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Care for the family, Family Meeting

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Terminology

Family Medicine

Primary Care

General Practice

Definition

Any group of people related either biologically, emotionally, or legally.

(McDaniel)

A group of intimates with both a history and a future.

(Ranson and Vandervoort)

Examples

Unfortunately, families are often neglected in health care!

Our culture

- individually oriented
- values autonomy over connectedness

„Illusion of the medical dyad” between the physician and patient.

(Doherty and Baird)

„Therapeutic triangle”

Family plays a role in all patient encounters regardless of whether family members are present or not!

The family life cycle (Duvall)

1. Married couples
2. Chilbearing families
3. Families with preschool children
4. Families with schoolchildren
5. Families with teenagers
6. Families launching young adults
7. Middle-aged parents
8. Aging family members

The role of families

Most health beliefs and behaviors are developed and maintained within the family.

Family is our most fundamental and enduring influential context.

Family can positively or negatively influence health and illness.

Support and/or stress

Family can be an important source of **stress** and/or social, emotional **support**.

Family support can be:

-instrumental

-informational

-emotional.

Family emotional support has the most important influence on health outcomes and therefore cannot be replaced with social agencies or services that provide instrumental and informational support.

Family Systems Approach

- Biopsychosocial model of health care

- Interrelationship between
  - Biologic,
  - Psychological,
  - Social processes in the family.

We must recognize this!

Rules of family care

Recognizing vulnerable families

Recognizing vulnerable family members

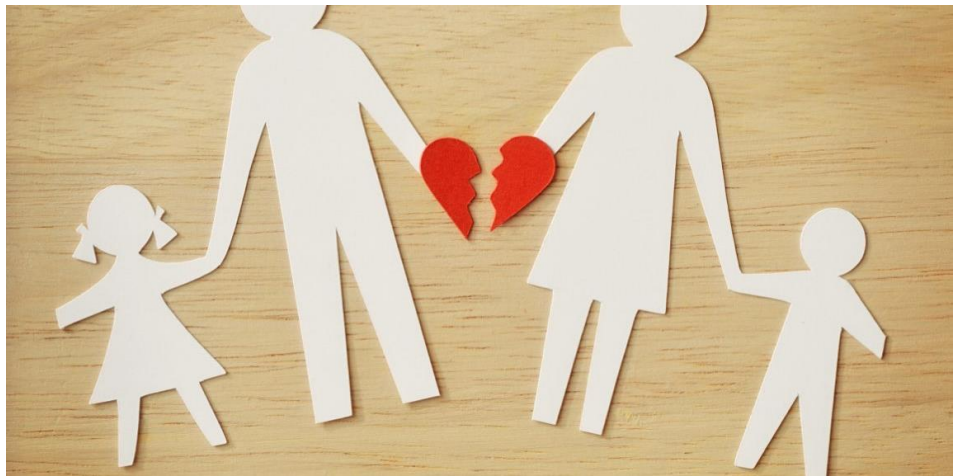
Providing the necessary information

Role in crisis situations

Proactivity if necessary

Avoid taking sides in family disputes

Offer family meeting if the situation demands



Research on families and health

Marital and family status are strongly related to morbidity, mortality and health care utilization for both physical and psychological problems.

-Married the most healthy

-Widowed

-Divorced, never married

Research on families and health

Divorced and unhappily married men and women have poorer immune function than those in healthier marriages.

(Keicolt-Glaser JK et al)

Research on families and health

Conflict and criticism between family members can have negative influence on blood pressure, diabetes control and immune function.

(Ewart CK et al, Minuchin S et al)

Research on families and health

After myocardial infarction, women with few or no family supports have two to three times the mortality rate.

(Berkman LF et al)

Research on families and health

Marital separation has been associated with increases in medical utilization in the 6 months before and 12 months after the separation.

(Wertlieb et al.)


MOM
DAD

Family physicians has **to be attentive** to the needs of family members affected by the misfortunes of their relatives.

