

The Difficult Conversation

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No Disclosures

Goals and Objectives

- Use concepts presented here to advance Quality Decision Making.
- Use the “Ask, ask, tell” technique to further Quality Decision Making.
- Be able to keep the conversation going by using questions and statements that are affirmative but not optimistic.

The Difficult Conversation

- Breaking Bad News
- The Difficult Conversation
- Goals of Care

Bad News

- Someone is going to die
- You, the patient
- Someone you love

How Do We Know?

- Experience and intuition
- Minutes, Days, Months
- Prognosis by Diagnosis
- By Decline
- ER/hospital admissions

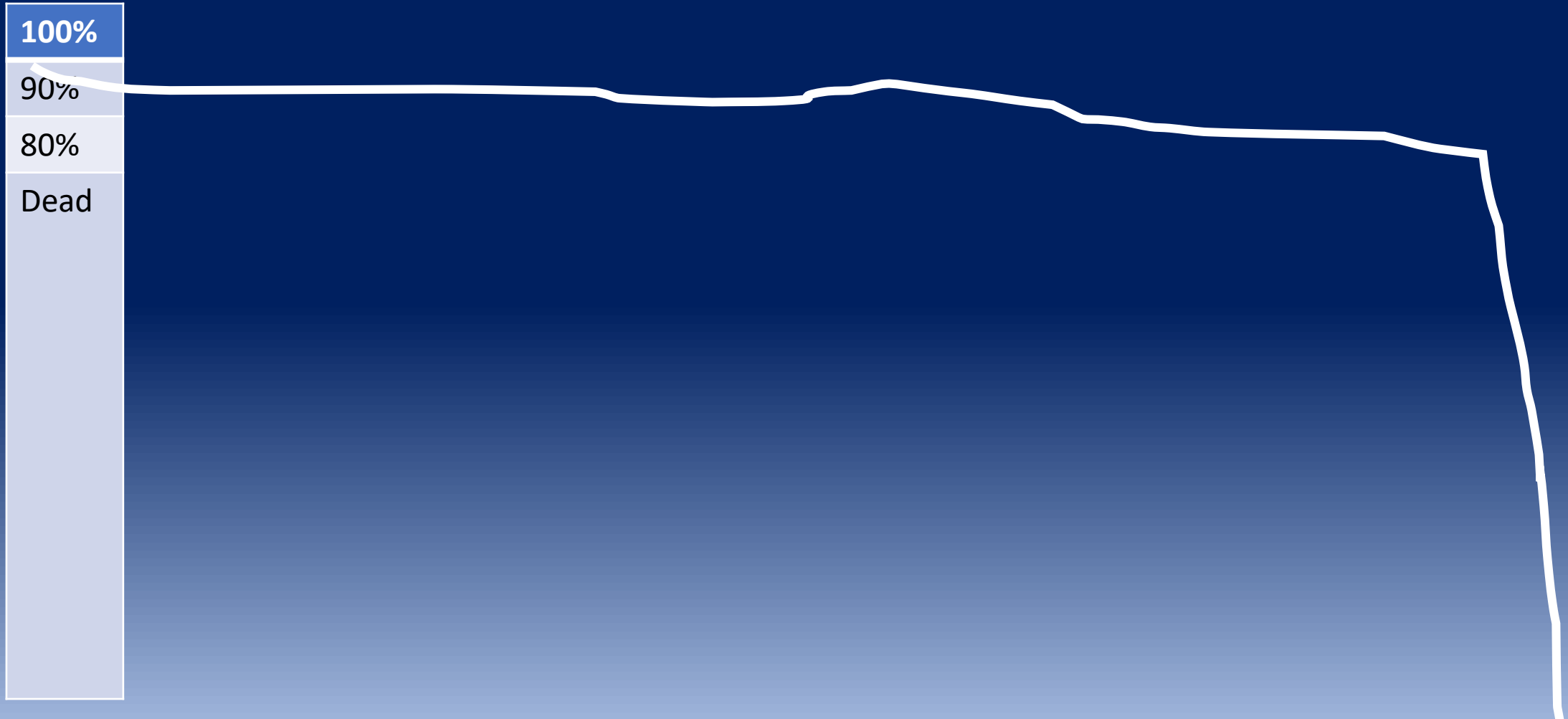
How Do We Die?

- How do I want to die?
- You may want to die just like me.

