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Goals of Care

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Leonard Hock DO

- No Disclosures
- No Conflicts
- No Off-label discussion
- Hock Talk, LLC, Serious Illness Educator
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Goals and Objectives

- Gain confidence and skills in your approach to the Goals of Care conversation.
- Be able to use the Dialectic conversation in your interaction with seriously ill patients.
- Learn to avoid words or phrases that stop the patient and family acceptance of your supportive conversation.
- The Goals of Care is about quality decisions.

Assumptions

- You have dealt with death and dying in your professional or personal life.
- No matter your specialty, family and friends will turn to you as knowledgeable about death and dying.
- Most of us believe we have some expertise in end-of-life discussions.

Questions

- What are the commonly known emotional responses to grief or bad news?
- What is the Anchor Effect?
- Motivated Reasoning causes patients and families to….?
- Which is more valuable to patients and families, telling the facts or asking questions?

Dying In Florida

- 100,000 deaths per day in the U.S.
- Florida, 2021, 261,246 deaths
- Florida, 2021, 716 deaths per day
- Liberty county, 117 deaths
- Miami Dade county, 25,875 deaths
- Florida more deaths than New York
- Florida more deaths than births

Doctors and Death

- Feelings of guilt, self doubt, failure, bad reputation.
- Often confident, yet awkward in the end-of-life conversation with patients and families.
- Public believes end of life discussions are “Part of the doctor’s job.”
- Most doctors want peace and comfort in their own final days.

Emotions of Bad News

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Denial

- Deeply embedded in our emotional makeup
- Shock, disbelief. “It can’t be true.”
- A lasting and recurrent emotion even after the facts are clear and communicated.
- Motivated Reasoning. Denying the facts.
- Confirmation bias. Only the good news.

Anger

- A quick and powerful response to bad news.
- The target of anger could be the most supportive professional or family member.
- Betrayal. Abandonment.
- Anger clouds decision making and useful communication.
- Denial and Anger are the two responses most difficult to calm.

Bargaining

- The personal search for hope.
- The Miracle
- Centers of Excellence
- The best of the Specialists
- The clinical trial
- The Anchor Effect: The positive and lasting impression of initial good news. “It will be OK”

Depression

- Sadness at loss
- Change of roles, loss of roles
- Grief vs depression
- Anticipatory grief
- Complicated grief
- Disenfranchised grief
- Major depression

Acceptance

- Intellectual acceptance
- NOT emotional acceptance
- Understanding the situation is not accepting the situation
- All previous emotions recur at times.

Physician Response

- A supportive attentive conversation
- **Not:** Breaking Bad News or the Difficult Discussion
- The Goals of Care Conversation, quality decision making at a difficult time.
- The Dialectical discussion. Asking and NOT telling.
- Active listening plus Ask, ask, ask

Goals of Care Conversation

- Knock
- Acknowledge by name
- Introduce by name
- **Sit down**
- Active listening
- Affirm and validate without optimism
- Ask, ask, ask

Ask

- Tell me about yourself (or the patient).
- What is the situation now?
- What have the doctors told you?
- What do you think of that?
- What do you think is happening?
- How do you think this will go?
- What is most important now?
- How can I help?

Words that Matter

- Words that are viewed as **negative** will elicit the denial emotion and stop the decision making now and in the future.
- Dying
- End of life
- Terminal

Words that Matter

- Good words will elicit Motivated Reasoning and the Anchor Effect supporting Denial.
- Improved
- Better
- Stable

No Bad Words, No Good Words

- Affirm and validate the value of the person.
- Don’t be optimistic.
- “But doctor, we want him to live.” family.
- “We also want him to live. That’s why he has had all this care. What do you think is happening now.” Physician.
- “What kind of care would he want for the rest of his life.” Physician.

*

- * Principal of Substituted Judgement.
- Don’t ask the family what they would want us to do. The question is loaded with guilt, unbearable responsibility and likely blame.
- Most patients are too ill at this point in their life to have decisional capacity.
- Ask the family “What do you know he would want for care for the rest of his life?”

And in Conclusion

- In the beginning of a serious illness know that what you say might support the Anchor Effect and Motivated Reasoning which strengthens denial.
- Sit down
- Expect the human emotional reactions
- Ask, ask, ask
- I’m here to help
- How would he want to be cared for the rest of his life?

Thank you

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