

An Introduction to Prognostication and Goals of Care Discussions

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Objectives

Review the domains of Palliative Care

Describe a way to assess prognosis in an acute and subacute illness

Practice creating a headline

Discuss how to deliver prognostic information to patients and their families



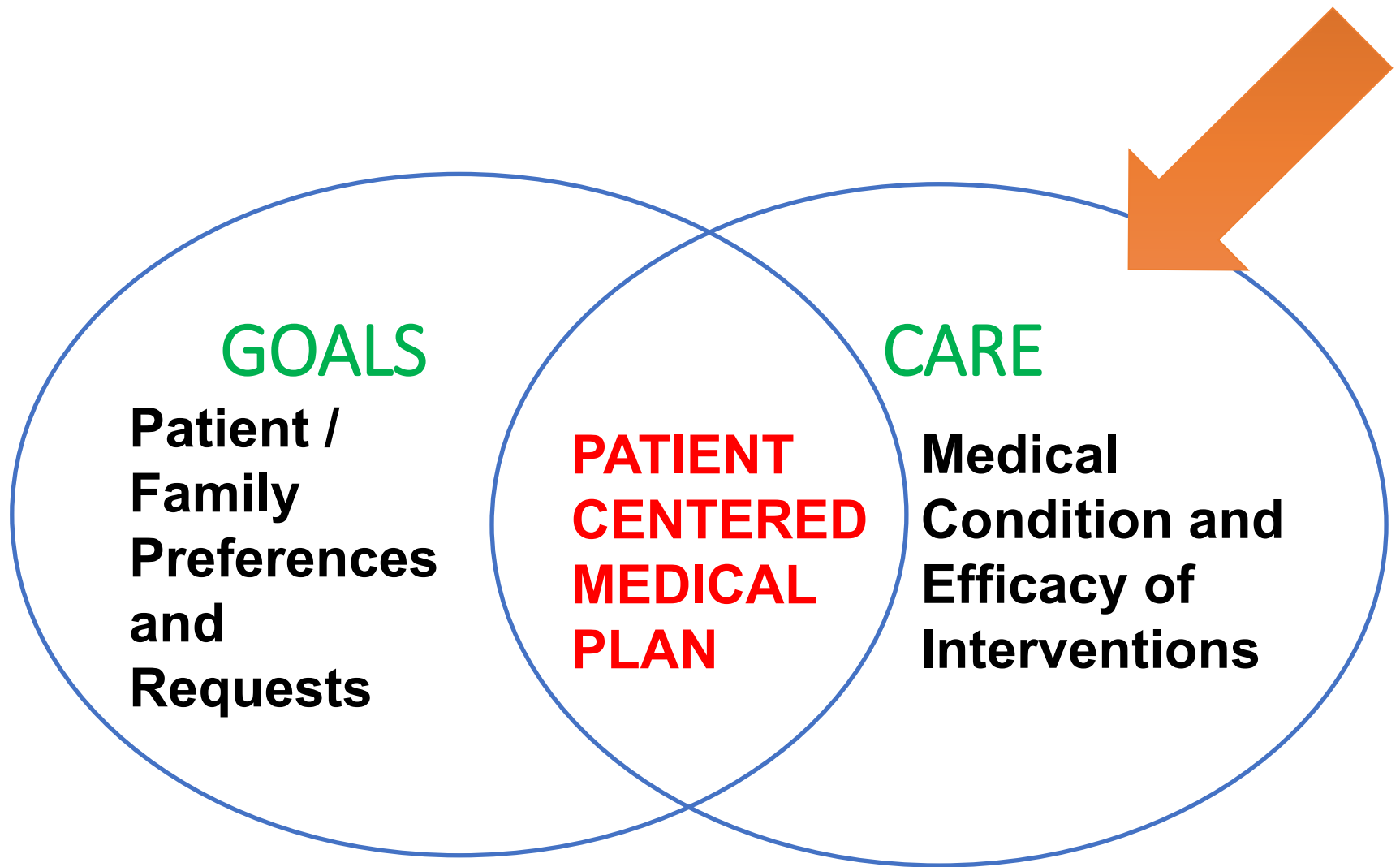
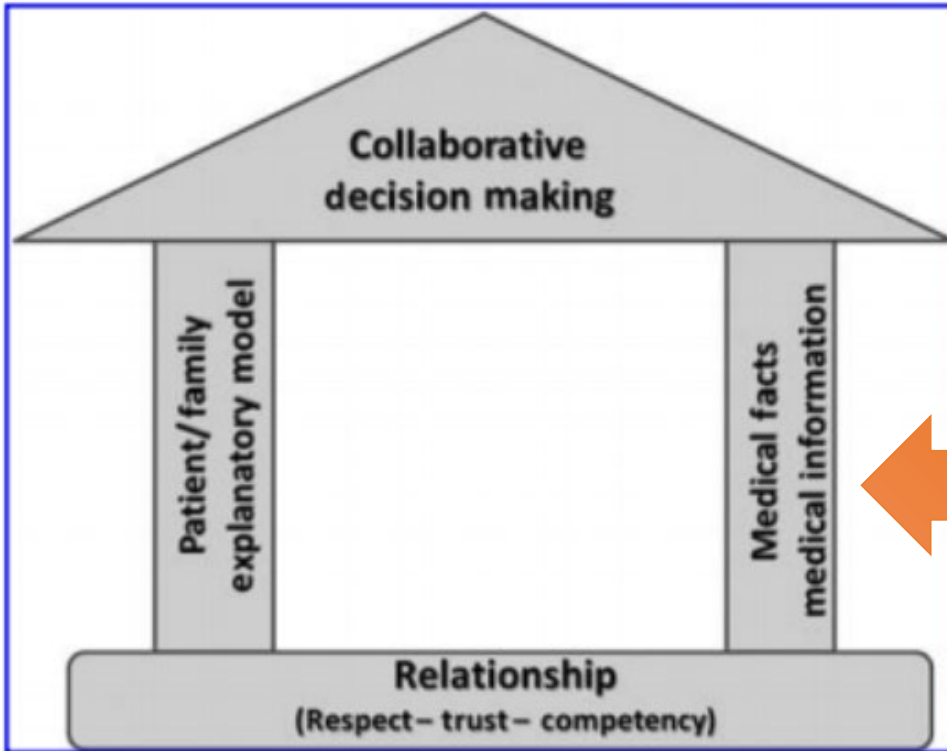


