

“Challenging Family Conferences at End of Life: A Case-Based Presentation”

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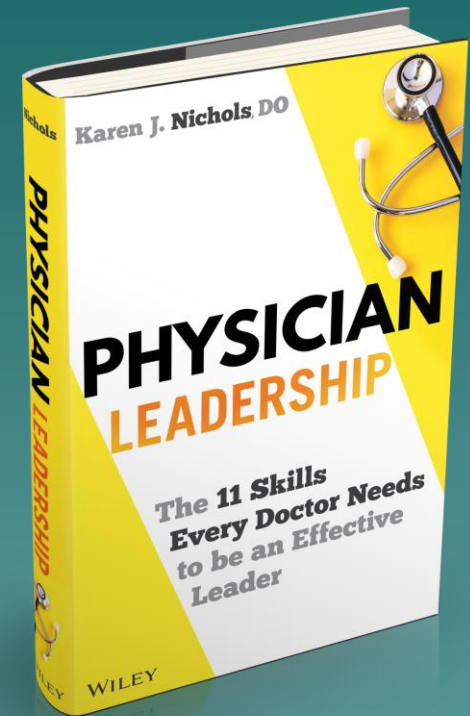
Disclosure

Author, "Physician Leadership:
The 11 Skills Every Doctor Needs
to be an Effective Leader"

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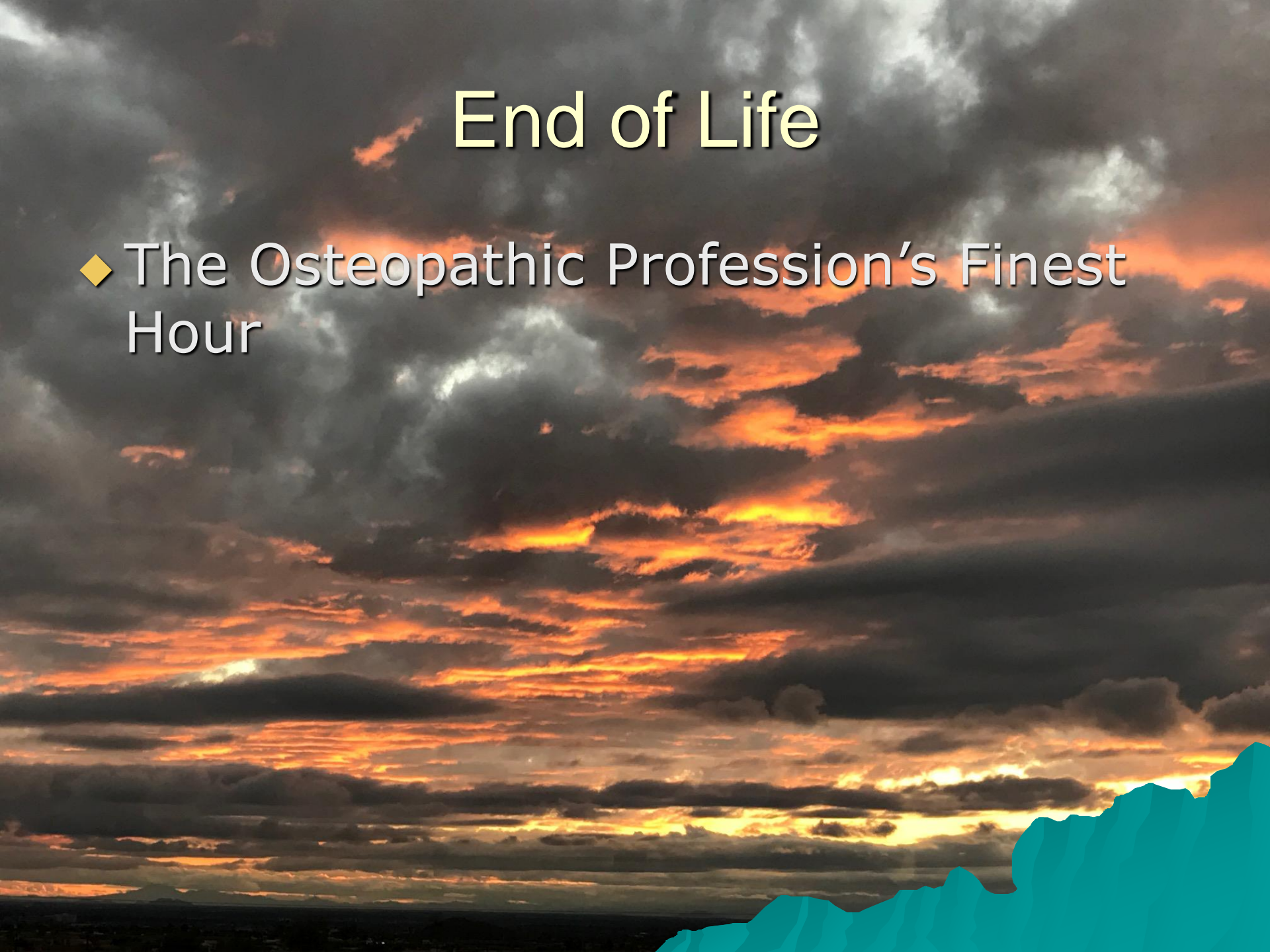