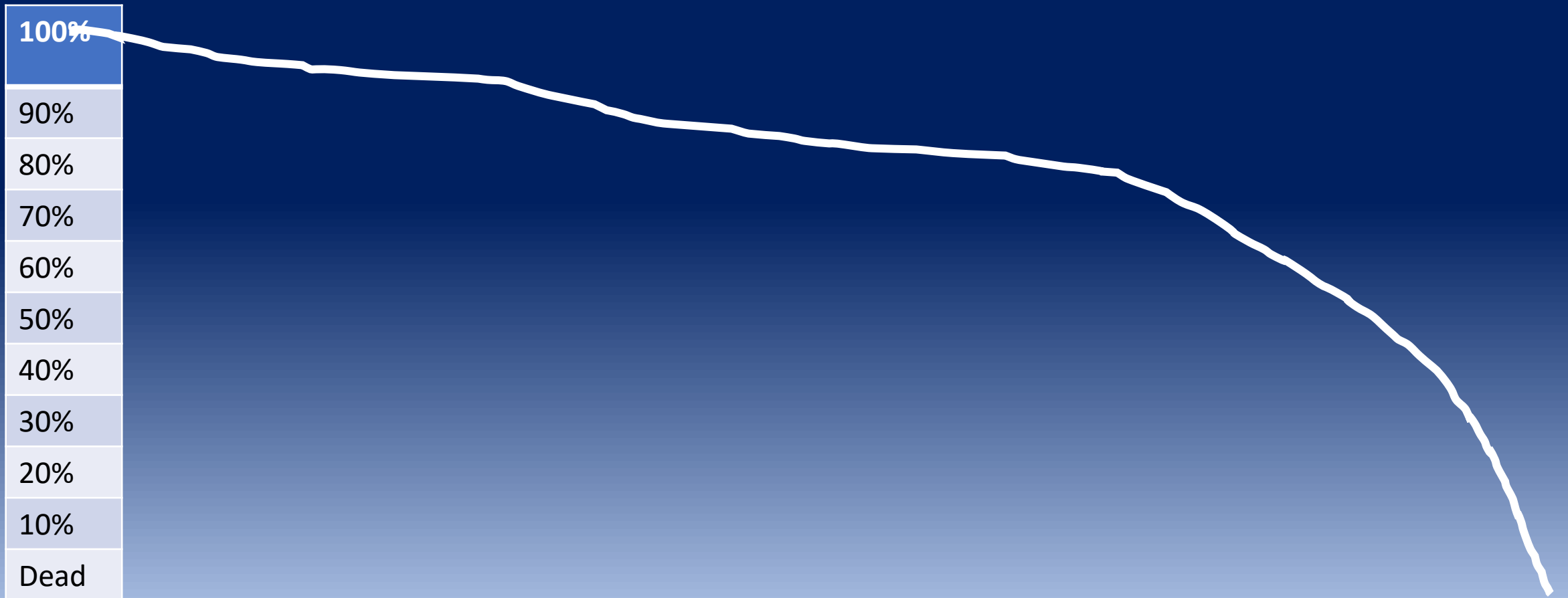
Palliative Performance Scale

Level	Ambulation	Dz Activity	Self Care	Intake	Conscious
100%	Full	Normal activity, work	Full	Normal	Full
90%	Full	Normal with some dz	Full	Normal	Full
80%	Full	Activity with effort	Full	Normal/less	Full
70%	Reduced	Unable	Full	Normal/less	Full
60%	Reduced	Unable	Help needed	Normal/less	Full/perplexed
50%	Sit/lie	Dz exhaustion	Help Required	Normal/less	Full/perplexed
40%	Mostly Bed	Extensive Disease	Major Assist	Normal/less	Dull/confused
30%	Bed bound	Extensive Disease	Total Care	Normal/less	Dull/confused
20%	Bed bound	Extensive Disease	Total Care	Minimal/sips	Dull/confused
10%	Bed bound	Extensive Disease	Total Care	Mouth care	Coma/confused