Figure out the “CARE” before you figure out the
“GOALS”



How to make a medical decision



Bhang TN and Iregui JC. Creating a Climate of Healing: A visual model for Goals of Care Discussions. JPM (2013)718-19.

Different types of conversations

WHEN YOU HAVE TO DECIDE
BETWEEN OPTIONS



WHEN YOU HAVE TO GIVE
INFORMATION (OR THERE ARE NO
DECISIONS)

Prognosis

- Certainties and Uncertainties
- Elements of medical frailty

Scenario Planning

- Best case
- Worst case
- Most likely case

Burden Tolerance

- How much willing to go through
- QOL that would be off limits

Prepare

- Headline
- Recommendation

Deliver

- Ask-Tell-Ask
- Tell Me More
- I wish, I worry, I hope

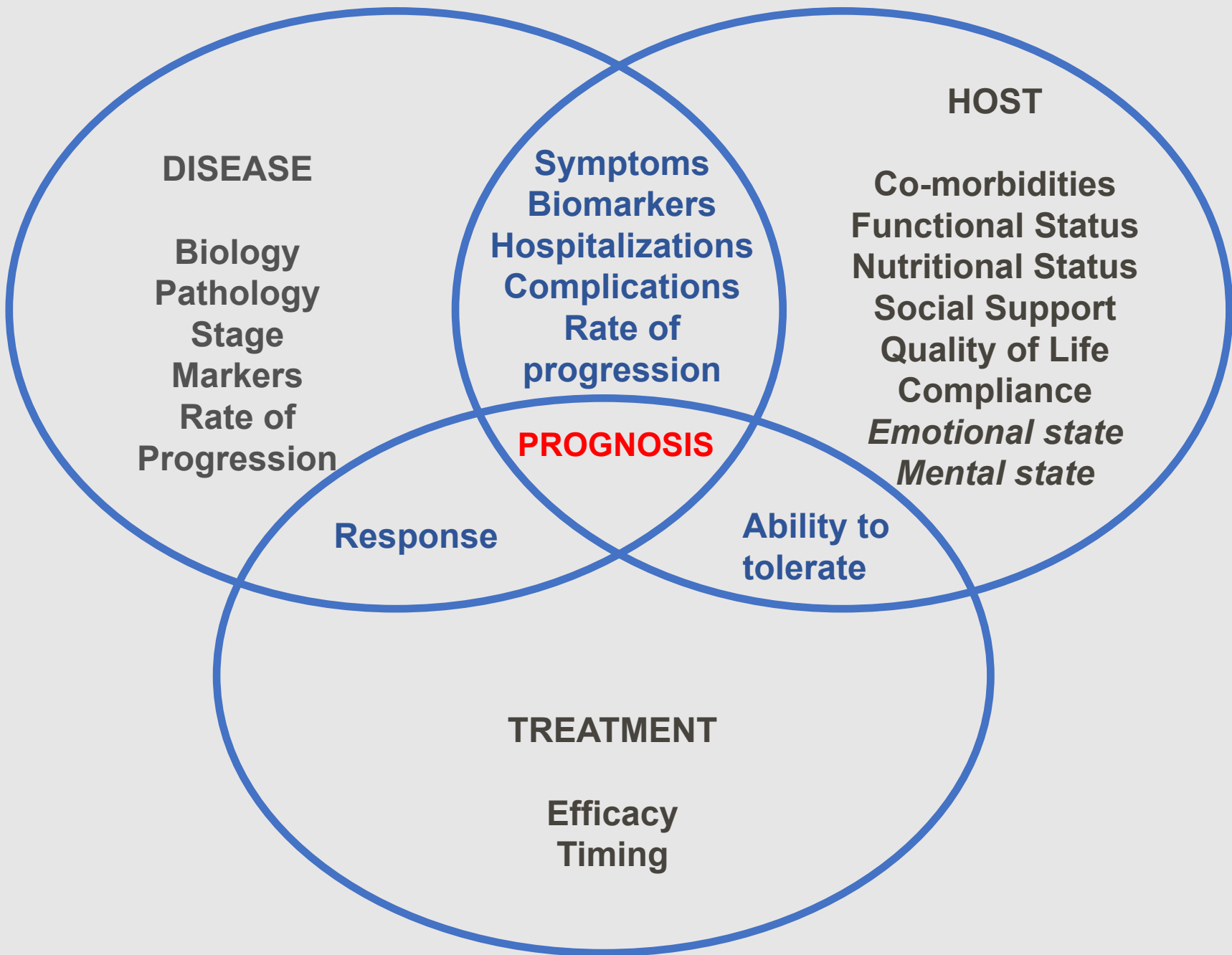
Support

- Name
- Understanding
- Respecting
- Supporting
- Exploring

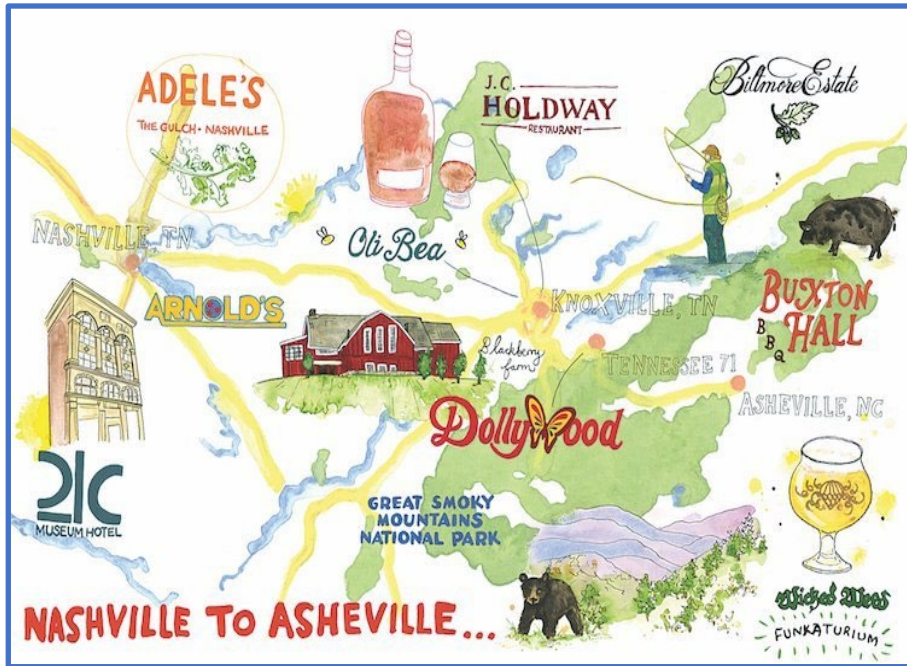
Prognostication

Foreseeing – Making the prediction

Foretelling – Communicating the prediction



HOW WE THINK



HOW WE HAVE TO SPEAK



TRANSLATE THE ROAD MAP INTO DRIVING DIRECTIONS

Prognosis is what you think will happen translated into what you think the patient will experience