Objectives

- ◆ 1- The participant will list two commonly seen content issues for family conferences.
- ◆ 2- The participant will describe two approaches to determining the patient wishes.
- ◆ 3- The participant will describe two pitfalls encountered in family conferences.

End of Life

- ◆ The Osteopathic Profession's Finest Hour



Caring for patients near the end of life – why is it so hard?

- ◆ Uncertainty about prognosis
- ◆ Decision to shift goals often irrevocable
- ◆ Insufficient technical training
- ◆ Medical culture regards death as failure
- ◆ Suffering is difficult

. . . How Americans died in the past

- ◆ Prior to antibiotics, people died quickly
 - infectious disease
 - accidents
- ◆ Medicine focused on caring, comfort
- ◆ Sick cared for at home
 - with cultural variations

Medicine's shift in focus . . .

- ◆ **Potential of medical therapies**
 - “fight aggressively” against illness, death
 - prolong life at all cost
- ◆ **Improved sanitation, public health, antibiotics, other new therapies**
 - increasing life expectancy
 - Prior to Opioid Crisis
 - Prior to COVID-19

End of life in America today

- ◆ Modern health care
 - only a few cures
 - live much longer with chronic illness
 - dying process also prolonged

Sudden death, unexpected cause

- ◆ <10%
- ◆ MI, accident

Health Status

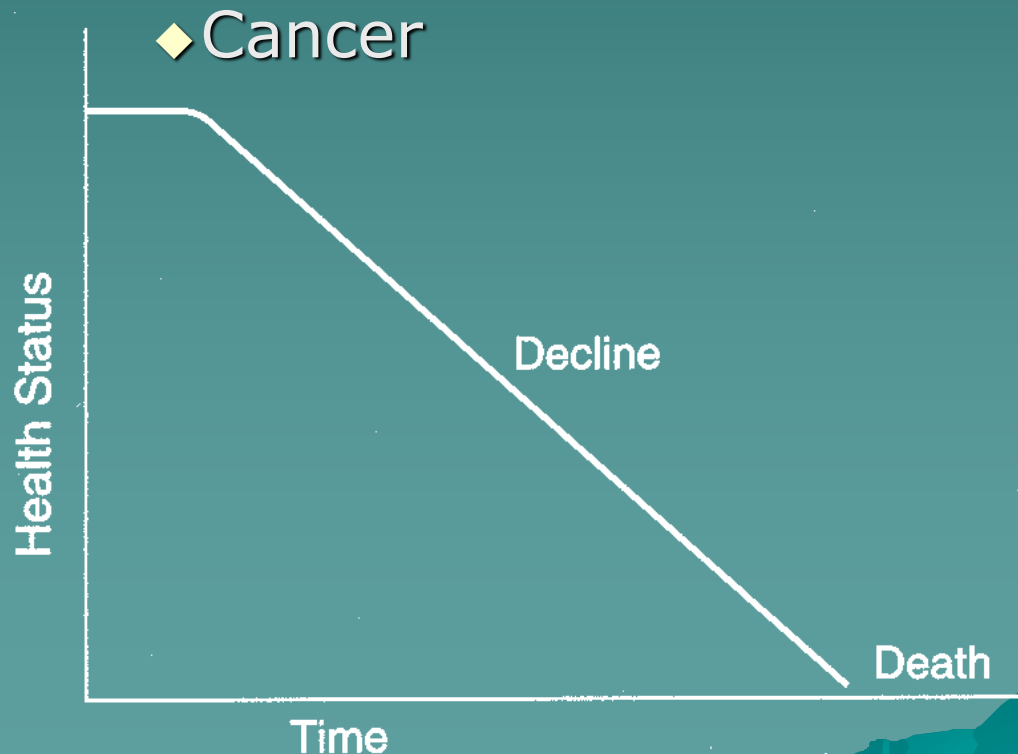


Death

Protracted life-threatening illness

◆ > 90%

- A - predictable steady decline with a relatively short "terminal" phase

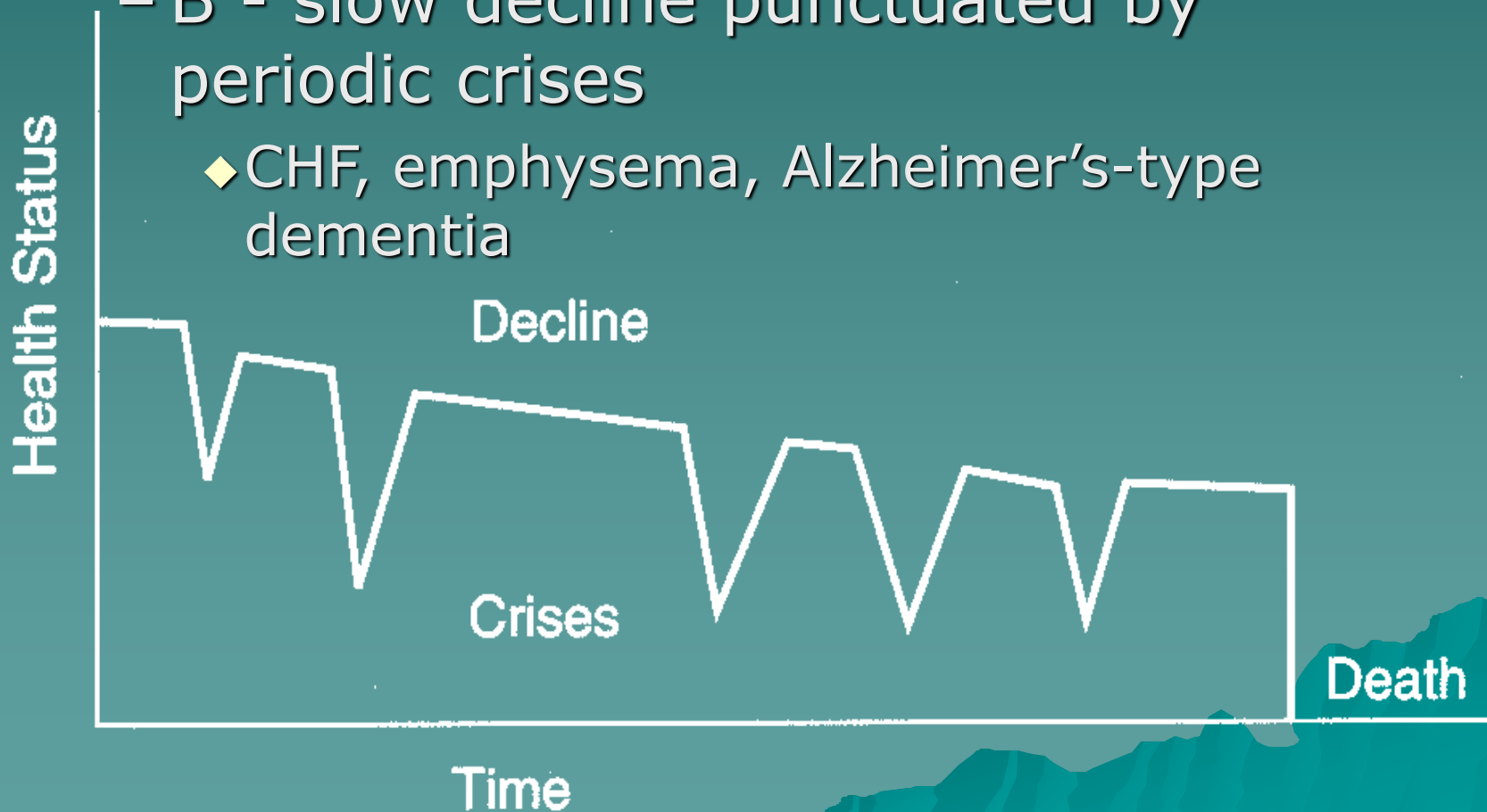


Protracted life-threatening illness

◆ > 90%

– B - slow decline punctuated by periodic crises

◆ CHF, emphysema, Alzheimer's-type dementia



Issues for Family Conferences

◆ CONTENT: Difficult Dilemmas

- When we are not sure of the outcome of a specific treatment
- When we are pretty sure of the outcome of any treatment

