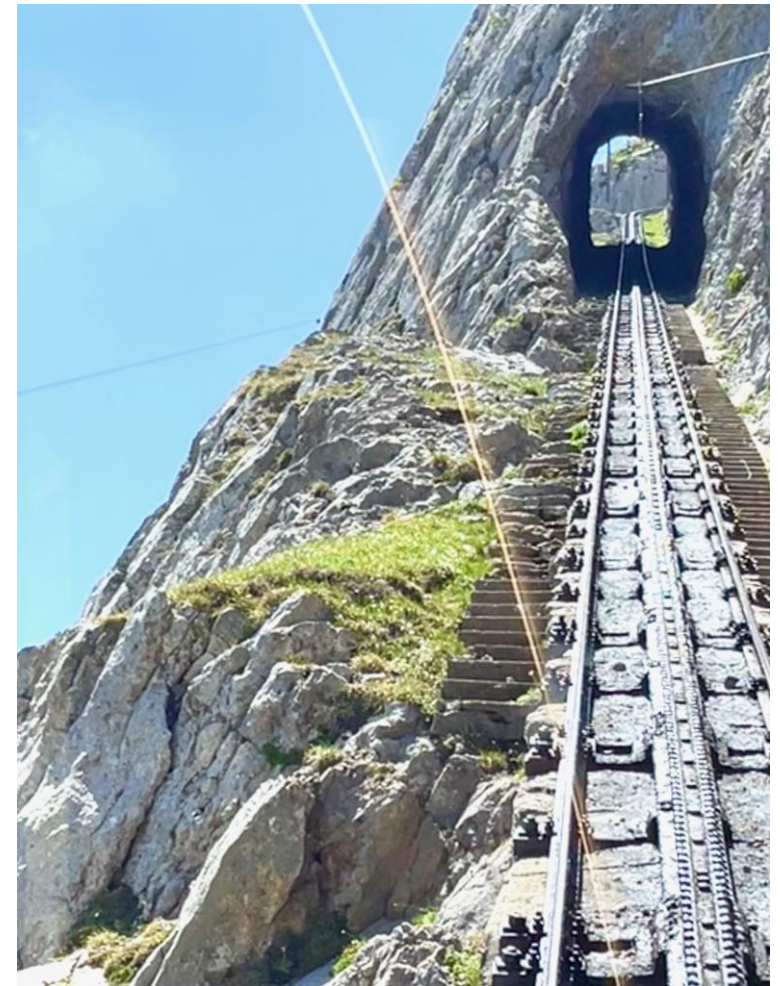


Having Difficult Conversations with and Planning Next Steps for Patients with Serious Illness

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Disclosures

- Non-Declaration Statement:

I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

Educational Objectives

At the conclusion of this session, participants should be able to:

- Describe the process of matching value-based goals of care to a realistic treatment plan
- Describe and practice methods for communicating difficult news
- Identify methods in providing appropriate recommendations based on a patient's values coupled with what is a realistic treatment plan



First of all, Lets define what “Goals of Care” really mean

- “Goals of Care”
 - The values, priorities and what matters most
 - Dependent on what is going on at the time
 - As your illness gets worse, only the very most important values remain
 - **Therefore, these are called**
“Value Based Goals of Care”



Patient values vs treatment decisions

Values

- Independence / not being a burden
- Being comfortable.
 - Free from pain and other symptoms or side effects.
 - Where they are most comfortable.
- The ability to engage in life:
 - physically, cognitively, socially
- Practicing their religion or spirituality
- Family and friends; relationships
- Trust. Feeling heard. Dignity.
- Open communication
- Sense of humor
- Travel and experiences

Treatment decisions

- Choosing to attempt resuscitation or allow for a natural death
- Choosing whether to start or continue a medical therapy, such as dialysis, chemotherapy, or feeding tube
- Choosing whether to undergo a procedure or surgery
- Choosing whether to transition to hospice care
- Choosing whether to receive life support in an ICU