How to have a prognostic discussion

1

Figure out what you want to say
(Foreseeing)

- 3 Questions
- Medical Trajectories

2

Say it (Foretelling)

- Decide the type of conversation you will have
- Prepare a Headline
- Warn/Punch/Hug

3

Provide emotional support +/- medical guidance if a decision is needed

Figure out the “CARE” before you figure out the “GOALS”

STEP 1:
Figure out
what you
want to say

Foreseeing

Acute Illness

3 Questions

Question 1

Is this acute event survivable?

Yes/Maybe

No

Question 2

What would it take to survive?

Deliver Bad news
Family Support

List of interventions and potential complications.

Question 3

Is this possible for this patient at this time?

Yes/Maybe

No

Describe potential roads ahead
Map to patients goals and values
Shared Decision-making
Time limited trials

Deliver Bad news
Family Support

A Case

A 65-year-old woman with metastatic lung cancer presents to the emergency department with septic shock from pneumonia as well as acute kidney injury.

Question 1

Is this acute event survivable?

Yes/Maybe

No

Question 2

What would it take to survive?

Deliver Bad news
Family Support

List of interventions and potential complications.

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Question 1:

Is this Acute Event Survivable?

- Especially important in the inpatient and ICU setting
- Go by system
- Sort by urgency

System	Problem	Urgency	Timeline	Workup/Treatment
General	Hypotension	High	Min/Hours	Pressors
ID	Pneumonia	High	Hours/Days	Antibiotic
Heme/Onc	NSCLC	Low	Months	Immunotherapy
Pulm	Resp Failure	High	Min/Hours	Optiflow/BiPAP/Vent
Renal	AKI	High	Hours/Days	?CCRT

She may be able to survive septic shock with ICU level care if given antibiotics, pressor support, respiratory support, and renal support.

While she may eventually die of her cancer, she may be able to survive this acute illness

Question 1

Is this acute event survivable?

Yes/Maybe

No

Deliver Bad news
Family Support

Question 2

What would it take to survive?

List of interventions and potential complications.

Question 3

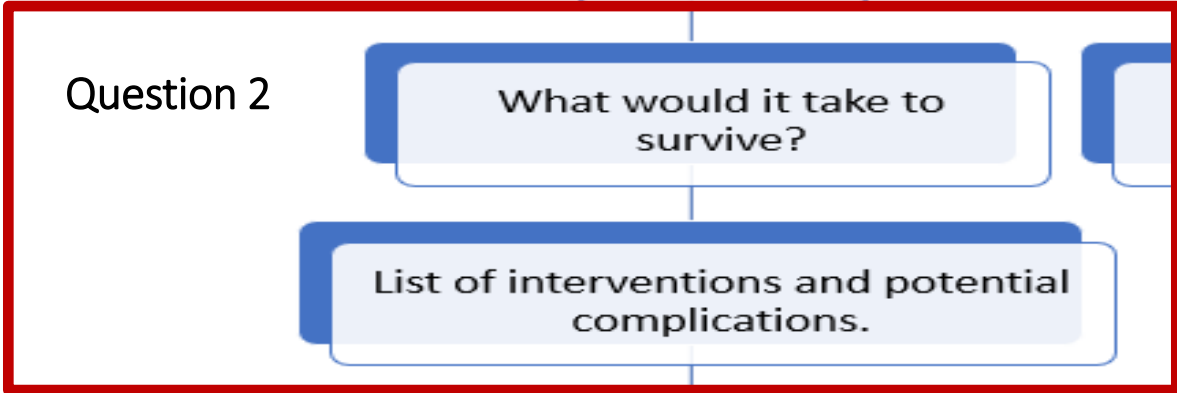
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Question 2: What would it take to survive?