-the children of divorced couple

-the siblings of disabled child

-widows or widowers

Family psychoeducation

- The most consistently effective intervention
- Give training how to manage and cope with the illness
- Provide instrumental, informational and emotional support

A family intervention to delay nursing home placement of patients with Alzheimer disease (RCT)

Intervention:

-instructional and problem solving sessions

-ongoing family support group

-access to a crisis intervention service

Outcome:

-less depressed

-physically healthier

-patients **remain at home a year longer!**

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Ethical Aspects of family medicine
Discussing goals of care

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Ethical aspects
Why do we talk about it?

- Because you want to enjoy your 40 years in practice… THE MOST IMPORTANT!!!
- …because you want to survive the 40 years in practice
- - without being left by your patients
- - without loosing your reputation
- - without fitness to practice procedures
- - without spending your precious time responding to patients' complaints
- - without being litigated or sued, not to mention, imprisoned

SURGERY CONSULTATION VS HOME VISIT

- When is a home visit necessary, when not?
- Basic rules of home visits
- When to respond to an emergency in the community? When not?

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Home visit

- Truly bedbound patient
- End of life
- Pronouncing death
- Mental health issues
- Requested by the ambulance services
- NOT for children
- NOT as a convenience service

When to respond to an emergency in the community? When not?

- Cardiac arrest
- Found unresponsive
- Emergency calls if ambulance not available

When time factor demands

NOT for acute abdominal pain

NOT for acute chest pain

NOT for acute low back pain

etc

Home visit

Who else is present?
mental capability?

Who is the next of kin?

What rules to keep?

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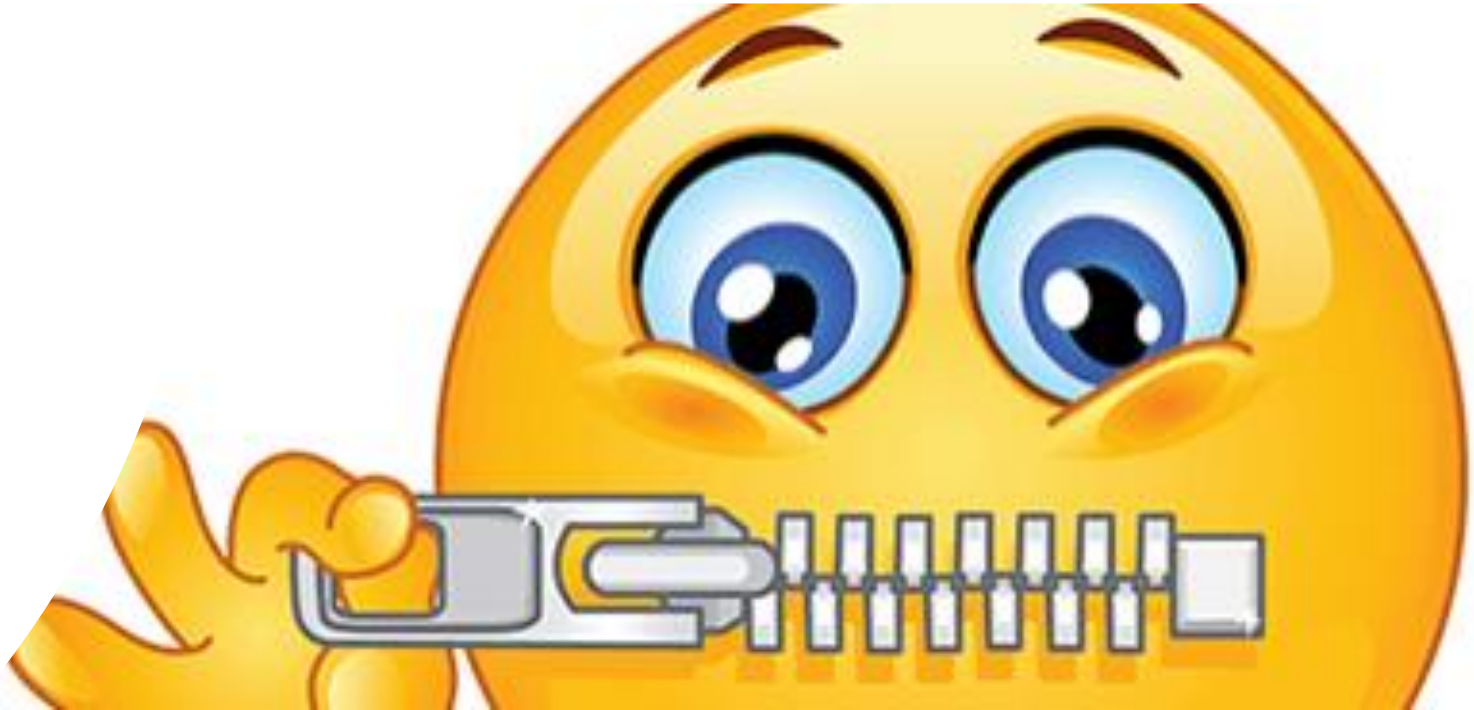
Provision of care for more than one family members