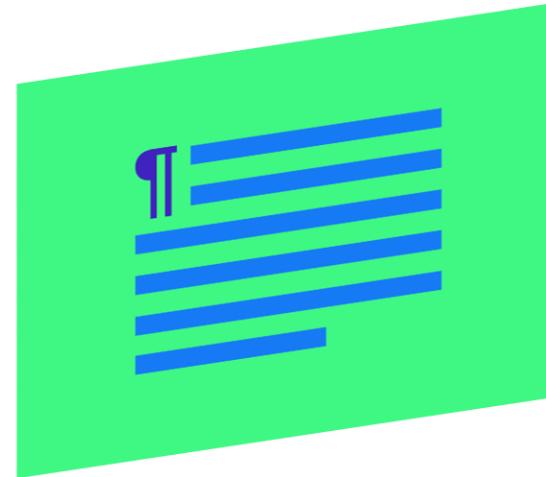
Three questions / concepts that you can ask your patient to help their medical decision maker learn more about the patient:

1. What are two things that are super important to you?
2. What makes life worth living?
3. If I could not do or be _____, it wouldn't be me anymore.



Transition to the Medical Piece

- **Visualize yourself ending a paragraph and starting a new one.**
- **Verify and Seek Clarification**
 - Sounds like...
 - Do I have this right?
- **Seeking permission to move on**
 - * Every time you need to introduce a new or difficult concept



Determine What They Understand

- Explore what they understand or have learned about their situation
 - “Just so we can all get on the same page, what have you learned from the doctors so far?”
 - “What have the providers told you about your illness while you’ve been here?”
 - **Warning:** “Understand” question



A transition to breaking bad news:

- Provide praise:
 - “Sounds like you have heard a lot of information.”
 - “Sounds like you really have a great interpretation of what is going on.”
- Ask for permission:
 - “Is it ok with we talk about what I have heard and fill in some gaps?”



Time for a Medical Update: Key Points

- Update on condition / clarify misunderstandings*
- The medical details are ***not*** the focus
- Avoid focusing on details, numbers, pathophysiology of disease
- The overview should be in simple terms
- If they want specifics, they will ask



How do you do gently clarify misunderstandings?

- **Breaking bad news model:**

- **Seek permission:** “Is it ok if we talk about what we have learned about your illness?”
- **Give a warning shot:** “I’m afraid I have difficult news.”
- **State the update / news without a modifier:** “Your cancer has spread.”
- **PAUSE / SILENCE**
- **Empathize**

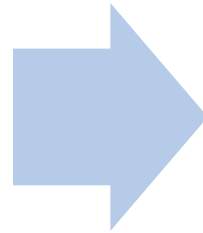
Empathize: NURSE mnemonic



NAME emotions	"It sounds like you might be feeling sad, angry, hopeless, frustrated." "In this situation, some of my patients feel..." "I wonder if you are feeling..."
Express UNDERSTANDING in appropriate ways	"I can only imagine how you are feeling right now; this must be really hard."
Show RESPECT through praise	"Your family has been through so much." "We see the love you have as a family. " "I admire your: strength, faith, commitment, dedication. " "I can see that you have been doing an incredible job caring for your mom."
Provide SUPPORT	"Our team will be here to walk beside you." "We will work hard to help you find the resources you need."
EXPLORE emotion through open ended questions	"Can you tell me more about what you are feeling?" "Can you help me understand what might be going through your heart and mind right now?"

Clinical communication **pearl**:

REFRAIN FROM SAYING,
“I UNDERSTAND HOW
YOU FEEL”



THE REALITY IS THAT
YOU CAN'T TRULY
UNDERSTAND
ANOTHER'S EMOTIONAL
PAIN

Clinical communication **pearl**:

OFFER "I wish" statements, such as:

"I wish you and your family weren't going through this."

"I wish we had a cure for your loved one's illness."

"I wish I had better news." "I wish the situation were different."

