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Ethical specialities 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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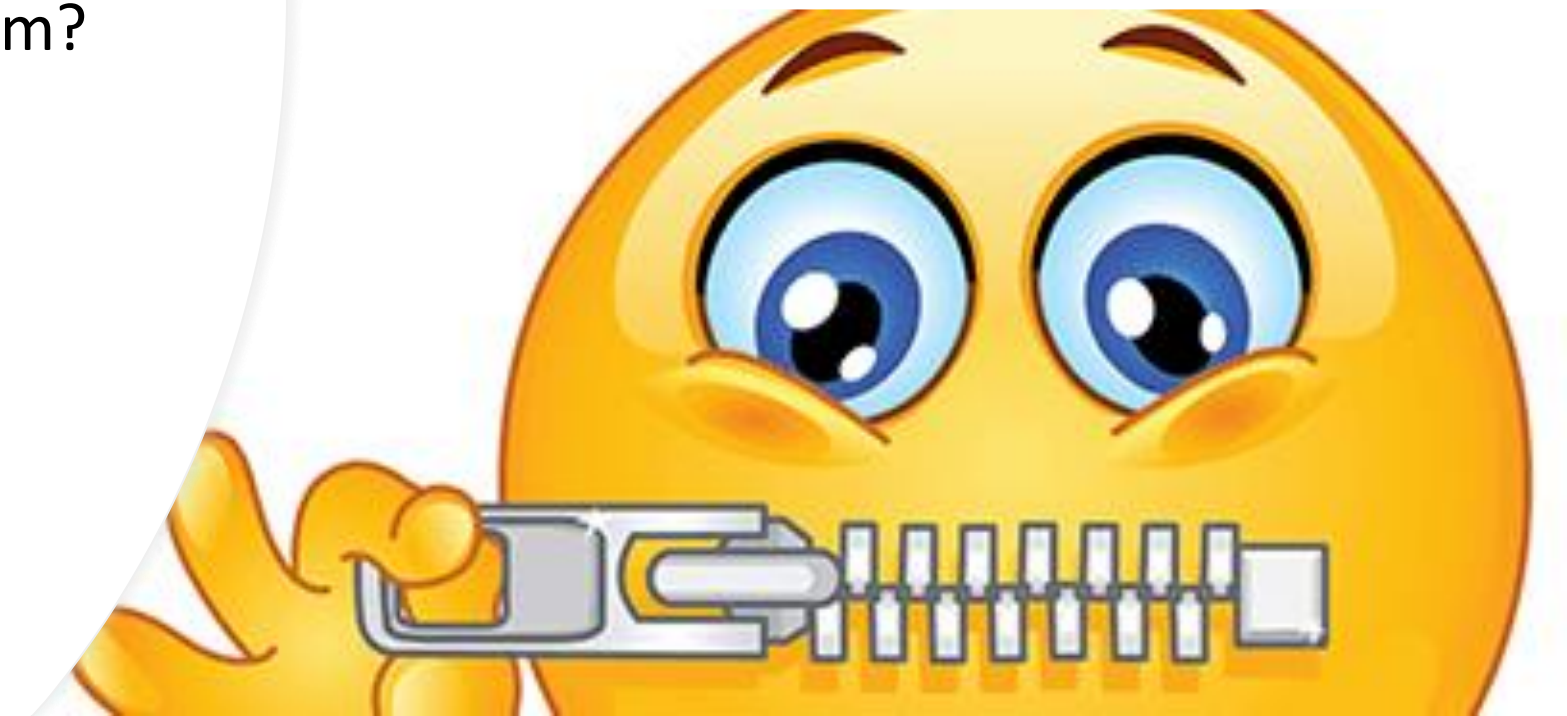
Provision of care for more than one family members

Risk of breach of confidentiality

What can be disclosed? To whom?

