

Goals-of-Care Discussions in Acute Life-Threatening Illness: A Three-Question Framework to Get Your Learners Started

Maie El-Sourady, MD, MS^{1,2,i} and Sara Martin, MD¹

Dear Editor:

Acute illness is a time when clinicians need to partner with patients and families to assess goals of care and make medical decisions quickly. Learners often struggle with assessing and articulating prognosis, especially in patients with complex medical problems.

We describe a three-question framework to assess survivability, create potential medical trajectories, and engage a patient and/or family in rapid goals-of-care discussions and medical decision making¹ (Fig. 1). The dialogue hereunder offers an example using the three-question model.

A 65-year-old woman with metastatic lung cancer presents with septic shock from pneumonia and acute kidney injury.

Question 1—Is this acute condition survivable? Have learners make a comprehensive list by organ system, then sort problems by urgency, using prognostic tools when needed.² If this medical event is not survivable, give this information to the patient and family in a clear and empathic way and support them through the dying process. If this medical event is potentially survivable, move to Question 2.

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

Question 2—What would it take to survive this acute illness? What is the best-case scenario, worst-case scenario, and most likely scenario? Are there frailty or cognitive conditions that will make recovery more difficult? Encourage learners to be comprehensive rather than to try

to be “right.” If it becomes clear that the patient cannot survive, give this information to the patient in a clear and compassionate way and support them through the dying process. If it is possible for a patient to survive, move to Question 3.

The best-case scenario is recovery from acute illness with minimal debility. The worst-case scenario is that she dies. The most likely scenario is that she survives her acute illness but has a prolonged recovery that delays cancer treatment.

Question 3—Would the patient want to try treatment? Have the learner describe potential roads ahead so they engage patients and families in choosing the treatment option that is right for them.³

“Some patients would choose aggressive medical intervention in the hope of improving from the acute illness. Other patients would decline aggressive treatment if there was little chance of recovery. Can you share with me what you hope for and what is off limits so we can make the right plan for you?”

If the patient decides to undergo the medical interventions, propose a time-limited trial of medical interventions. If she forgoes treatment, support patient and family during the dying process.

Here we describe a framework to help clinicians and learners assess prognosis and describe treatment options to patients and families. We hope it will improve learner confidence in their prognostic skills.

¹Division of General Internal Medicine, Department of Medicine, Vanderbilt University, Nashville, Tennessee, USA.

²Internal Medicine and Pediatrics, Vanderbilt Primary Care North, Nashville, Tennessee, USA.

ⁱORCID ID (<https://orcid.org/0000-0003-0464-6039>).

Question 1

Question 2

Question 3

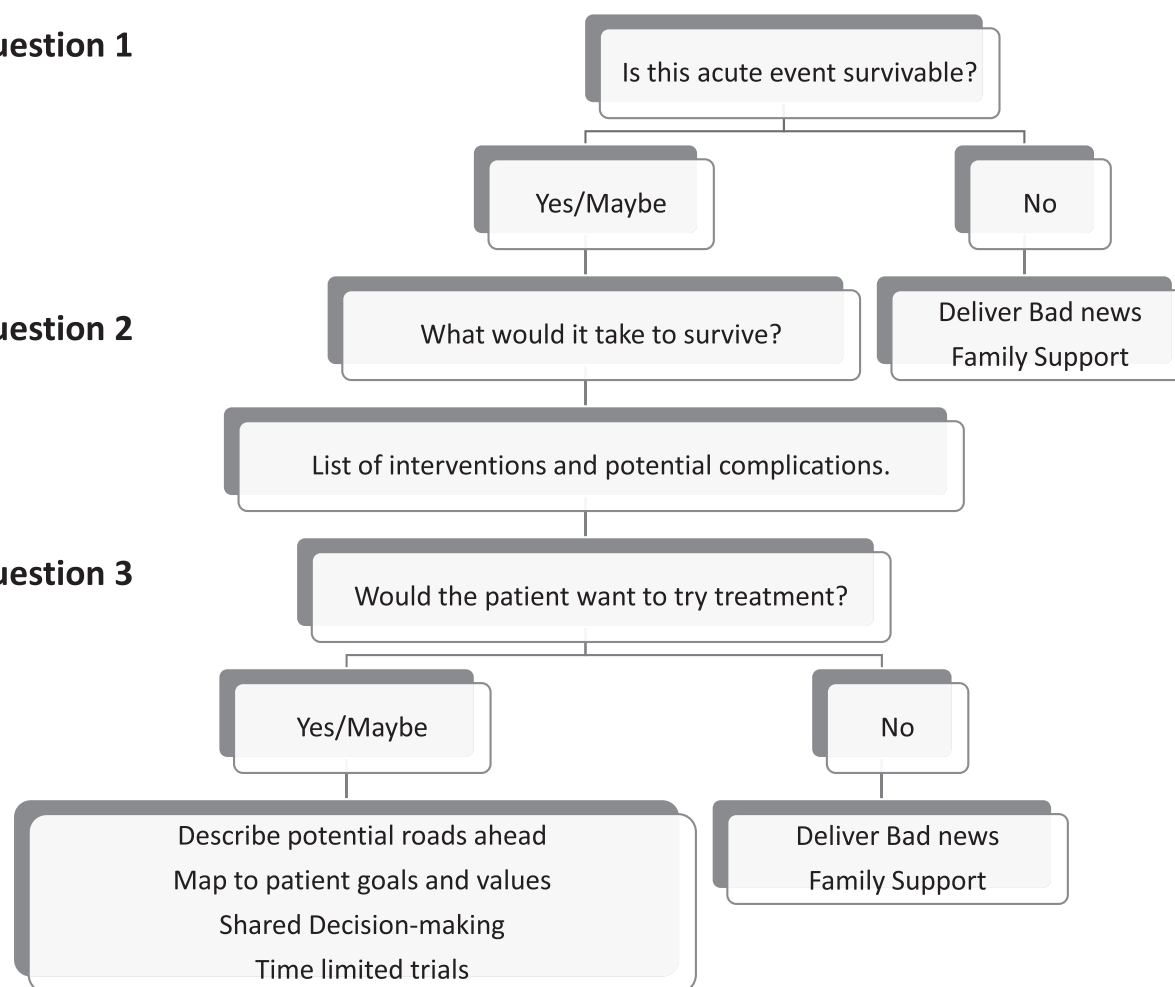


FIG. 1. A three-question framework to assess survivability, create potential medical trajectories, and engage a patient and/or family in rapid goals-of-care discussions and medical decision making

Disclaimer

This study described has not been published previously, that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English, or in any other language, without the written consent of the copyright holder.

References

1. Bhang TN, Iregui JC: Creating a climate for healing: A visual model for goals of care discussions. *J Palliat Med* 2013; 16:718.

2. ePrognosis. University of San Francisco. <https://eprognosis.ucsf.edu/index.php>. 2021. (Last accessed January 22, 2021).
3. Schwarze ML, Taylor LJ: Managing uncertainty—Harnessing the power of scenario planning. *N Engl J Med* 2017;377:206–208.

Address correspondence to:
Maie El-Sourady, MD, MS
Internal Medicine and Pediatrics
Vanderbilt Primary Care North
One Hundred Oaks
719 Thompson Lane, Suite 20400
Nashville, TN 37204
USA

E-mail: maie.el-sourady@vumc.org