PLANNING FOR THE FUTURE: Early and late goals of care

Bob Arnold MD

University of Pittsburgh

Vital Talk

AIMS

- Have a five minute early conversations about advance care planning
- Be able to describe the core steps involved in a late goals of care conversation
- Describe how a second conversation differs from a full conversation about goals of care

Three conversations

- EARLY
  - Raise the issues
- LATE
  - Make the decision
- SECOND CONVERSATION
  - Operationalize the decision

The early **challenge**

- There is never a good time to talk about advance care planning
- Someone else can do it
- Talking about ACP will take away hope

Patients want this conversation

- > 80% want to talk about advance care planning
- Most patients want the doctor to raise the issue

The conversation improves care

- Leads to more patient-centered congruent care
- Leads to better deaths
- Leads to better family caregiver outcomes

Pause

- Requires you to step away from the daily tasks
- Requires you "hope for best and plan for worst"
- Requires you to urge a conversation now for guidance for later

Talking Map: "PAUS(E)"

1. **Pause,** make the time
2. **Ask**, permission and explain why
3. **Understand** big picture values
4. **Suggest** choosing a surrogate
5. **E**motions, respond empathically

1. **Pause**: Make the time

- Target conditions
- "One of the things I talk to all my patients about is living wills and advance directives"
  - "Do you have one?"

2. **Ask permission & explain why**

- "I view it like talking to my kids about if there is a house fire."
  - Don't want it to happen
  - And yet better prepared
  - Good for one's family

3. **Understand** big picture values

- "What abilities are so critical to your life that you can not imagine life without them?"
- "If you became sicker, how much are you willing to go through for the possibility of gaining more time?"
- "Are there any conditions or states that you would not find acceptable?"

4. **Suggest** a surrogate

- Have you ever thought about who would trust to make medical decisions if you got sicker?"
- "Have you spoken to them about your thoughts should you get sicker..."
- "Would you be willing to talk to them about this?..."

Give a document

- Prepare for your care www.prepareforyourcare.org

5. **if Emotion**: respond empathically

- Bad news →emotions
- Emotion brain shut down cognition

5. **If Emotion**: respond empathically

- "I can see this is making you feel {name emotion}..."
- "Thanks for talking to me about this. I know it can be tough..."
- "What I am hearing you say is {name what patient is saying}."

Talking Map: "**PAUSE**"

1. **Pause,** make the time
2. **Ask**, permission and explain why
3. **Understand** big picture values
4. **Suggest** choosing a surrogate
5. **Expect** emotions, respond empathically

The **challenge**

- We've been trying to extend lifespan.
- End of disease-oriented treatment = failure.
- Invested in our expertise.
- Hope often based on "next treatment."

What we hear

"So are you giving up?"

Our past treatments have actually worked.

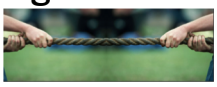
What we hear

- The patient is not "getting it."
  - Tried explaining why being DNR is better, the patient still wants everything.
- Their expectations are "off the wall."
- "Don't they see what is happening?"

Tips

- It is a dance not a wrestling match.

But…he's really sick
Clinician



But…he's a fighter
Family

REMAP

For LATE goals of care:

1. **REFRAME** the situation.
2. **EXPECT EMOTION** NURSE.
3. **MAP** out important values.
4. **ALIGN** with the patient & family.
5. **PLAN** treatments to uphold values.

1: REFRAME

In order to consider new goals, they first have to understand the old plan is not working.

1: REFRAME

Explain that you're in a different place.

"Things seem really different than even a few weeks ago."

1: REFRAME

Watch for the need to review serious news

OGLETHORPE SCHOOLS CHANGE POLICY

Threat disrupts plans to meet about threats

By Crystal Owens
crystal.owens@onlineathens.com

Oglethorpe County schools officials were mak- the Oglethorpe County High School gym about 12:45 p.m., claiming that a bomb would go off by 1 p.m., said Sheriff Mike

1: REFRAME

Watch for the need to review serious news

Headline = Information + Meaning

then PAUSE

2: EMOTION

Emotion happens faster than rational thinking.

It's involuntary & unstoppable.

It means they heard the reframe.

2: EMOTION

Name "It sounds like you are frustrated."

Understand "I can't imagine how difficult this is."

Respect "I can see you really care about your son."

Support "We are here to support you through this process."

Explore "Tell me more about what's concerning you?"

then PAUSE

Stepping back

- Need to step back to talk about goals
  - "*Can we step back and think about what you are hoping for and that will let us come up with the right choice for you*?"
  - "*There are different options. To find the right one for you…."*

3. **Map** out the future

- "Have you ever written a living will?"
- "Have you ever thought what if things do not go the way you want?"
- "Have ever had to face any issues like this for your family?"

3. **Map** out the future

- "Given this situation, what's most important?"
- "As you think about the future, what concerns you?"
- " As you think about the future, what do you want to avoid?"

Keep going to the well

- Often the first answer is "To live longer!"
- Acknowledge "I hear you" and
  - Ask what else?
  - Ask what if this was unlikely?

3: MAP

Focus on what brings meaning and joy.

"What does a good day look like?"

"What are you hoping for?"

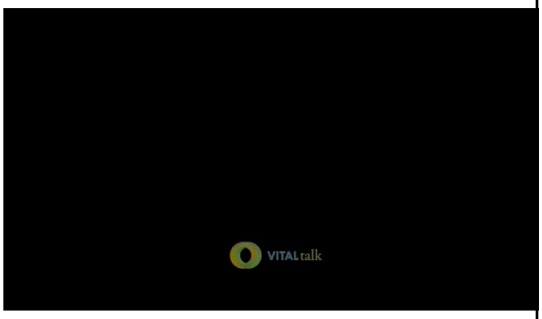
REMAP: Map Out The Future

3: MAP

[Empty Chair]

"If your father could sit here with us and see the situation, what would be his reaction?"

MAPPING WITH SURROGATE



4: ALIGN

"As I listen, a couple of things stand out…"

"I can help you with these important things."

4. **ALIGN** with values

- "It sounds like your dad wanted both x and y. Is there one he would think is more important…"

5: PLAN

Make a recommendation that reflects their values.

"Based on what you said is important, could I make a recommendation?"

5: PLAN

Talk first about what we CAN do.

Afterwards, discuss what you would avoid.

FAQ

- Show your work
- Focus on what can be achieved
- Focus on their ability to meet new goals
- Make clear recc about what can not be achieved and do not offer

Tip

- **Avoid the ala carte menu**
- Agree on goals, then make a recommendation

If two treatments fit their goals

- "Given what you have said, I am not sure which of two options would work best for you. They each have some advantages and disadvantages. Can I talk to you about them in more detail?"

Challenge

- **Hospice is a loaded term.**
- Get agreement on needs, then introduce hospice.

Tips

- **Don't debate whether a treatment is working.**
- Instead, suggest a timed treatment trial.

Time limited trials

- Be clear about the time "We will do this for another week"
- Be clear about what constitutes working "We will know if it is working if she is able to come off the ventilator"
- Be clear about the chance of new events "The ICU is a rollacoaster"

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The second conversation

- The second conversation – when you have to operationalize the previous conversations
- Goal is to check in and make sure that the persons' view is the same NOT have a new conversation

Steps of the second conversation

- The weight of the first conversation
  - Number of times
  - When it occurred
  - Documentation of its adequacy

Steps of the second conversation

- When the presumption is strong
  - Do you remember talking about?
  - What I read said…..
  - Has anything changed?
  - What are going to do is…..