Empowering Trainees With the Tools Needed to Have Effective End of Life Discussions with Vulnerable Patients

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INTRODUCTION

- Why are doctors so uncomfortable talking about end of life care? Or, if they do talk about it, why are they often so *bad* at it?
- Much of this physician intimidation comes from a feeling of inadequacy regarding how to bring up and discuss these difficult issues.
- End of life discussion skills are often not taught in medical education and subsequently new physicians are uncertain and unable to guide their patients through some of the most difficult stages of life.
- This project is meant to give physicians and trainees a place to start having end of life discussions.

MATERIALS & METHODS

- Interviews were conducted with a variety of palliative care team members from many different roles in patient care. Each interviewee offered insight and advice on navigating difficult situations.
- These answers were recorded and then compiled into a document structured as a quick resource for physicians and trainees to reference when they are preparing to have difficult end of life conversations.
- The document was organized into three sections: 1) scenarios and responses; 2) general advice; 3) organization of an end of life discussion.

RESULTS

Excerpts from the completed document:

Section 1:Scenarios and Responses
This is not a script!

1. When the family says: "What would you do if this were your mother? / What do you recommend?"

- "It's not about what I would want or even about what you would want (if talking to family member), but about what the patient would want."
- "I can tell you what *my* mom would want, but not what *your* mom would want."
- "I'm hearing that you're concerned about your options. Let's review the benefits vs burdens of this decision and see if we can come up with a plan."

2. When the patient/family says: "There's got to be something else you can do"

- "I wish…" statement ("I wish I could make the cancer go away in some way, but I am afraid that it's been growing more despite all the aggressive treatments." (Express your desire to help the patient get better but pivot the conversation back to what's realistically happening.)
- "There *are* things to do, but now we are at the stage where those things are geared toward comfort."
- "My concern is…." statement ("My concern is that patient will not return to baseline" or "My concern is that at this point we may be doing things *to* patient instead of *for* patient".)

Section 2: Pearls of Wisdom

1. SOMETIMES there is no good answer to something a patient or family member says. Sometimes they are angry about the medical situation, or they're very emotional; sometimes it's like being a deer in the headlights and there isn't really a good phrase to pull out of your toolbelt! Listening and acknowledging are important strategies in situations like these. In those moments it's really good to just repeat back / recognize their emotions, validate what they are experiencing. Phrases like:

- What I'm hearing you say is… (you've had such a great life together, etc)
- I can tell this journey must have been… (frustrating, very hard, etc)
- I can tell you feel… (angry, drained, hopeless, etc.)

Section 3: Outline of a Family/Patient Meeting
NOT A SCRIPT, JUST A STRATEGIC SKETCH TO HAVE IN MIND

1) Introduce yourself and your role.
2) What do you know about what's been going on?
3) Give most recent update
4) Ask patient preferences regarding to
   1) Code status
   2) Tubes/lines/invasive procedures
   3) Long term goals
   4) Health care power of attorney
5) All under the umbrella of patient's definition of quality of life.
   Phrase to use here: "I'm just meeting the patient today, but you know them. I'd love to get a sense from you what the patient's preferences would be if xyz"
6) Goals of care / summarize plan moving forward / what family and patient can expect
7) What questions do they have?
8) Emphasize palliative team's presence throughout upcoming ordeal. Provide them with a consult line / contact information.

DISCUSSION

- There is a need to empower physicians with the skills to comfortably discuss end of life care in order to better serve a population at particularly vulnerable life stages.
- Effective training for physicians requires addressing not only the general principles of providing palliative care for patients, but how to finetune that care to better reach increasingly vulnerable subpopulations, and how to do so in a culturally and socially competent manner.
- While the reference document this project created is just a starting point for trainees, it hopefully will draw attention to the fact that students and physicians need more robust programs to be able to skillfully deliver end of life care when it is needed.

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