



Doctors helping patients for more than 25 years

## **Discussing End-of-Life with Your Patients**

As the advantages of advance care planning become increasingly apparent, conversations related to end-of-life wishes are transitioning from taboo to indispensable.

End-of-life discussions offer an invaluable opportunity to both address a patient's concerns and coordinate treatment plans during the final stages of a disease. By addressing end-of-life subjects in a direct but compassionate manner, you can often allay common fears and ultimately minimize pain and suffering. By removing ambiguity from the situation, senior patients and their families report being able to face death with greater peace, less isolation and more control during the process.

In 2016, Medicaid began including reimbursement for advance care planning. While polling data shows that physicians are decidedly enthusiastic about the new benefit, many primary care providers continue to be unsure about how to initiate these discussions.

When possible, start end-of-life discussions while a patient is still stable. According to Dr. Robin Eickhoff, WellMed Medical Director, "once a poor prognosis is given, if an end of life discussion has not taken place, it is usually best to give the patient time to absorb the information, rather than trying to address end of life at that time. Unfortunately, this is not always an option due to the acuity of a diagnosis."

Due to the intimate nature of these conversations, end-of-life planning is best accomplished in a private setting where distractions are minimal and the patient can feel comfortable taking time to think through things. The presence of family members who will participate in the patient's care is often helpful as well. Involving family members in plans early on can help ease their own concerns and prevent misunderstandings later.

Physicians may help multiple individuals through end-of-life experiences over their careers, but from the patient's perspective the experience is new and likely frightening. For this reason the responsibility of setting the tone rests primarily on the physician. In general, the goal is to be as clear as possible while still being empathetic. Where feasible, sit so that you are facing the patient directly; lean forward, without crowding, and listen attentively to their answers. Try to make "comfortable eye contact" throughout the discussion, and be proactive in returning the conversation to the patient if family members take over.

Begin by clarifying the patient's understanding of their prognosis. Their understanding and your understanding may be completely different. Depending upon the severity of the prognosis, it may be necessary to discuss those differences, however, knowing what the patient believes is most important.



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### **Discussing End-of-Life with Your Patients cont.**

It is important to have the patient identify someone they would like to make decisions for them, should they become incapable of doing so themselves. This relationship becomes official once a Medical Power of Attorney is completed.

Many physicians have found that asking patients about their fears, what is important to them at the end of life and what sacrifices they are willing to make for the possibility for more time can help them guide their patients to choose treatments (if available) that are consistent with their desires. It is good to get as specific as possible so you are clear on their desired wishes. Thoughtful follow-up questions can be an important tool to ensure the conversation moves beyond stock phrases. For example, asking “When you talk about not being a burden to your family, what do you mean?” can help identify specific concerns.

Finally, the physician can then lay out a possible approach for moving forward based on the preferences expressed by the patient. This approach should include sensitively-made suggestions regarding resuscitation and other aggressive interventions that may cause significant suffering without offering substantial life extension. Unless time is limited, it may be best not to address this on the same visit as discussing prognosis, fears, and wishes. Any decisions related to intervention can then be formalized in documents such as a healthcare directive (aka living will) and a DNR (Do Not Resuscitate) form.

While discussing death may not be naturally comfortable, taking time to have an empathetic and frank conversation with patients approaching the end of life is one of most compassionate things a physician can do. Helping patients meet their goals for a less painful, more dignified death can ultimately prove to be one of the most meaningful aspects of a physician’s career.