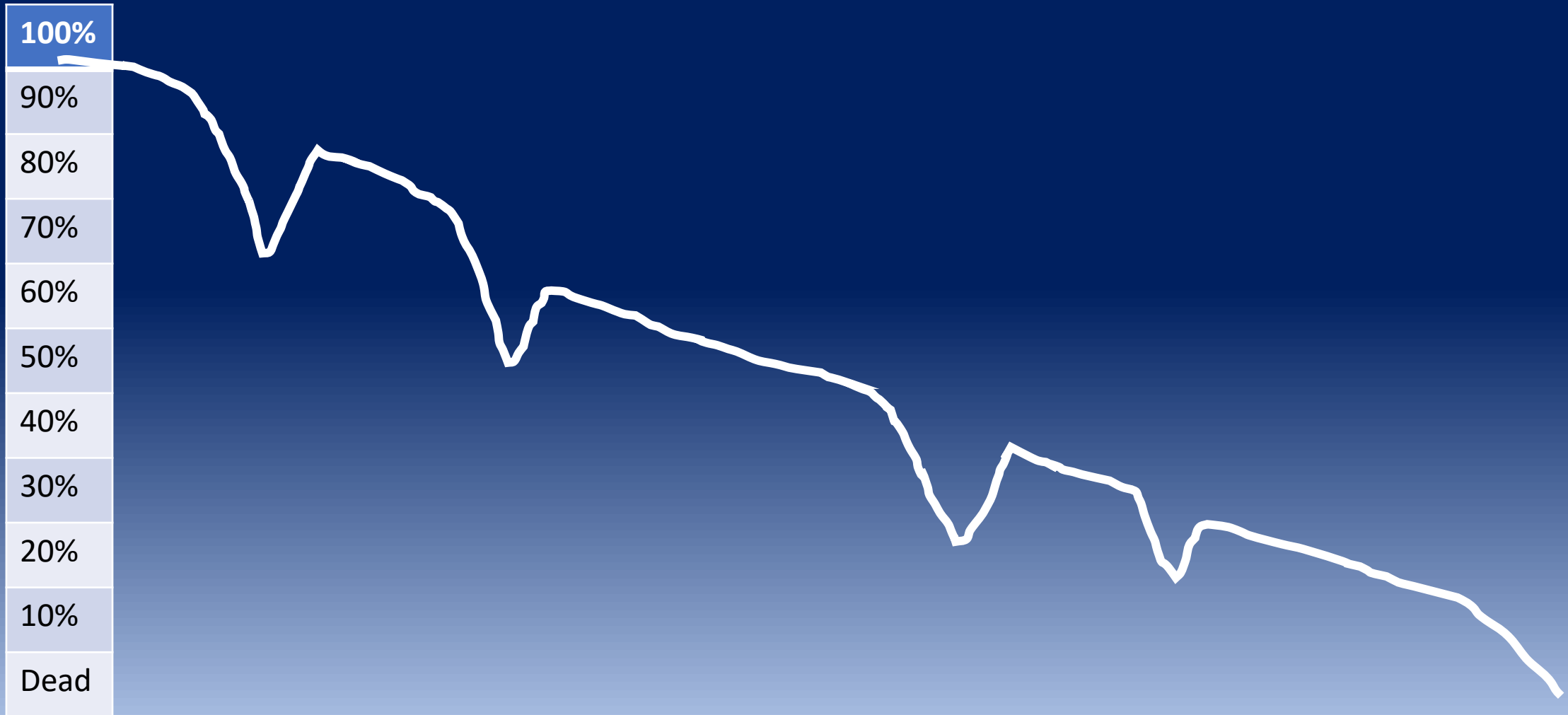
Pattern of Decline



Pattern of Decline



Pattern of Geriatric Decline



Why Have a Difficult Discussion?

- Demonstrates Caring and Concern for Patient
- Respects Patient Wishes and Choices
 - The care they want and interventions they don't
 - Code status
- Guides Plan of Care
 - Escalate or De-escalate Interventions
 - Time and resources are focused

Death Certificate

- If the Cause of Death is liquefaction

The Conversation

- Patient or family
 - Different Hopes and Goals
- In Person or Remote
 - Active listening
- Unhurried or rushed
 - Covid has added urgency
- English or Interpreter

The Conversation

- Advance Care Planning
- Early
 - Future scenarios
 - Yet to taste the bitterness of medical interventions
- Late
 - Urgent, chaotic
 - Emotional storm

Conversation Resistance

- The Human Heart and Mind
 - Long for Optimism and Hope
 - Do Everything
 - Praying for the Miracle
- Reject negatives and bad news

Predictable Emotional Response

- Shock, Denial
- Bargaining
- Anger
- Depression
- Acceptance

How to: The Difficult Conversation

- Ask, ask, tell
- Sit down
- Eye contact, focus
- Affirmation without optimism
- Cultural competence
- Substituted judgement

What Not to Say

- Clinical data
 - Distracts for patient focus
- Negative words
 - Terminal, End of Life, Dying
- Positive words
 - Improved, stable, better

Conversation Traps

- Asking the family what they want.
- Focusing on “the numbers.”
- Accepting other Specialists’ “good news.”
- The “Miracle” Conversation stopper.

Difficult Conversation Outcomes

- Quality Decision Making
- The Patient and their wishes are respected
- Family comforted validation and respect
- Burden of decision making lifted from family
- Staff time and resources are focused
- 99497, 99498

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