End of Life Discussions

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Case 1 - L.M.

- 65 yo female, s/p living donor renal transplant in 2006, IDDM, depression, presents to RIH with fall. Found to have pathologic fracture; bone biopsy shows a differential of PTLD vs DLBCL, and transferred to Heme/Onc for chemotherapy.
L.M. Hospital Course

- Had TLC, c/b PTX, required Chest Tube
- Stopped eating; family requests PEG
- Cannot tolerate PEG, starts TPN
- Requires insulin drip from TPN
- Family Meeting
L.M.

- Before BMBx results are in, becomes acutely tachycardic/tachypneic. Sent to MICU; found to have hemoperitoneum, PE, and enterococcal sepsis.
Case 2 - A.C.

- 67 yo male, h/o ESRD/HD, prostate ca, dementia, deconditioning, presents from PMD to VAMC with FTT and multiple wound ulcers.
- Hospital course - rapid AFib, profound hypoglycemia, worsening mental status
- Hypotensive/Hypoxic
- Family Meeting
Case 3 - H.X.

- 91 yo male, h/o dementia, AFib, sss, ischemic CM, FTT with PEG in place with recent CDif, to TMH with worsening lethargy.
- On admission - SBP low 90's, BNP 3000, HR in 40's, on RA.
- Rejected by CCU
- Family - "keep fighting and keep him comfortable"
H.X.

- Gentle IVF boluses provided with no worsening hypoxia but no significant improvement of overlying problems.
- Hospital Day 3 - Dec 25: pt's daughter withdraws care, pt passes away overnight.
The Cases

• The Common Thread
  – There had been NO meaningful End-Of-Life discussion
  – The primary discussions were conducted by housestaff.
Why Don't Physicians Discuss End of Life With Patients?

- Time constraints
- Communication obstacles
- Discomfort with the topic
- Cultural resistance
- "They are not at End Of Life yet."
• Guidelines suggest advanced directive discussion for terminally ill with <1 year to live.
• National Survey conducted, 4074 respondents: 65% would discuss prognosis, 44% would discuss code status, 26% would discuss hospice- most prefer to wait till sx onset.
• Discussions more prevalent among younger physicians, and among oncologists and surgeons.

• 100 outpatients with lung disease evaluated
• Acuity or severity of disease had no bearing on desire to have end of life discussion

Advance Directives

• Allows patient wants to be respected if they cannot make their own decision during acute illness

• Improved quality of care, improved patient and family satisfaction, reduced psychological trauma.
Advance Directives

• Family of 1,600 deceased patients questioned; >70% had an AD.
• Those who died out of hospital were more likely to have AD, 10% less likely to have a PEG or intubation in the final month of life.
• Those without AD had more concerns regarding physician communication.
• With AD, obstacles still persist regarding meeting emotional needs of families, and ensuring clarity in acute problems

Decision Making Options

• Health Care Proxy
  – Surrogate decision maker in event of incapacity
  – Can be downloaded form without lawyer
  – Objective is that the act of appointing proxy would prompt discussion
  – Does not address the fact that proxies are often poorly equipped.
• Living Will
  – Instructs against heroic measures
  – Often vague
  – Takes effect when there is no real chance of recovery

• Disparity can exist btw physician management and living will

• **Instructional Directive**
  – More explicit than living will.
  – May specify regarding antibiotics, chemotherapy, etc
  – If-then concept, although the 'If' is restricted to a) comatose or b) advanced dementia.
  – Falls short of accounting for frailty, moderate dementia

• **Taking Values History**
  – Questioning on cultural/religious background
  – Ideas of dependency and perspective on healthcare
  – Facilitates discussion; unclear if it helps management
• Combined Directive
  – A hybrid mix of living will, instructional directive, values history, with proxy designation.
  – Five Wishes
    • http://www.agingwithdignity.org
• Conclusions
  – We have tools to implement end-of-life discussions
  – We must do a better job of having end-of-life discussions
  – A shift may be needed where we can discuss end-of-life more openly in the public arena