Family Conference: Art vs. Science

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Family Conference: Art and Science

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Disclosures and Funding

• Disclosures
  – No financial conflict of interest
• Funding
Outline

• Role of shared decision-making
• Tools for communicating with families
• Nurses role in family conferences
Shared Decision-making About End-of-life Care

- Key factors
  - Prognosis
  - Level of certainty
  - Family preferences

- Roles
  - Patient/family: patient values & preferences
  - Clinician: treatments that are indicated

Carlet, Intensive Care Med 2004; 30:770
Family Preferences for Role in Decision-making

Heyland, Intens Care Med, 2003; 29:75
Symptoms of PTSD Higher with Discordance in Decision-making Role

Preferred Role  | Actual Role  | Decision making role
---|---|---
Primarily doctor's decision | Family member involved in decision making | Discordance | Agreement
Symptoms of PTSD (PCL)

Gries, Chest 2010; 137:280
New Paradigm for “Right Approach” to Parentalism vs. Autonomy

Default Starting Place

Family preference
Prognosis and Certainty

Parentalism or Doctor Decides

Shared Decision Making

Autonomy or “Informed Choice”

Curtis/White, Chest, 2008; 134:835
Curtis/Vincent, Lancet, 2010; 375:1347
Use of the Shared Decision-making Spectrum in Seattle: 50 family conferences

Collaborative
- Elicit patient values
- Offer recommendation

Facilitative
- Elicit patient values
- Place in context

Directive
- Provide some info
- Make decision

Informative
- Provide info
- Make no recommendation

White, Crit Care Med, 2010; 38:743
How Do You Figure Out What Role Family Members’ Want to Play?

- Often not helpful to just ask them
- Listen for family decision-making style
  - While discussing patient/family values
  - While explaining surrogate decision-making
- Explore statements about decision making in previous situations
- Generate hypothesis for family-preferred role and explore that hypothesis
- May change during critical illness
Outline

• Role of shared decision-making
• Tools for communicating with families
• Nurses role in family conferences
### Duration of Family Conferences and Proportion of Family Speech

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Duration of conference</td>
<td>32 min</td>
<td>17-45 min</td>
</tr>
<tr>
<td>Proportion family speech</td>
<td>29%</td>
<td>14-44%</td>
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McDonagh, Crit Care Med, 2004, 32:1484
<table>
<thead>
<tr>
<th>% Fam Speech</th>
<th>Duration</th>
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<tbody>
<tr>
<td><strong>How well did...</strong></td>
<td></td>
</tr>
<tr>
<td>MD communicate</td>
<td>0.37 (0.01)</td>
</tr>
<tr>
<td>Conf. meet needs</td>
<td>0.31 (0.04)</td>
</tr>
</tbody>
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McDonagh, Crit Care Med, 2004, 32:1484
Clinician Statements Associated with Increased Family Satisfaction

• Assure family that patient will not be abandoned prior to death
• Assure family that patient will be kept comfortable and not suffer prior to death
• Provide support for family around decisions to withdraw or continue life support

Stapleton, Crit Care Med, 2006; 43:1679
Missed Opportunities During ICU Family Conferences

- Listen and respond
  - Answer questions
  - Clarify and follow up on family statements

- Acknowledge and address emotions

- Address tenets of palliative care
  - Explore patient preferences
  - Explain surrogate decision-making
  - Affirm non-abandonment

Curtis, AJRCCM, 2005; 171:844
VALUE: 5-step Approach to Improving Communication in ICU with Families

- V... Value family statements
- A... Acknowledge family emotions
- L... Listen to the family
- U... Understand patient as a person
- E... Elicit family questions

Curtis, J Crit Care, 2002; 17:147
A Communication Strategy and Brochure for Relatives of Patients Dying in the ICU

Alexandre Lautrette, M.D., Michael Darmon, M.D., Bruno Megarbane, M.D., Ph.D., Luc Marie Joly, M.D., Sylvie Chevret, M.D., Ph.D., Christophe Adrie, M.D., Ph.D., Didier Barnoud, M.D., Gérard Bleichner, M.D., Cédric Bruel, M.D., Gérald Choukroun, M.D., J. Randall Curtis, M.D., M.P.H., Fabienne Fieux, M.D., Richard Galliot, M.D., Maité Garrouste-Orgeas, M.D., Hugues Georges, M.D., Dany Goldgran-Toledano, M.D., Mercé Jourdain, M.D., Ph.D., Georges Loubert, M.D., Jean Reignier, M.D., Fayçal Saidi, M.D., Bertrand Souweine, M.D., Ph.D., François Vincent, M.D., Nancy Kentish Barnes, Ph.D., Frédéric Pochard, M.D., Ph.D., Benoit Schlemmer, M.D., and Elie Azoulay, M.D., Ph.D.

Randomized Trial of Communication Strategy

- Randomized 126 patients if attending believed “patient would die in a few days”
- Intervention
  - Proactive family conference using VALUE strategy
  - Bereavement pamphlet for family

Lautrette, NEJM, 2007; 356:469
Family Member Outcomes: Clinically Significant Morbidity at 3 Months

Control

Intervention

p<0.02 for all

Lautrette, NEJM, 2007; 356:469
Outline

• Role of shared decision-making
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Transcending the silos: toward an interdisciplinary approach to end-of-life care in the ICU

Interdisciplinary collaboration associated with decreased

- ICU mortality
- ICU length of stay
- ICU readmission rates
- Physician and nurse conflict
- Job stress for nurses
Percent of Deaths with Physician-Nurse Collaboration in Decision-making

Nurse-Family Communication Before ICU Family Conferences

- Explain equipment and tx
- Describe family conference
- Discuss patient's values
- Discuss what patient wanted

Percent

Curtis, Crit Care Med; 2001; 29:N26
Tools for Increasing Interdisciplinary Communication

- Nurse presentations on AM rounds
- Nurse participation in family conferences and clinician “pre-conference”
- Interdisciplinary educational sessions
  - Teaching rounds
  - “Death rounds”: review of deaths in ICU
    - Hough, J Crit Care 2005: 20;20
- Interdisciplinary QI projects
Tips for Running a Family Conference

• Before the conference
  – Pre-conference with the team
  – Prepare: prognosis, facts, correct people

• Beginning
  – Start with introductions
  – Ask family their understanding
  – Provide an overview or update: simple
  – Ask family about patient’s values & goals
  – Respond to emotions; express empathy

• Discuss options; make recommendation

• Finishing: summarize & ask for questions

Curtis/White, Chest, 2008; 134:835