Risk of breach of confidentiality

What can be disclosed? To whom?

Rules of remote consultation

telephone, online platforms, email



Role and rules in child protection

Recognizing or suspecting child abuse

Reporting child abuse without delay

Follow up the health status of abused children

Discussing goals of care by definition

Decision making process when diagnostic options, treatment choices including disease extent and prognosis are discussed in the context of a life threatening illness considering the individual **values and preferences**.

Why is it important?

- Improves patient outcome
- Improves patient satisfaction
- Decreases patients' anxiety
- Gives clear guidance to the clinician
- Decreases family conflicts

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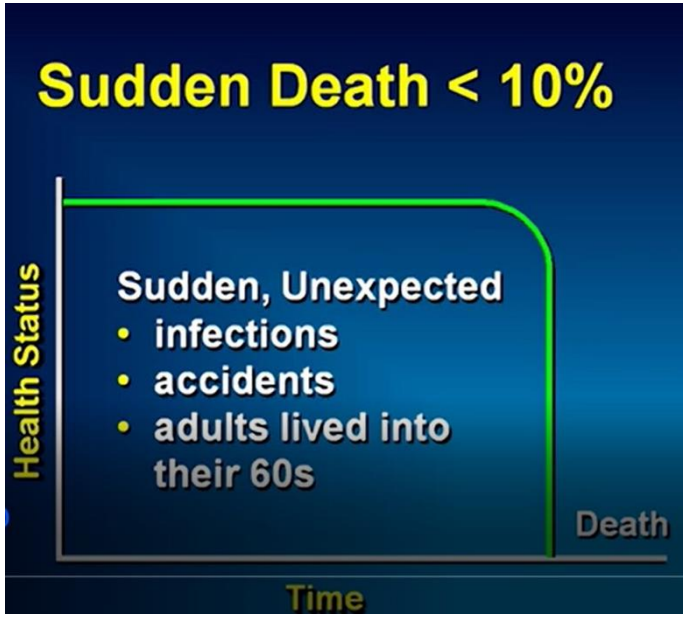
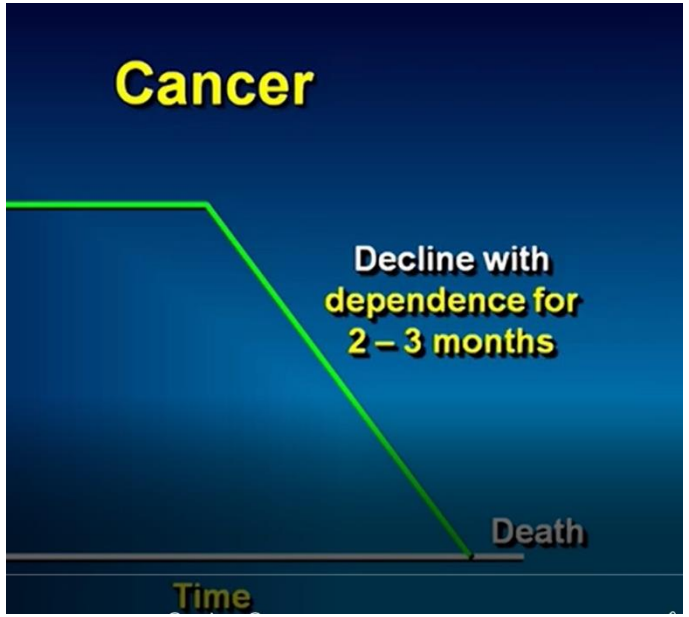
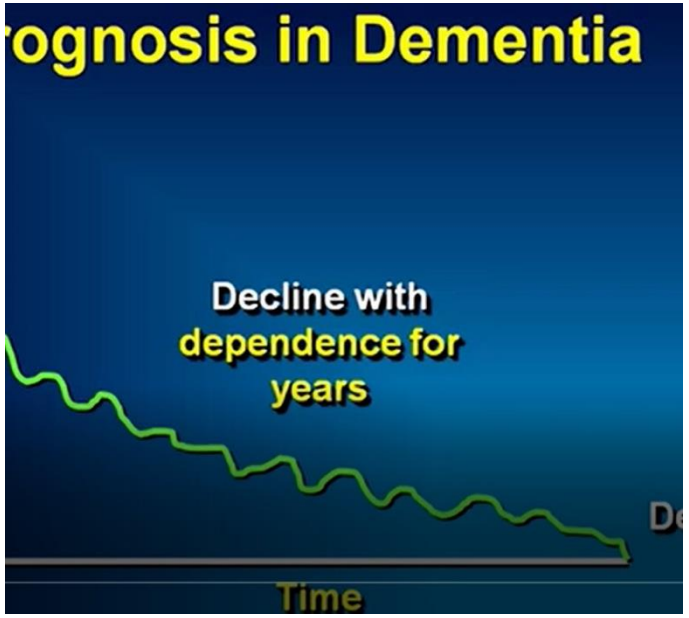
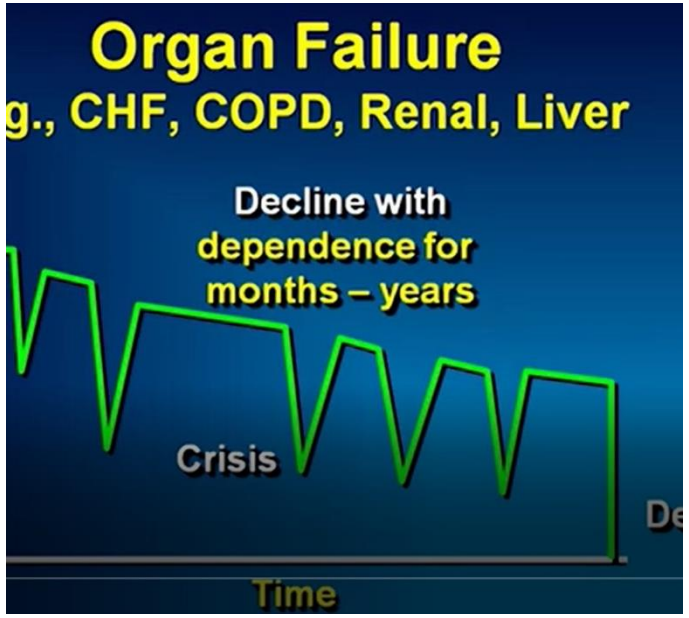
Roads to death









Goals of care three-phase modell