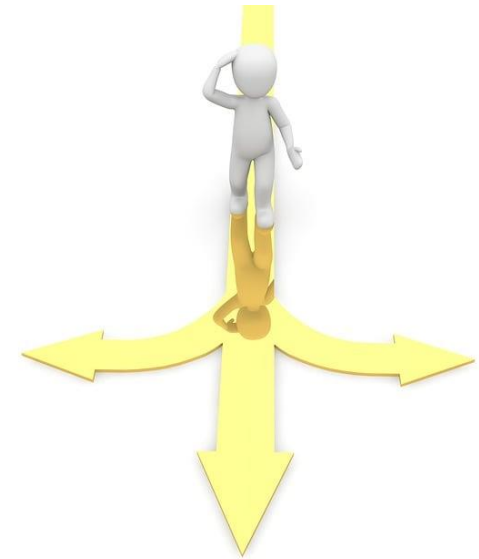
Match possible therapies to the value-based goals

- **Acknowledge that we have had some difficult news**
- **Restate goals for everyone**
 - “I want to remember what we learned in the beginning- It sounds like what is most important for your father now is:
 - to be at home
 - spending quality time with family
 - to not go to the hospital anymore
- **“Is it ok if we talk about how we can best make this happen and the options moving forward?”**



Match possible therapies to the value-based goals

- **Review options that are reasonable / realistic**
 - “It seems that you are in a fork in the road...the options appear to be...”
 - *Dependent on the patient, the illness trajectory, and team / family preferences, it may be appropriate to discuss all the options and not just the one you think fits the best.*
- **Help with decision making**
 - Review Risks (side effects and detrimental effects)
 - Review Benefits (life extension, QOL)
 - Review Burdens (inconveniences)



Pearl:

- It is ok and even necessary to make a *Recommendation* based on the goals
- Allow for silence and questions
- Use empathic phrasing



Next steps

Make a plan

- Plan should be based on what is realistic
 - Physically, socially and financially
- Give a recommendation
- Give reassurance
- Follow up

Summarize Goals and Next Steps

- Establish a follow up meeting if needed
- Document in chart
- Communicate to team members

To Recap...

- Discuss what matters most to the patient
- Assess what the patient knows
- Review patient's course of illness / break bad news:
 - **Seek permission**
 - **Give a warning shot**
 - **State the update / news without a modifier**
 - **PAUSE / SILENCE**
 - **Empathize**
- Review realistic options
- Tie it all together



*S(G)PIKES Roadmap
for Delivering
Difficult News*

S=Set up

G = Get to know

I = Invitation

K = Knowledge

E = Empathize

S – Strategize and Summarize

Let's Practice

- 50-year-old patient with metastatic gastric adenocarcinoma (with carcinomatosis) and ascites, obstructive uropathy s/p bilateral percutaneous nephrostomy tubes
- Cancer related anorexia, cachexia, pain, and mostly in bed
- No more treatment options
- Likely prognosis is weeks to months

- **How would you elicit value-based goals of care and break bad news?**
- **How do you come up with a plan and next steps?**

- **Get in groups of 2-4.**
- **Discuss among each other and discuss a plan**
- **Now select a person to be the patient and practice the *S(G)PIKES protocol***

Let's Practice

- 35-year-old with history of paraplegia related to a skiing accident
 - Extensive pressure wounds to bilateral trochanters and sacrum
 - MRI showing necrotic bone, biopsy shows osteomyelitis
 - You have spoken to Ortho ID and Ortho and Plastic teams.
 - **Options include:**
 - Less invasive but no source control: IV antibiotics for 6 weeks and life long oral antibiotics + wound care
 - More invasive + source control and possible cure: bilateral disarticulation of the legs (+ IV abx, wound care)
-
- **How would you elicit value-based goals of care and break bad news?**
 - **How do you come up with a plan and next steps?**
-
- **Get in groups of 2-4.**
 - **Discuss among each other and discuss a plan**
 - **Now select a person to be the patient and practice the *S(G)PIKES protocol***

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Questions?

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