- Best Case Scenario
- Worst Case Scenario
- Most Likely Case Scenario

Best Case Scenario – She recovers from acute illness with minimal debility and can continue treatment for lung cancer.

Worst Case Scenario – She dies.

Most Likely Case Scenario – She survives acute illness but has a prolonged recovery with intermittent complications that leave her more debilitated and delays treatment of lung cancer.

She may be able to survive septic shock with ICU level care if given antibiotics, pressor support, respiratory support, and renal support.

While she may eventually die of her cancer, she may be able to survive this acute illness.

Question 1

Is this acute event survivable?

Yes/Maybe

No

Question 2

What would it take to survive?

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Subacute Illness

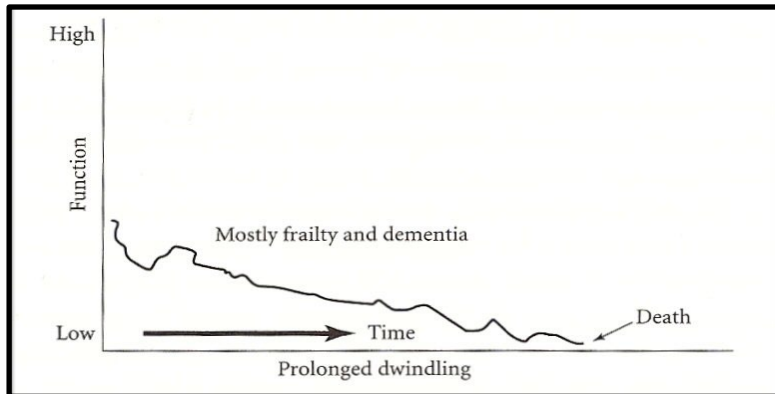
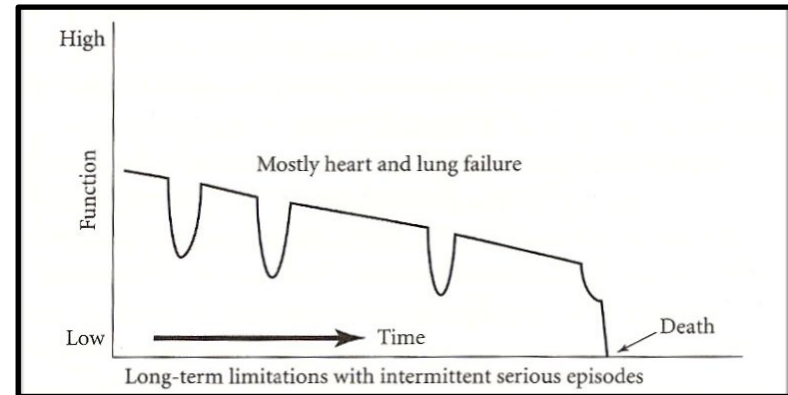
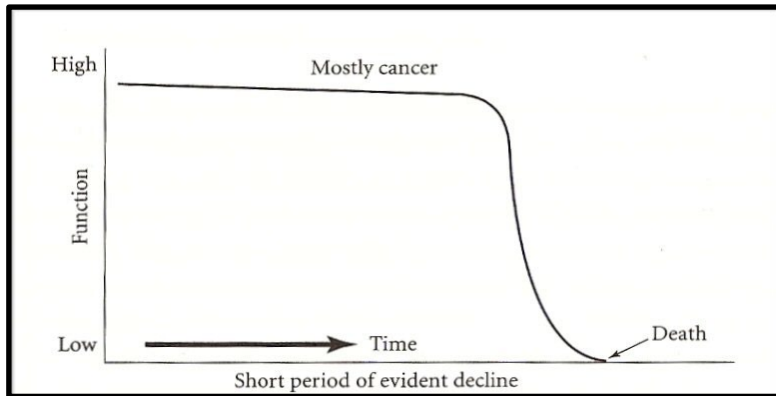
3 Questions

Medical
Trajectory

Question 3: Is this possible for this patient at this time?

Is there something about this particular patient's situation that would make it impossible to get better?

Review the Medical Trajectories for the various illnesses.



Frailty and Cognition drive everything.

STEP 1:

Figure out what you want to say

Some patients would choose a course of aggressive medical intervention in the hope of improving from the acute illness.