Medical Journal Aust 2014 (8) 452-455

Curative and restorative phase („beating it”)

Comfort phase („living with disease”)

Terminal phase („dying very soon”)

Timing of goals of care discussion

Desirable	Reality
At every encounter where decision is made	Acute setting in crisis situation
At early stage of the disease	Same time with delivering bad news and prognosis
Separately from delivering bad news or prognosis	Under time pressure
Prior to risky treatments and investigations	Delayed or omitted
Scheduled setting, outside crisis situations	Done by acute care clinicians
Clinician with longitudinal relationship (primary care, oncologist, cardiologist)	

Main steps
REMAP

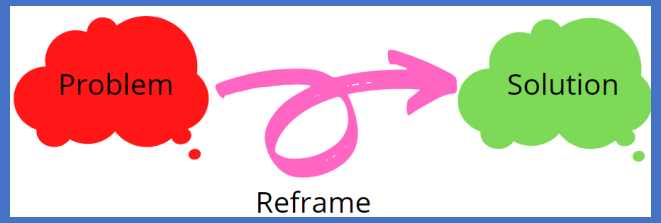
Reframing

Expect emotions

Map out the future

Align with values

Plan according to values



Step 1 Reframing

Decision must be placed into the context of the clinical scenario, explore understanding

"What is your understanding of what the doctors have told you about your illness?"