◆ PROCESS: Family Conferences

- Principles
 - ◆ Advance Directives
 - ◆ Goals of Care
- Pitfalls

Content of the Issues
for the Family
Conference

Difficult Dilemmas

- ◆ When we are not sure of the outcome of a specific treatment
 - “Withholding vs. Withdrawing a Treatment”
- ◆ When we are pretty sure of the outcome of any treatment
 - “Medical Futility”

Case #1

- ◆ A 35-year-old severely ill patient with lymphoma develops acute shortness of breath and has a positive V/Q scan. He has a living will which states he wishes no heroic measures if terminal. The nurse calls you to put the patient on life support, since he is not terminal.


- ◆ The patient can't indicate their interests. You are already meeting with the family and can now discuss this situation.

It feels harder to withdraw than to withhold therapy.

- ◆ A. Agree
- ◆ B. Disagree

There is no ethical difference
between withholding and
withdrawing therapy.

- ◆ A. Agree
- ◆ B. Disagree

- 
- ◆ Withholding treatment vs. withdrawing treatment
 - Time limited trials
 - Ethical differences?

Case #2

- ◆ An 82-year-old female with breast cancer develops an acute bowel blockage requiring emergency surgery. She suffers a massive stroke in surgery and can't be extubated. Brain CT shows massive brain swelling which has stopped her ability to breathe on her own and can't be reversed.

An EEG is consistent with criteria for brain death. You recommend discontinuing life support. Her family says, "No, she is still breathing and still has a heart beat."

You are required to follow the family's direction.

- ◆ A. Agree
- ◆ B. Disagree

A sunset over a harbor with many sailboats and a large ship in the distance. The sky is filled with soft, colorful clouds in shades of orange, pink, and purple. The water reflects the warm light of the setting sun. In the foreground, the silhouettes of numerous sailboats with their masts and rigging are visible. To the right, a larger, more complex vessel, possibly a cargo ship or a specialized maritime vessel, is docked or anchored. The overall scene is peaceful and scenic.

◆ Medical Futility

Physicians and futility

- Patients / families may be invested in interventions
- Physicians / other professionals may be invested in interventions



Definitions of medical futility

- Won't achieve the patient's goal
- Serves no legitimate goal of medical practice
- Ineffective more than 99% of the time
- Does not conform to accepted community standards

Is this really a futility case?

- Unequivocal cases of medical futility are rare
- Miscommunication, value differences are more common
- Case resolution more important than definitions

Process for
Conducting Family
Conferences



Preparing for Family Conference

◆ Principles

- Any Known Guidance?
 - ◆ Yes - Advance Directive
 - ◆ No - Goals of Care
- “BREAKS”
- Responding to Feelings