Rules of remote consultation

- telephone, online platforms, email



Rules of family care

Recognizing vulnerable families

Recognizing vulnerable family members

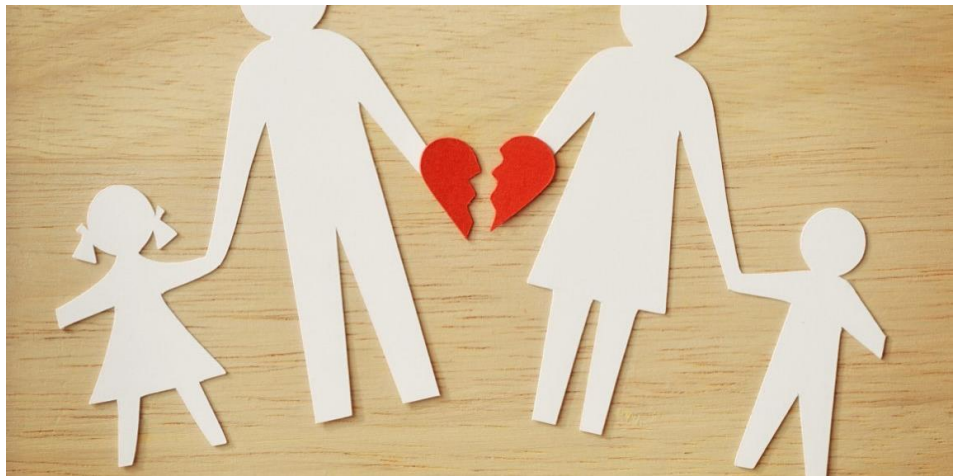
Providing the necessary information

Role in crisis situations

Proactivity if necessary

Avoid taking sides in family disputes

Offer family meeting if the situation demands



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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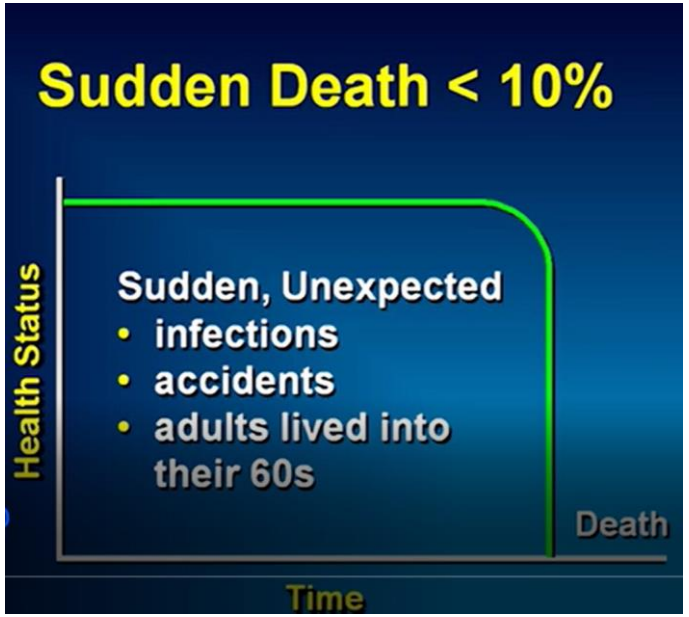
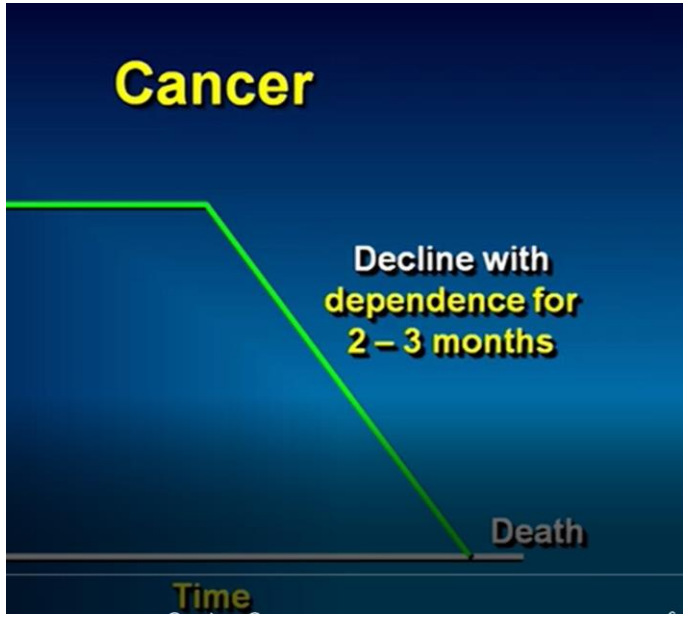
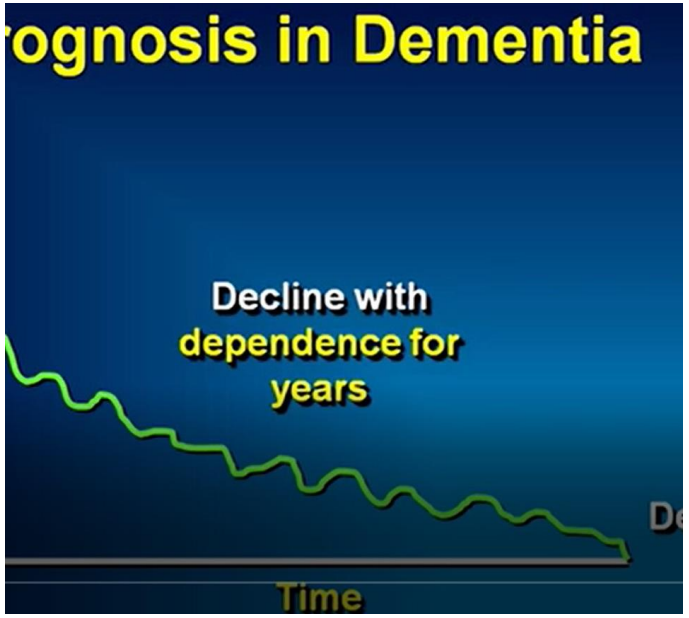
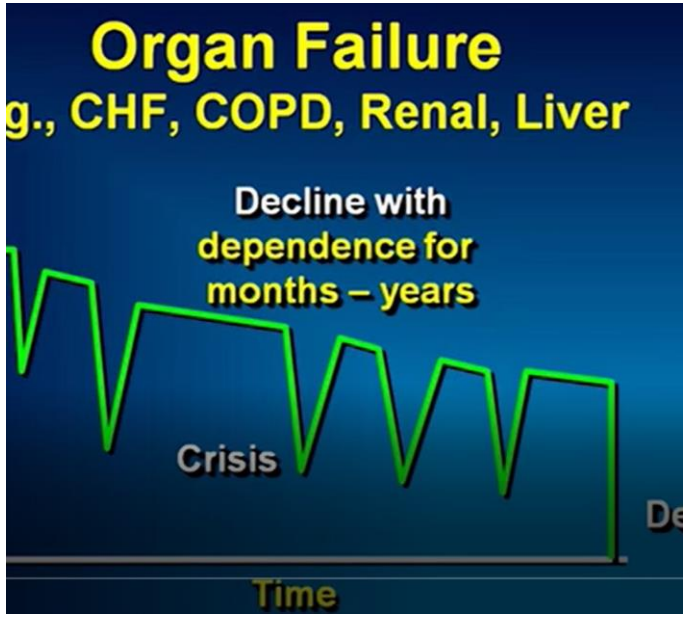
Roads to death