Reframing statement after shared understanding achieved

"Given this news, it seems like a good time to talk about what to do next."

"We're in a different place now. Is it okay if we talk more about next steps?"

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Step 2 Expect emotions

Always deal with emotions when they occur

Name	"It sounds like you are frustrated."
Understand	"I cannot imagine what it would be like to be in this situation."
Respect	"You are asking all the right questions and doing an amazing job of being an advocate for your husband."
Support	"I will be around to answer any of your questions."
Explore	"Tell me more about what you are thinking."

Step 3 Map out the future

- When clear that patient is ready to discuss plans, identifying the patient's goals prior to recommending any treatments

"Given what you know about your illness, what's most important to you?"

"As you think about the future, what concerns you?"

"As you think about the future, are there situations or things that you want to make sure you avoid?"

Step 4 Align with values

Demonstrates that the patient and/or caregiver has been heard

“I hear you saying that what’s most important to you is…”

“I understand that you want to make sure to avoid the following things …”

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Step 5 Plan according to stated values

Transition from the patient's/caregiver's stated values to specific treatments or care plans

"It sounds like quality of life is the most important issue for you right now. Did I get that right?"

Giving recommendation often helpful

"From what you've told me about what's most important to you, I recommend…" „How does it sound to you"?

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Working with families

Three approaches:

1. Family oriented approach with individual patient
2. Involving family members during the routine office visit
3. Family meeting

1. Family oriented approach with individual patient

- Important skill
- Explore the patient's experience of illness
- Learn more about family and relationships
- Family can be used as a resource of treatment
- Appropriate questions (global, personal)

Question examples

Has anyone else in your family had this problem?

What do your family members believe caused the problem or could treat the problem?

Who in your family is the most concerned about the problem?

Have there been any other recent changes in your family?

2. Involving family members during the routine office visit

- Takes just a few minutes longer than other visits
- Whenever the health problem is likely to have a significant impact on the other family members
- When family members can be a resource in the treatment
- Inclusion of both parties
- Emphasize the strenghts
- Don’t take sides

3. Family Meeting

Family meeting

Usually longer, more planning and sturcture
When diagnosing and treating complex illnesses

<u>Structure:</u>

- Joining phase
- Goal setting
- Information exchange, discussion
- Establishing a plan and goals

Purpose of a family meeting

- Understand the family's perspective
- Review disease course & prognosis
- Provide information
- Establish goals of care & treatment plan
- Address conflict
- Find hope & meaning