The best-case scenario would be that you recover from this acute illness and can return to your previous state of health. The worst-case scenario would be that you would die despite these medical interventions.

It is most likely that you will be somewhere in between and get through the next few days then either have a prolonged recovery or have medical complications.

STEP 2:
Say it

Foretelling

Different types of conversations

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Prepare

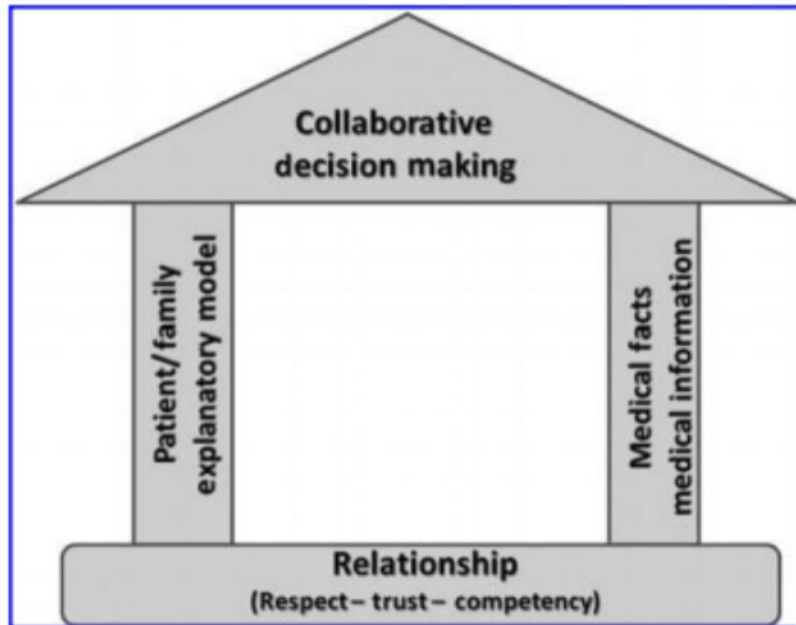
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Prepare



Headlines

You get 1 -2 sentences.

When in doubt, start with “I worry . . .”

Say it to yourself before you go in.

If meeting with multiple clinicians, discuss before you go in the room what the ONE headline will be.

Recommendations

Do you have a recommendation?

If so, do you feel comfortable sharing it?

It's ok if you do not have a recommendation but if you do, they may want to hear it.

What is the Headline for our patient?

Day 1 – I am worried she may die. Some patients would choose a course of aggressive medical intervention in the hope of improving from the acute illness. Others would not.

Day 1-2 -- The best-case scenario would be that you recover from this acute illness and can return to your previous state of health. The worst-case scenario would be that you would die despite these medical interventions.

Day 3 -- It is most likely that you will be somewhere in between and get through the next few days then either have a prolonged recovery or have medical complications.

Deliver



Three fundamental skills

	Example	Notes
Tell me more	"Tell me more about..."	Use when you are not sure what someone is talking about (rather than jump to an assumption).
Ask-tell-ask	"What do you think about..." "Here's what the tests show" "Does that make sense...?"	Related to Assess-Knowledge-Respond in SPIKES. Think of this as one unit of information transfer
"I wish" statements	"I wish I could say that the chemo always works"	Enables you to align with the patient while acknowledging the reality of the situation

Support

When you have to give information

Prepare

- **Headline**
- **Recommendation**

Deliver

- **Ask-Tell-Ask**
- **Tell Me More**
- **I wish, I worry, I hope**

Support

- **Name**
- **Understanding**
- **Respecting**
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- **Exploring**

NURSE statements for articulating empathy

	Example	Notes
Naming	"It sounds like you are frustrated"	In general, turn down the intensity a notch when you name the emotion
Understanding	"This helps me understand what you are thinking"	Think of this as another kind of acknowledgment but stop short of suggesting you understand everything (you don't)
Respecting	"I can see you have really been trying to follow our instructions"	Remember that praise also fits in here eg "I think you have done a great job with this"
Supporting	"I will do my best to make sure you have what you need"	Making this kind of commitment is a powerful statement
Exploring	"Could you say more about what you mean when you say that..."	Asking a focused question prevents this from seeming too obvious

