environment when having a difficult conversation
- Describe how to engage the patient in a difficult conversation



Communication/ Advance Care Planning

Why is it so important?

Studies suggest that roughly 70% of Americans will be unable to make decisions for themselves at some point in their lives. (Ohio Hospital Association)

Advance Care Planning & Advance Directives



Advance Care Planning

involves discussing and preparing for future decisions about medical care if a patient become seriously ill or unable to communicate their wishes.

Advance Directives

are legal documents that provide instructions for medical care and only go into effect if the patient cannot communicate their own wishes.

Barriers to Conversations



- **Emotional Discomfort:** Fear, sadness, anxiety
- **Family:** patient and family may have different viewpoints
- **Cultural and Religious Taboos:** Different beliefs and practices
- **Communication Skills:** Lack of experience or confidence
- **Provider Perspectives:** Different medical providers may have different opinions about the patient's care

Where to Start?

How do I address
advance care planning
and other tough topics??



Gather Information

- Medical Information-What other medical teams are involved?
- Legal - Who are the right people to include in the conversation
- Pertinent Social Info- Living situations, financial components





Self Reflection

Understand your own feelings and biases.

How do your own life experiences affect the way you see different situations?

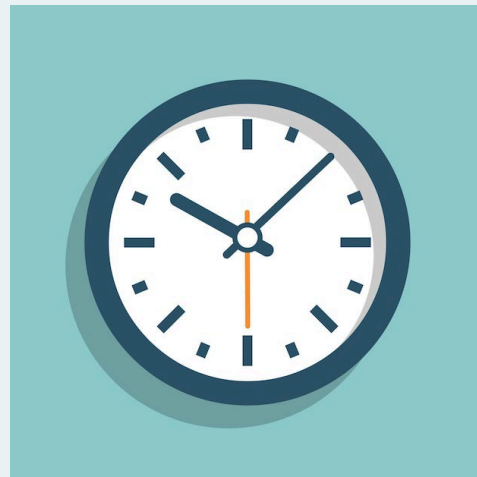
(Also know that the patient/families' life experiences affect the way they may see the situation)

Setting the Environment for Difficult Conversations

Arrange
for
Privacy



Manage Time
Constraints &
Interruptions



Involve
Significant
Others



Sit Down
Eye Level
With
Patient



Engaging in Difficult Conversations

(non-emergent situations)

I would like to talk to you about some important things I talk to all my patients about. Would that be ok?



- Normalize questions surrounding advance care planning topics like code status
- Explain the importance of the discussion
- Ask permission
- Provide basic definitions
- Avoid vague or overly technical terminology
- Find out what matters most to the patient
- Empathize, normalize, partner, and reassure
- Give patient time, acknowledge this is a tough topic to discuss
- Respect their choices

Engaging in Difficult Conversations (emergent situations)



Hello I am sorry to be meeting you under these circumstances, have you heard what happened to your brother today?



- Find out what is already known
- Fire a warning shot
- Give the headline
- Provide basic definitions
- Be compassionate but be frank
- Again- avoid vague or overly technical terminology
- Do not offer interventions with no clinical value
- What are the patient's values?

Use Open-Ended Questions



Often begin with “Why”, “How” and “What

“What is your understanding of your illness?”



Require more than a one-word response, i.e. “yes”, “no”, “maybe”

“What is most important to you?”



Have no predetermined answer, requires the individual to explain their answers in their own words

“What are you hoping for?”

I wish • I hope • I worry

- “I **wish** I had better news.”
- “I **hope** that this is not the case, however I’m **worried** that this may be as strong as you will feel”
- “I **hope** you will continue to live well for a long time but I’m worried that you could get sick quickly, and I think it is important to prepare for that possibility.

PHRASES TO AVOID

Do you want to die?

If your heart stops, do you want us to do everything?

Your heart rate may drop and not recover, and your body will then declare itself.

You've just had an MI, your EKG shows some ST-segment changes and your troponin and CPK levels are elevated, you also had a short run of VT. What would you like us to do if that were to happen again?

There is nothing more we can do.





Remember to Respect the Patient/Family

Each patient/family brings their own values, beliefs and life experiences with them

Case Study/Goals of Care Conversation

- John Rogers is a 72 year old male with advanced lung cancer, s/p chemo and radiation treatments. He has come into see his oncologist Dr.Jones for a follow up appointment, he brought his daughter Lisa. He has been experiencing increased shortness of breath, decreased appetite and fatigue. He has never “bounced back” since completing his last radiation treatment. At this point John has exhausted several lines of therapy, his last scans showed further spread, there may be some options for immunotherapy. Dr.Jones plans to have a goals of care discussion with John at today’s appointment.
- John shows up on time for his 11am appointment. He is finally taken back to one of the office clinic rooms at 12:25. It’s been a busy day and Dr.Jones has had a full schedule and has had to double book several patients. Dr.Jones comes into the room to speak with John and his daughter Lisa. He leaves the room door cracked in case he is needed for another patient.

What could have
made this
conversation better?



Questions?



Resources



Thank
you

Joy Howard

jhoward@hancockhealth.org