Overview of the process

1. Pre-meeting arrangements
2. Family meeting
3. Post-meeting debriefing

Pre-meeting arrangements

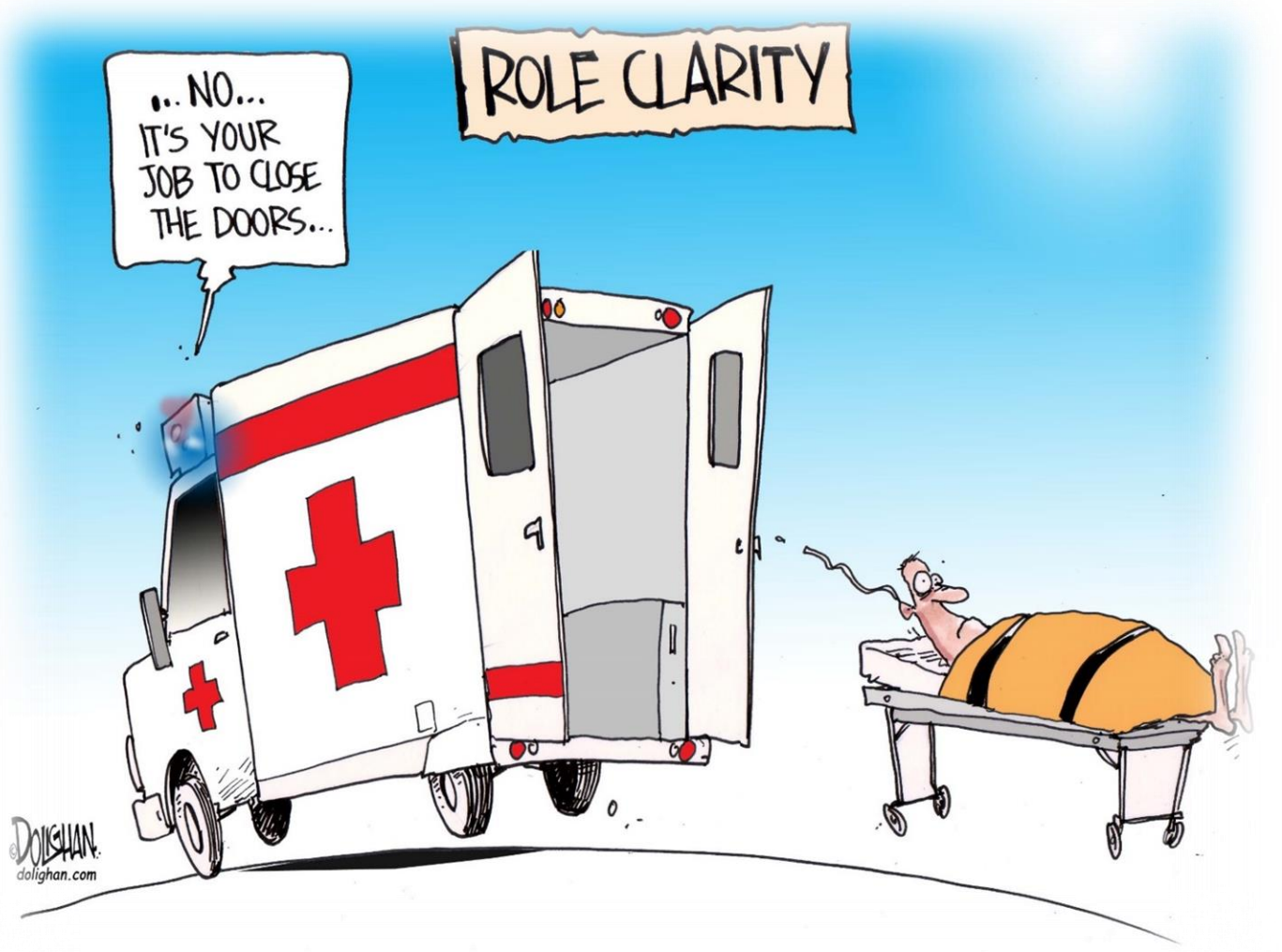
- Determine the goal for the meeting
- Agree on
  - Time and place
  - Who shall be present
  - Information that will be presented
  - Who will be the facilitator

Role of the facilitator

- Introduce everyone
- Establish relationships
- Set time limit; keep meeting on track
- Ensure everyone has opportunity to speak
- Reflect what you hear
- Summarize outcomes
- Close the meeting

Role of Each Team Member in the Family Meeting

…Physician – Nurse – Social Worker – Psychologist



Place and time of the meeting

- Quiet place
- No interruptions
- Everyone sitting

- Have tissue paper available

Allocate suficient time

At the family meeting

- Introduce everyone present
- Establish relationships
- Set goals of meeting; time limit
- Set ground rules
- Give everyone an opportunity to speak
- Listen actively, don't interrupt
- Ask clarifying questions

At the family meeting

- Discussion
- Summarize the main, agreed goals
- Plan, next steps
- Validate everyone's love / role
- Thank everyone for participating
- Wrap up; close the meeting
- Document

Post-meeting debriefing

- Talk with the team

- How do you feel?
- How did it go?
- What tasks we have?

Have a beautiful day!