Communication in Serious Illness

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Objectives

- Define a population of patients with serious illness for whom improved communication holds many benefits
- Learn how to improve communication in patients with serious illness
- Apply a structured communication tool to facilitate and improve communication in patients with serious illness

Audience Participation

Light travels faster than sound. This is why some people appear bright until you hear them speak.

Audience Participation

You don't have the right to remain silent. Anything you say will be misquoted then used against you

"There's no easy way I can tell you this, so I'm sending you to someone who can."

Communication in Serious Illness: Principles

- Patients (most) want the truth about prognosis
- You will not harm patients
- Anxiety is normal
- Patients have goals and priorities besides living longer
- Giving patients opportunities to express fears and worries is therapeutic

Doctors Reluctant to Discuss EOL Care

- Only **12%** of providers had yearly discussions with HF pts as recommended by the AHA
- **1 in 3** report lack of confidence or know-how for EOL conversation

American Heart Association Meeting Abstract 352: 6/4/14; S Dunlay, MD, MS

Communication in Serious Illness

WHO?

Patients with:

- Advanced organ failure:
  - HF
  - COPD
  - ESLD
  - CKD
  - ASCVD/PAD/CVA
- Advanced cancer
- Dementia/ Neurodegenerative
- Elderly with multiple chronic conditions
- “Surprise” question: Would I be surprised if this patient is not alive in ONE year?

People ≥ 65 20 ----------35 ----------70 million!

1965 2011 2030

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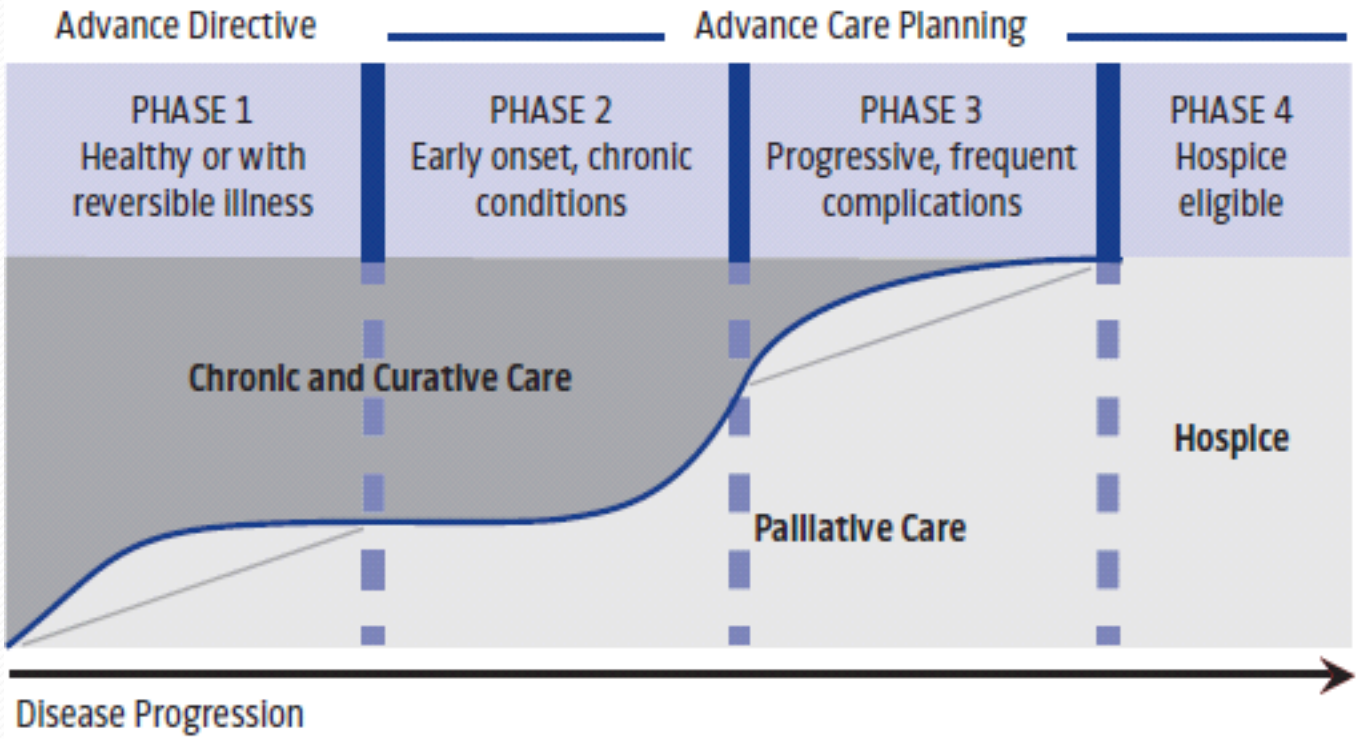
WHEN?

Advanced Illness Management

A New Paradigm

FIGURE 1. FRAMEWORK FOR ADVANCED ILLNESS MANAGEMENT



Source: American Hospital Association, 2012 Committee on Performance Improvement: Advanced Illness Management Strategies (in 2 parts). Chicago: American Hospital Association, 2012.

Primary palliative care →

Specialty Palliative Care →

The Challenge – Advance Illness Phase III

- Increasing:
  - burdens of disease
  - risks of interventions
  - frailty
- Declining
  - benefit of disease directed therapies
  - functional status
- Aware of frailty but unaware of approaching end of life (both clinicians & patients)

PROGNOSTICATION

Prognostication Often Difficult

Biometric Models + Functional Status +
Specific Biomedical Data + General Biologic Data

Equals

More Accurate, Useful, Compassionate and Professional
Prognostication

Frailty: 3 of 5

1. Loss of strength
2. Weight loss (unintended)
3. Low activity level/increased sleeping
4. Poor endurance or easily fatigued
5. Slowed performance/unsteady gait

Reuben NEJM 2012

SURPRISE Question

Q: Would I be surprised if this patient were not alive ***ONE YEAR FROM NOW?***

A: No

Plan: ***SERIOUS ILLNESS CONVERSATION***

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WHAT?

Clinician's Role

- **Inform patient that he/she has a progressive, ultimately fatal disease**
- **Learn about patient's values and goals**
- ***Remember that family has to live with the memories***

Patient Priorities for Care

- Rank order what is most important
  - **Independence! - 76%**
  - Pain management
  - Not to be a burden

  - -
  - -
  - -
  - -
  - Staying alive as long as possible - **LAST**

Arch Int Med 2011;171

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HOW?

ROLE PLAY

- Reply/Response Drill
- APPLY *Serious Illness Conversation Guide*:
  - Ten minutes conversation
  - Groups of 3 – clinician, patient & observer
    - #1 Set-up
    - #2 Understanding
    - #3 Information preferences
    - #4 PROGNOSIS: Use "Wish, Worry, Wonder"
- Five minute debriefing in small groups
- Collective debriefing

Dos and Don'ts

Dos

- Direct, honest prognosis
- Plain language
- Prognosis as a ***range***
- Quality of life, fears and concerns
- Acknowledge/explore emotions
- Allow silence
- Make a recommendation: "based on XX medical situation, YY treatment options and ZZ goals and values, ***I recommend….***"
- Document conversation, ensure follow up

Don'ts

- Talk more than half the time
- Use medical jargon
- Fear silence
- Give overly optimistic prognosis
- Provide facts in response to strong emotions
- Focus on medical procedures