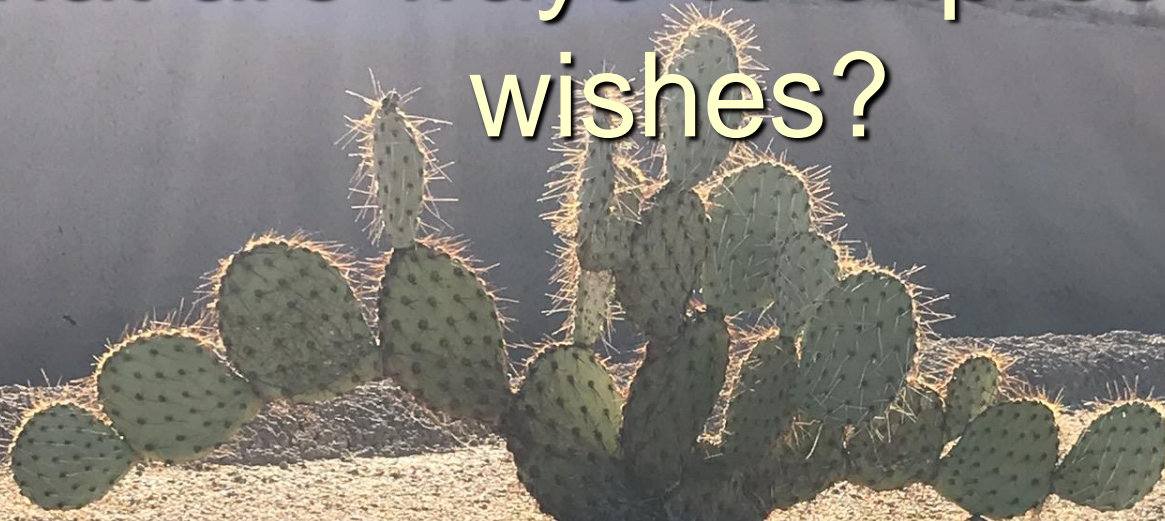
◆ Pitfalls

- Inappropriate surrogate
- Personal factors
- Values conflict
- Misunderstanding

Case #7

- ◆ A 55 year old severely ill patient with lymphoma develops acute shortness of breath and has a positive V/Q scan. He has never wanted to talk about what to do in case to worsening prognosis.

What are ways to express your wishes?



Do you have a Living Will?

- ◆ A. Yes
- ◆ B. No

Do you have a Durable Medical Power of Attorney?

- ◆ A. Yes
- ◆ B. No

A Living Will is preferable over a Durable Medical Power of Attorney

- ◆ A. Agree
- ◆ B. Disagree



◆ Living Will

– What the patient wants done

◆ Durable Medical Power of Attorney (for Health Affairs)

– Who knows what the patient would want done in this specific set of circumstances

What if no advance directive
has been prepared?



