


Advanced Care Planning Conducting conversations with sensitivity



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Faculty/Presenter Disclosure

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Relationships with commercial interests:

“NOT APPLICABLE”

Objectives

- Emphasize the public support for ACP... yet weak compliance
- Discuss reasons for public avoidance of this topic
- Discuss health care provider avoidance of ACP
- Highlight the capacity of multiple disciplines to initiate ACP discussions
- Offer simple phrases to use when initiating ACP discussions




What do Canadians think about ACP?

In your opinion, how important is it to have a discussion about end-of-life care with...	% Extremely or Very Important	% Who Had the Discussion
Family	83	34
Health care provider	51	5
Friend	40	11
Lawyer	36	7
Financial advisor	29	5

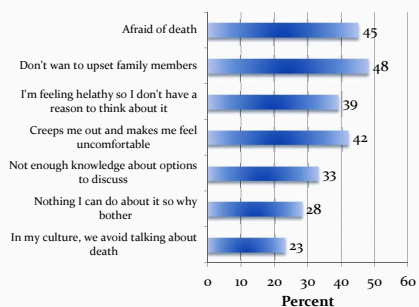
Canadian Hospice Palliative Care Association. What Canadians Say: The Way Forward Survey Report, for The Way Forward Initiative, Ipsos Reid: 2014.

Pallium Canada

How Many of You Have an ACP?



Why do we avoid ACP?



Canadian Hospice Palliative Care Association. What Canadians Say: The Way Forward Survey Report, for The Way Forward Initiative, Ipsos Reid. 2014.

Health care provider Barriers to ACP

- Discomfort with an anticipated emotional response
- Lack of training (will I say the wrong thing?)
- Feeling it is not my job, shouldn't the doctor be doing this?
- What if I become upset?
- Lack of time



Additional Barriers to ACP...

- "difficulty accepting a loved one's prognosis" *
- Difficulty understanding the limits and complications of technology *



CARENET: Barriers to Goals of Care Discussions... JAMA Feb., 2015
Canadian researchers at the end of life Network

We never face death until death unequivocally faces us

"I am feeling well right now, this can wait"



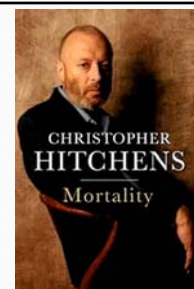
Christine Longacre
Taken from: Nearing the end of life: A guide for relatives and friends of the dying (can download)



"the suffering induced during sub-optimal decision-making discussions may predispose the patient and family to depression, anxiety disorders and complicated grief...."

Avoiding iatrogenic Harm to patient and family while discussing goals of care near the end of life.
Weiner & Roth 2006 Journal of Palliative Medicine 9 (2) 451-63

"Please don't take away my hope"



"The absorbing fact about being mortally sick is that you spend a good deal of time Preparing yourself to die with some modicum of stoicism..... While being simultaneously highly interested in the business of survival....one has to exist even more than usual in a **DOUBLE FRAME OF MIND**" P.7

Evidence in favor of ACP discussions

- "...about 60% of deaths in Ontario occur in hospital...(yet most people want to die at home if support is available...)"
- Only 10% of the population dies from a sudden event
- Chronic diseases account for 70% of all deaths (CHPCA fact sheet 2014)
- 30% of annual deaths are due to cancer yet patients with cancer receive 80% of care delivered by CCAC's (unequal access)

Attorney General Report 2014
The Way Forward National Framework 2015

Evidence in favor of ACP discussions...

- ACP discussions decrease the number of ICU admissions and reduce the use of nonbeneficial chemotherapy.
- "42% of dying patients require someone to make decisions for them..."
- Patients who have ACP discussions are more satisfied with their care.
- Decreased stress on family members, SDM's/POA/s

Attorney General Report 2014. Just Ask: discussing goals of care with patients... CMAJ 2013. Temel JS, NEJM Aug. 19, 2010. Wright AA, et al JAMA, 2008, 300(14).

Opening questions

- How are you feeling right now? How are you feeling about everything that is going on in your life right now?
- What do you understand about your illness? What have your doctors told you? Is it okay if we talk about this?
- Are you a person who likes to know what is going on or would you rather that I speak with your family?
- what are you hoping is going to happen at this point?
- do you have questions/concerns/fears? ...about the future?



Back AL et al. Efficacy of communication skills training for giving bad news...Arch Intern Med 2007; 167: 453-60.
www.afmc.ca/efpcc/docs/pdf_2008_advance_care_planning_curriculum_module_final.pdf

Ask Permission to go further

- Can we talk about treatments that may be helpful (and that may not be helpful) ?
- Have you ever thought about what you may want if you become really sick? Have you spoken with your family?
- Can we talk about this now?
- Where would you like to be when your illness gets worse?
- Who do you trust to make decisions for you if you become unable to do so?
- What is most important to you right now?

JUST ASK!



Just Ask Conversation Card: Speak up
Just Ask: Discussing goals of care with patients in hospital with serious illness. You JJ, Fowler RA, Heyland DK; Canadian Researchers at the End of Life Network (CARENET). CMAJ. 2014 Apr 1;186(6):425-32.

In Summary



- Everyone should have an ACP but not all will be ready
- These conversations can be initiated by multiple disciplines
- Ask questions in a spirit of interest in the person before you
- Follow the lead of the patient/family
- Try to be comfortable with being uncomfortable
- Silence is often appropriate
- Document your conversations in the patient's chart
- Involve your team
- Always take care of yourself