Breaking Bad News

SPIKES PROTOCOL

S – **Setting up** the Interview

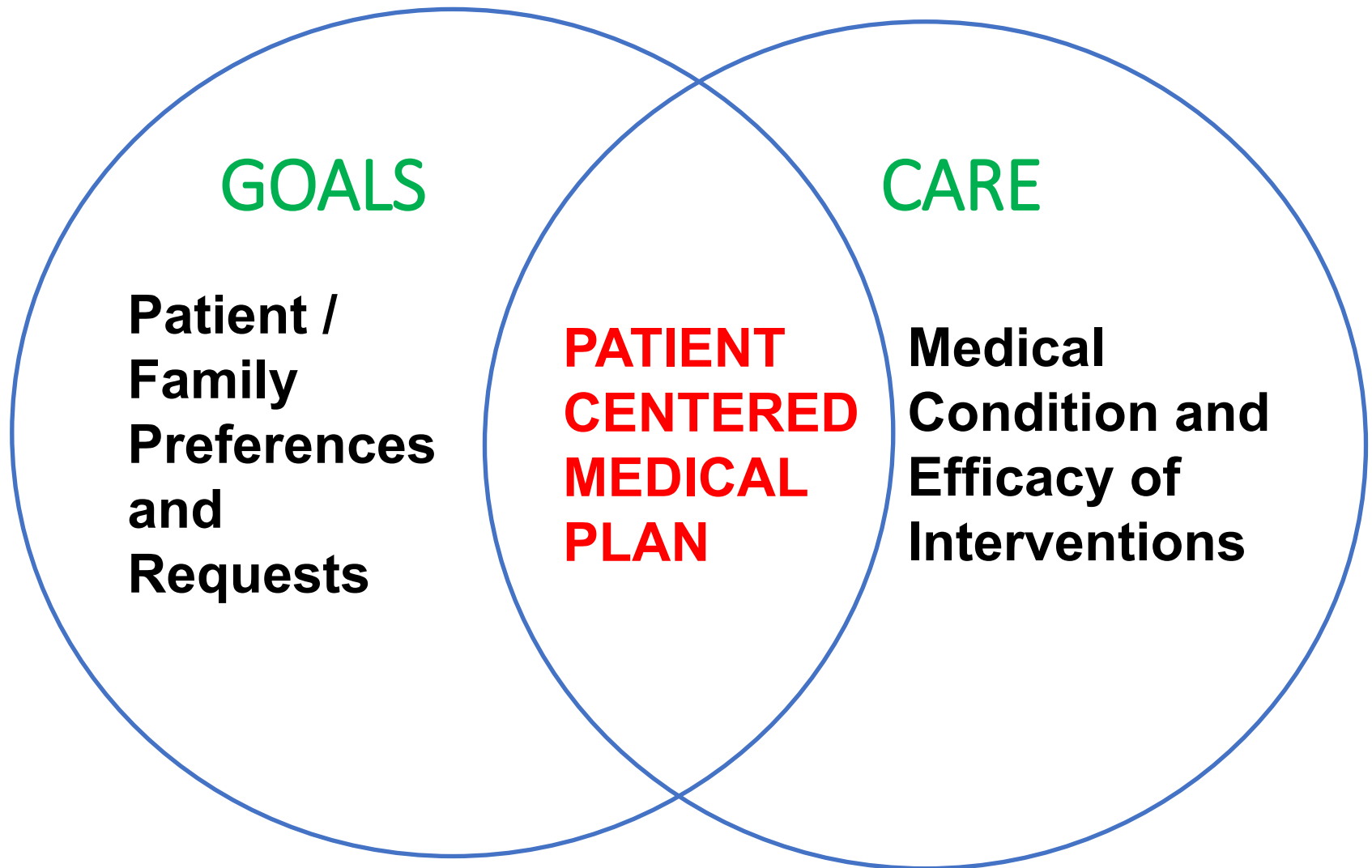
P – Assessing Patient **P**erception

I – Obtaining the Patient's **I**nvitation

K – Giving **K**nowledge

E – Addressing the Patient's **E**motions

S – **S**trategy and **S**ummary



GOALS

**Patient /
Family
Preferences
and
Requests**

CARE

**Medical
Condition and
Efficacy of
Interventions**

**PATIENT
CENTERED
MEDICAL
PLAN**

Feedback for this lecture

5 questions (3 minutes)



Thank you!