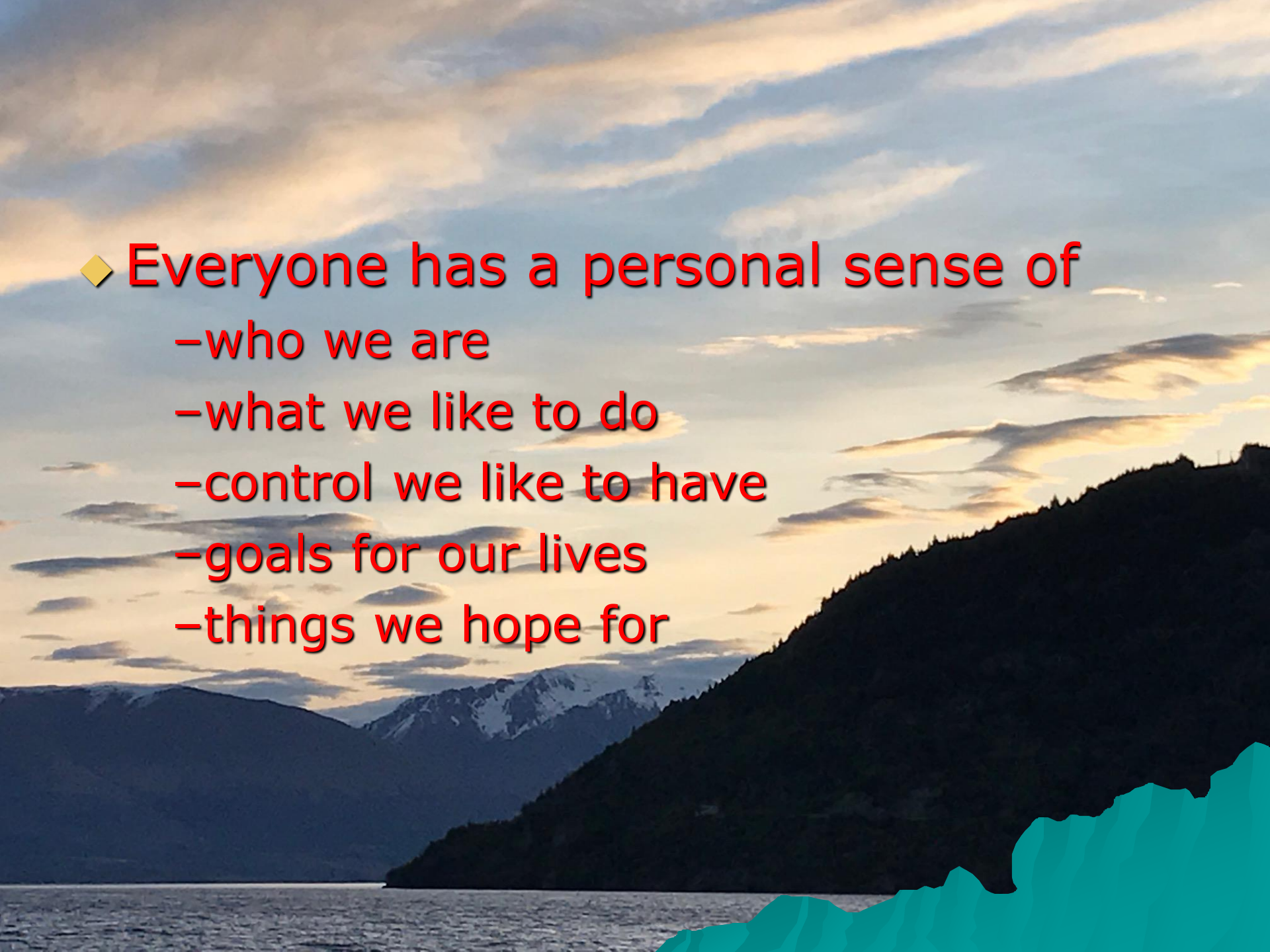
Goals of Care

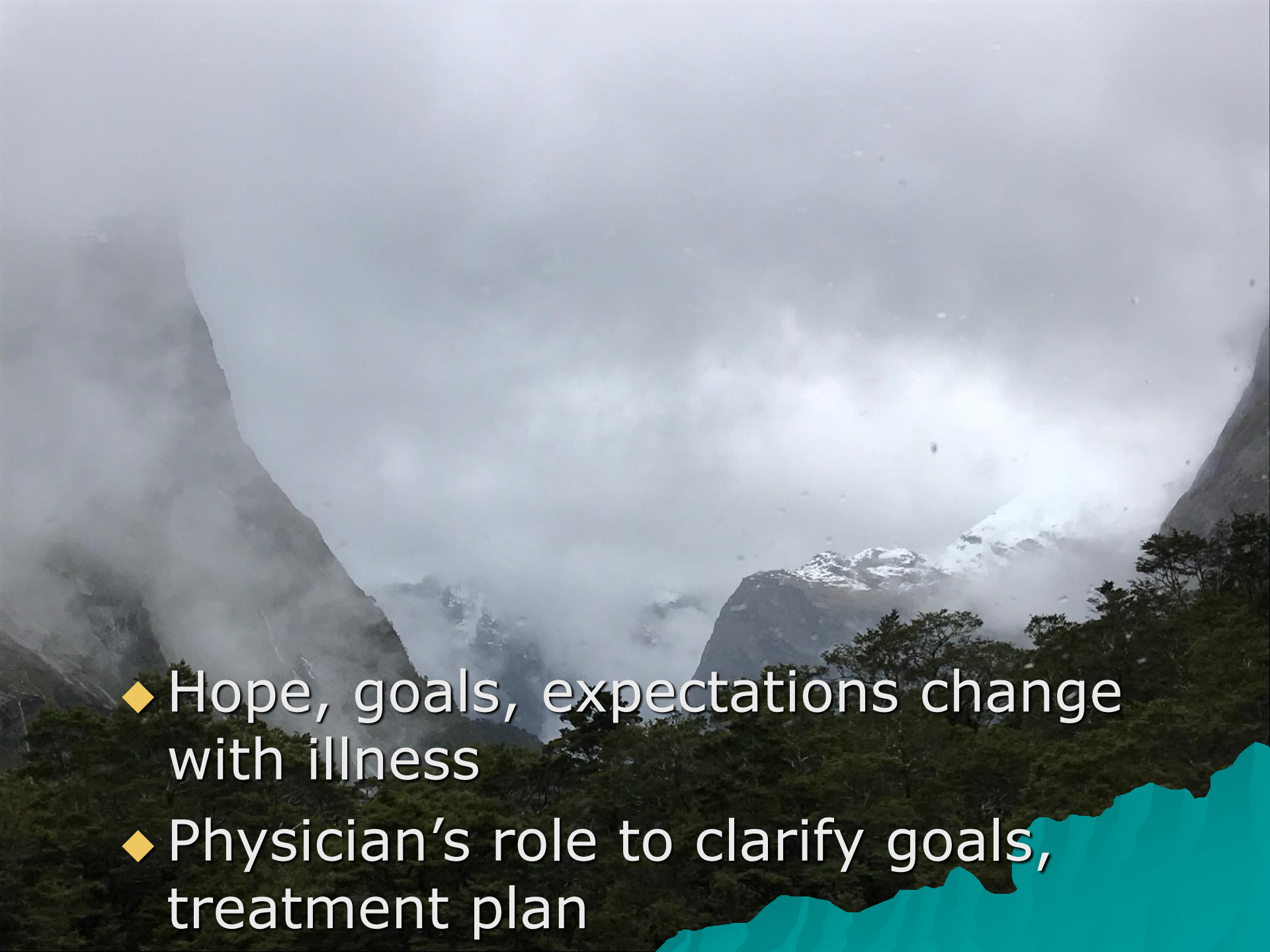
A photograph of a sunset or sunrise. The sky is filled with warm, golden light, transitioning to a deep blue at the top. Silhouettes of bare tree branches are visible in the foreground, and several saguaro cacti are visible in the mid-ground. The overall mood is serene and contemplative.

