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
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

**WHY Should We?**

**WHY Don’t We?**

*(have these conversations)*
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
Conversations about Goals Improve Healthcare Value

In a prospective multicenter study of 332 cancer patients, family associated EOL conversation with:

- Better quality of care
- Less hospital/ICU, lower costs
- Lower risk complicated grief + bereavement among family caregivers

— Wright et al. JAMA 2008;300:1665-73.
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
The Modern Death Ritual

- >95% of all health care spending is for the chronically ill
- 64% of all Medicare spending goes to the 10% of beneficiaries with 5 or more chronic conditions
- 40% of Medicare dollars spent last 6 months of life
- 50% of decedents in ER in last month of life, 75% in last 6 months
- Despite high spending, evidence of poor quality of care
- Huge dissatisfiers for patients, families, and providers

Health Affairs 2012
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

1965: 20 million
1990: 35 million
2030: 70 million!
Communication in Serious Illness

WHEN?
Trajectory of Advanced Illness

Phase I – healthy with “reversible illness”

Phase II – onset and progression of chronic symptoms

Phase III – frailty & functional decline
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)
Primary palliative care

Specialty Palliative Care
PROGNOSTICATION
Prognostication Often Difficult

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

Equals

More Accurate, Useful, Compassionate and Professional Prognostication
Biometric Models - Examples

- NYHA – CHF
- Seattle heart – CHF
- MELD – Liver
- ECOG – Cancer
- FAST - Dementia
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
Patterns of Functional Decline Can Make Prognosticating Difficult

Patterns of Functional Decline; Lunney, J. R. et al. JAMA 2003;289:2387-2392
SURPRISE Question

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

A: No

Plan: **SERIOUS ILLNESS CONVERSATION**
Communication in Serious Illness

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
Communication in Serious Illness

HOW?
Communication in Serious Illness How?

- Serious Illness Communication Guide
- Structured Tool
  - Set Up – Critical!
  - Seven Questions
  - Recommendations
  - Commitment/Follow Up
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
Video Demo of Serious Illness Conversation

https://www.youtube.com/watch?feature=player_embedded&v=RPQBukpyKAY

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ROLE PLAY

• 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**
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