

# Communication in Serious Illness

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# Objectives

- Define a population of patients with serious illness for whom improved communication holds many benefits
- Learn how to improve communication in patients with serious illness
- Apply a structured communication tool to facilitate and improve communication in patients with serious illness



*“There’s no easy way I can tell you this, so I’m sending you to someone who can.”*

# Communication in Serious Illness: Principles

- Patients (most) want the truth about prognosis
- You will not harm patients
- Anxiety is normal
- Patients have goals and priorities besides living longer
- Giving patients opportunities to express fears and worries is therapeutic

# Doctors Reluctant to Discuss EOL Care



- Only 12% of providers had yearly discussions with HF pts as recommended by the AHA
- 1 in 3 report lack of confidence or know-how for EOL conversation



# Communication in Serious Illness

**WHO?**

# Patients with:

- Advanced organ failure:
  - HF
  - COPD
  - ESLD
  - CKD
  - ASCVD/PAD/CVA
- Advanced cancer
- Dementia/ Neurodegenerative
- Elderly with multiple chronic conditions
- “Surprise” question: Would I be surprised if this patient is not alive in ONE year?





**People  $\geq$  65**

**20 -----35 -----70 million!**  
**1965                      2011                      2030**

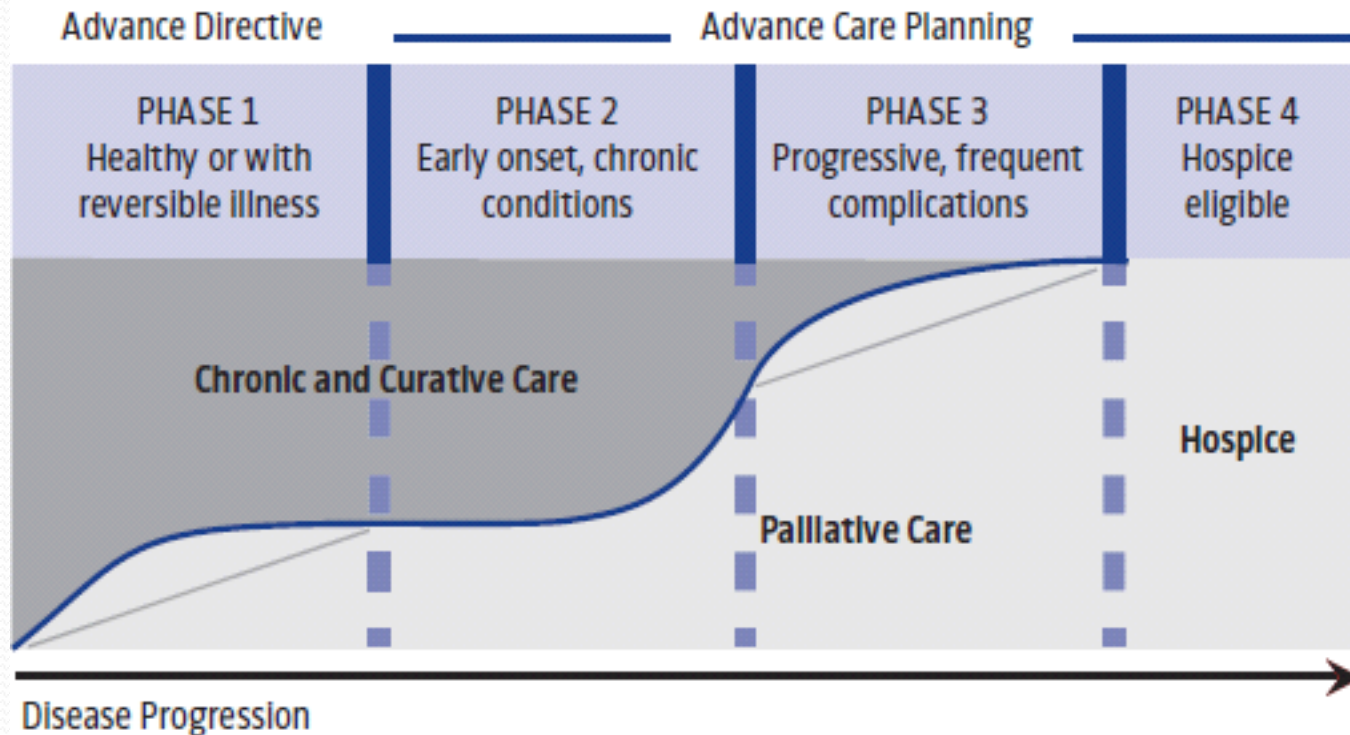


# Communication in Serious Illness

**WHEN?**

# Advanced Illness Management A New Paradigm

FIGURE 1. FRAMEWORK FOR ADVANCED ILLNESS MANAGEMENT



Source: American Hospital Association, 2012 Committee on Performance Improvement: Advanced Illness Management Strategies (in 2 parts). Chicago: American Hospital Association, 2012.

Primary palliative care 

Specialty Palliative Care 

# The Challenge – Advance Illness Phase III



- Increasing:
  - burdens of disease
  - risks of interventions
  - frailty
- Declining
  - benefit of disease directed therapies
  - functional status
- Aware of frailty but unaware of approaching end of life (both clinicians & patients)



# PROGNOSTICATION

# Prognostication Often Difficult

Biometric Models + Functional Status +  
Specific Biomedical Data + General Biologic Data

Equals

More Accurate, Useful, Compassionate and  
Professional  
Prognostication



# Frailty: 3 of 5

1. Loss of strength
2. Weight loss (unintended)
3. Low activity level/increased sleeping
4. Poor endurance or easily fatigued
5. Slowed performance/unsteady gait

# SURPRISE Question

**Q:** Would I be surprised if this patient were not alive **ONE YEAR FROM NOW?**

**A:** No

**Plan:** **SERIOUS ILLNESS CONVERSATION**



# Communication in Serious Illness

**WHAT?**

# Clinician's Role

- **Inform patient that he/she has a progressive, ultimately fatal disease**
- **Learn about patient's values and goals**
- ***Remember that family has to live with the memories***



# Patient Priorities for Care

- Rank order what is most important
  - **Independence!** - 76%
  - Pain management
  - Not to be a burden
  - 
  - -
  - -
  - -
  - -
  - **Staying alive as long as possible - LAST**





# Communication in Serious Illness

HOW?

# ROLE PLAY

- Reply/Response Drill
- *APPLY Serious Illness Conversation Guide:*
  - Ten minutes conversation
  - Groups of 2-3 – clinician, patient & observer
    - #1 Set-up
    - #2 Understanding
    - #3 Information preferences
    - #4 PROGNOSIS: Use “Wish, Worry, Wonder”
- Five minute debriefing in small groups
- Collective debriefing

# Dos and Don'ts

## Dos

- Direct, honest prognosis
- Plain language
- Prognosis as a range
- Quality of life, fears and concerns
- Acknowledge/explore emotions
- Allow silence
- Make a recommendation: “based on XX medical situation, YY treatment options and ZZ goals and values, *I recommend....*”
- Document conversation, ensure follow up

## Don'ts

- Talk more than half the time
- Use medical jargon
- Fear silence
- Give overly optimistic prognosis
- Provide facts in response to strong emotions
- Focus on medical procedures