- ◆ The most important starting point for any conversation about end of life!

What are the choices available?

- ◆ What does your patient want?
- ◆ What do YOU want?
- ◆ Does anyone else KNOW what you want?

- 
- ◆ Everyone has a personal sense of
 - who we are
 - what we like to do
 - control we like to have
 - goals for our lives
 - things we hope for

- 
- A dramatic landscape featuring misty, snow-capped mountains and dense green trees in the foreground. The sky is overcast with soft light breaking through the clouds. A teal graphic element is visible at the bottom right of the image.
- ◆ Hope, goals, expectations change with illness
 - ◆ Physician's role to clarify goals, treatment plan

Potential goals of care

- ◆ Cure of disease
- ◆ Relief of suffering
- ◆ Avoidance of premature death
- ◆ Quality of life
- ◆ Staying in control
- ◆ Maintenance or improvement in function
- ◆ A good dying
- ◆ Support for families and loved ones
- ◆ Prolongation of life

Determine specific priorities, with or without an advance directive

- ◆ Based on values, preferences, clinical circumstances
- ◆ Influenced by information from physician, team members
- ◆ Right to refuse any intervention
- ◆ All patients have rights - even the incapacitated

Principles for Family Conferences

- ◆ **"BREAKS"**
- ◆ **B**ackground
- ◆ **R**apport
- ◆ **E**xplore
- ◆ **A**nnounce
- ◆ **K**indle (process information/feelings)
- ◆ **S**ummarize

RESPONDING TO FEELINGS

- ◆ Affective Response
 - Tears
 - Anger
 - Anxiety
- ◆ Cognitive Response
 - Denial/mistrust
 - Blame
 - Guilt
 - Fear
 - Intellectualization

RESPONDING TO FEELINGS

- ◆ Basic Psychophysiological Responses
 - Fight or flight
- ◆ “You can’t answer a feeling with a fact!”


Pitfalls in Family Conferences

- A. Inappropriate surrogate
- B. Personal factors
- C. Values conflict
- D. Misunderstanding

A. Inappropriate Surrogate

- ◆ The “Five Year” Daughter


B. Personal factors

- Distrust
 - Guilt
 - Grief
 - Intra-family issues
 - Secondary gain
- 
- A decorative graphic at the bottom of the slide consisting of a dark teal silhouette of a mountain range against a lighter teal background.

C. Difference in values

- Religious
- Miracles
- Value of life

D. Misunderstanding: underlying causes . . .

- Doesn't know the diagnosis
 - Too much jargon
 - Different or conflicting information
 - Previous overoptimistic prognosis
 - Stressful environment
- 
- A decorative graphic at the bottom of the slide showing a silhouette of a mountain range in shades of teal and blue.

. . . Misunderstanding: underlying causes

- Family is not getting any sleep
- Emotional distress
- Psychologically unprepared
- Unable to understand what is happening

Misunderstanding: how to respond . . .

Choose a primary communicator

Give information in

– small pieces

Use understandable language

Do not hedge to “provide hope”

Involve other health care professionals

□ Social services

□ Ethics committee

Summary: Challenging family conferences at the end of life

- ◆ Clarify the content issues in the current situation
- ◆ Determine the process that is triggered by the current situation
- ◆ Be aware of pitfalls of any family conference

A sunset scene with palm trees and a teal mountain silhouette. The sky is filled with orange and yellow clouds, and the sun is low on the horizon. Several palm trees are silhouetted against the sky. In the foreground, there is a teal-colored silhouette of a mountain range.

◆ "...cure sometimes, care always"

End of Life

- ◆ The Osteopathic Profession's Finest Hour



www.osteopathic.org/EPEC

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