EMPOWERMENT THROUGH COMMUNICATION

An Interdisciplinary Conference on End-Of-Life Care

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CLINICAL SCENARIO

Consult called by Surgery resident

Patient: DC, 76 yo male

Location: Surgical Step Down Unit, RIH

Length of Stay: 2-3 months

Reason for consult: prognostication

CHIEF COMPLAINT

NAUSEA & VOMITING

History of Present Illness

- May 2008, initially admitted to different institution
  - Initial Diagnosis: Gallstone pancreatitis
  - Procedure 1: ERCP for stone removal
    - Unsuccessful
    - Complication: post-ERCP pancreatitis
    - Pt improved but with persistence of nausea and vomiting
- June 2008
  - Procedure 2: ERCP repeated for stone removal
    - unsuccessful

History of Present Illness

- July 2008
  - Procedure 3: transhepatic laser lithotripsy
  - Patient continued to have nausea and vomiting
  - Work-up showed possibility of a superior mesenteric artery syndrome leading to duodenal obstruction
  - Procedure 4: duodeno-jejunal bypass
    - Complicated post-operative course

History of Present Illness

- July 30, 2008
  - Pt was transferred to Rhode Island Hospital upon request of family
  - Condition of patient on transfer
    - Severely deconditioned
    - (+) failure to thrive
    - Severe malnutrition

History of Present Illness

- Complicated course of patient at RIH
  - Multiple infections leading to sepsis
    - pneumonia
    - fungemia
  - Multiple intubations
  - Multiple ICU transfers
  - Pressure sores

History of Present Illness

- October 2008
  - Patient just finished course of Cefepime for nosocomial pneumonia
  - Receiving Caspofungin for Candida fungemia
  - On TPN (total parenteral nutrition) for "gut failure"
    - Patient vomits or has diarrhea with tube feeds

Past Medical & Surgical History

- COPD
- TIA
- GERD
- Gallstone pancreatitis
- Colonic polyps
- Appendectomy
- Cholecystectomy
- AAA repair

Current Medications

- Caspofungin 50 mg IV daily (Day 14)
- Cefepime 2 g IV q 18h (Day 7)
- Pantoprazole 40 mg IV daily
- Metoprolol 5 mg IV q 4h
- Albuterol 3 puffs q 6h
- Heparin 5000 units SQ TID
- Nystatin cream top TID
- Fat emulsion IV daily

PRN Medications & Allergies

- Ondansetron 8 mg IV q8h PRN
- Metoclopramide 10 mg IV q 6h PRN
- Morphine 2 mg IV q 3h PRN
- Acetaminophen PR q 6h PRN

- Patient has no known drug allergies

Social History

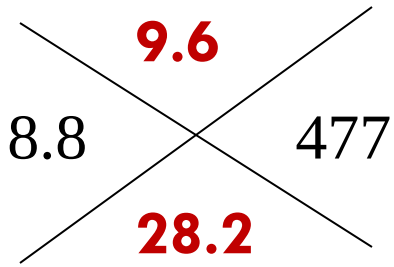
- Widower x 2 years
- Lives in single family home
- 4 children; 3 in Rhode Island, 1 in Florida
- Worked as a draftsman, retired at age 65
- Religion: Baptist
- ADL's & IADL's prior to hospitalization: independent
- No previous discussion of advance directive/living will even with wife's death

Physical Examination

- Vital Signs:
  - T 97°F
  - BP 158/76
  - HR 94
  - RR 20
  - O2 94% RA
- Gen: NAD, unresponsive, winces to pain, emaciated, (+)temporal wasting
- Skin: (+) skin excoriation/ulcer, R hip anteriorly, (-) sacral decubitus ulcer
- Lungs: CTA anteriorly
- CV: RRR, S1 & S2 distinct
- Abdomen: soft, multiple healed surg scars, (+) G tube
- Extremities: (-) swelling

Laboratory

142	**112**	23	83
3.5	23	**1.5**	



- MCV 92.3; RDW 19.4
- **Albumin 1.5; Prealbumin 17.3**
- **Blood C&S on 9/18/08 grew *Candida glabrata***

CURRENT CODE STATUS

DO NOT RESUSCITATE
BUT MAY INTUBATE

Information Expected from Consult

Objective and independent assessment of patient's prognosis

Ways to maximize current health status of patient to facilitate possible discharge to long-term care

DISCUSSION

Conflicts in Goals of Care

Family

- As per family, patient expressed desire to have everything done to allow him to go home well
- Son: "So..we will just allow him to starve?!?"

RIH healthcare team (MD, nurse)

- Shift to palliative care or hospice care for patient because of poor prognosis
- Withdraw life-sustaining measures including TPN

Barriers to Healthy Communication

Family

- Distrust
  - "We just expect the doctors to be honest.."
  - "Who do we blame?"
- Unclear Prognosis
- No previous communication regarding patient's end-of-life wishes

RIH healthcare team (MD, nurse)

- Frustration
  - Perceived lack of care from a family who does not visit
  - Unavailability of the family for crucial decision-making

FAMILY WAS ASKED..

Would you have wanted life-prolonging measures for yourself?

All in agreement.. NO!

- Technological advancements in medicine have contributed significantly to extending and prolonging human life expectancy
- Patient Self-Determination Act (PSDA)
  - 1990 US Supreme Court Decision
  - Requires hospitals, nursing homes and health care programs to ask patients about advance directives and incorporate the information into medical records
- End-of-life discussions are easier in the context of a trusting relationship between healthcare teams, patients, and families

How to prevent the situation

- Goals
  - Ensure that wishes of seriously ill patients are honored
  - Meet the needs of patients & families
  - Give expert care
- Early and consistent communication between the MD's and family/patient
- Remember that communication involves active listening..

How to prevent the situation

- Palliative care team with a skilled and designated professional who has the expertise to deal with end-of-life dynamics

- Advance directive planning as a process..
  - Communication should be initiated between patients and families as early as possible while patient is relatively well
  - Allows patients to identify preferences while they are mentally and physically able

Goal of effective end-of-life communication

A peaceful and dignified death for each patient

References:

- Crane, MK et al. *Respecting End-of-Life Treatment Preferences*. American Family Physician Oct 2005; 72(7): 1263-1268.
- Ahrens, T et al. *Improving Family Communications at the End of Life: Implications for Length of Stay in the Intensive Care Unit and Resource Use*. American Journal of Critical Care July 2003; 12(4): 317-323.
- Azoulay, E. *The End-of-Life Family Conference*. Editorial. American Journal of Respiratory Critical Care Medicine 2005; 171: 803-805.
- Teno, JM et al. *Decision-making and outcomes of prolonged ICU stays in seriously ill patients*. JAGS May 2000; 48 (5 Suppl): S70-74.
- Teno, JM et al. *Advance directives for seriously ill hospitalized patients: effectiveness with the patient self-determination act and the SUPPORT intervention*. JAGS April 1997; 45(4): 500-507.
- Curtis, JR. *The family conference as a focus to improve communication about end-of-life care in the intensive care unit: opportunities for improvement*. Crit Care Med Feb 2001; 29(2 Suppl): N26-33.