Goals of care three-phase modell Medical Jurnal Aust 2014 (8) 452-455

Curative and restorative phase („beating it”)	Comfort phase („living with disease, anticipating death”)	Terminal phase („dying very soon”)
Definition		
All appropriate life-prolonging treatment deployed as indicated	The disease is deemed to be incurable and progressive	Death is believed to be imminent – implementation of end of life pathway
Aims		
GoC is directed towards cure, prolonged disease remission and/or restoration to the pre-episode health status for those with chronic disease	GoC are modified in favour of comfort, quality of life and dignity; period of survival is no longer the sole determinant of treatment	Comfort, quality and dignity are the only considerations

Goals of care three-phase modell Medical Jurnal Aust 2014 (8) 452-455

Curative and restorative phase („beating it”)	Comfort phase („living with disease, anticipating death”)	Terminal phase („dying very soon”)
Prognosis		
Life expectancy is likely to be the same as the general population; key question could be „ is there a reasonable chance of the patient leaving the hospital or living the same life span”	Life expectance is usually months sometimes years; key question could be „ would we be surpriesed if the patients died in the next 12 month?	Life expectance is usually hours or days ; key question could be „ would we be surprised if the patients died this week?”
Life sustaining treatments		
Given as needed	Life-sustaining treatments for other medical conditions are usually **continued**; medical treatments which would affect quality of life are continued	Life-sustaining treatments for other medical conditions are usually **stopped**; medical treatments which would affect quality of life are continued

Goals of care three-phase modell Medical Jurnal Aust 2014 (8) 452-455

Curative and restorative phase („beating it”)	Comfort phase („living with disease, anticipating death”)	Terminal phase („dying very soon”)
Arteficial nutrition and hydration		
Given as needed	Given as indicated **AND** desired (eg PEG tub in case of throat cancer)	Usually ceased and replaced with with careful hand feeding and rigorous mouthcare
Cardiopulmonary resuscitation		
Given as needed	Usually not recommeneded but should be discussed with the patient if competent or with the representative	Contraindicated

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	
Prior to risky treatments and investigations	Under time pressure
Scheduled setting, outside crisis situations	Delayed or omitted
Clinician with longitudinal relationship (primary care, oncologist, cardiologist)	Done by acute care clinicians

Main steps
REMAP

Reframing

Expect emotions

Map out the future

Align with values

Plan according to values

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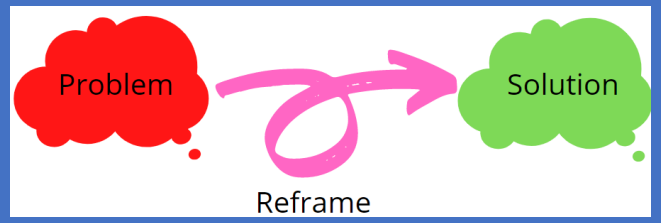

Step 1 Reframing

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 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 …”

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 5 Plan according to 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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Enjoy the rest of your day!

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