CHOICE
HOW DO WE MAKE IT?

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Disclosures
None

Up Ahead…
• Why does Decision Making Matter
• The Theory Behind Decision Making
• Factors Important to Decision Making In Medicine
• Shared Decision Making
• Advanced Care Planning
• The Effects of Choosing
• What Does This Mean For You?

Why Does Decision Making Matter
The Theory Behind Decision Making

Rooted in Behavioral Economics

First dominant theory was

UTILITY THEORY
Suggested that choices are made by weighing outcomes with their value and selecting the outcome with the maximum utility

Another Theory Takes Over…

PROSPECT THEORY

- No Consistency of Preferences
  - Framing Averse Preferences
    - Choice involving GAINS = Risk AVERSE
    - Choice involving LOSSES = Risk TAKING
- Isolation Effect
  - People discard components that are shared by both options and instead focus on the differences.
PROSPECT THEORY

Certainty Effect
– A certainty of Gains has added psychological Value
– A certainty of Losses exaggerates the Aversiveness of the Loss

Prospect Theory – Reference Point

Factors that have been Shown to Be Important for Medical Decision Making
What About the Oncologic Population?

Winter et al., “EOL Decision Making in Cancer”

- Context
- Race/Ethnicity
- Spirituality
- Current Baseline Health Status
- Family Conflict

EOL in Cancer

- Public had a widespread lack of knowledge of EOL Care with specific fears of
  - Pain
  - Abandonment
  - Lack of knowledge of Palliative Care

“The Illusion Of Choice”

Fundamental Problems with “Choice” at EOL

- The choice itself is meaningless
- Health Care System limits choice
- It assumes that we can accept death
Ventilator Withdrawal

- How did Surrogates Make Decisions?
  - Looked for clues from the Patient’s Life
  - Reviewed the patient’s life story to validate decision
  - Important that they felt they could work with staff
  - Important that their concerns were heard


The Roots of SHARED DECISION MAKING

AMA – Shared Decision Making

- Three core elements
  1. Clinical Information
  2. Value Clarification
  3. Guidance and Communication

www.ama-assn.org/go/healthcarecosts, 2010
and social implications of each treatment choice.

In clinical practice, physicians determine what conditions and which patients could benefit from engaging in a formal shared decision-making process. In cases where evidence-based, best practice guidelines establish a strongly preferred method of treatment, patients generally benefit from accepting the recommendation of their physicians.

Elements of a formal shared decision-making process
The American Medical Association (AMA) recognizes three core elements of a formal shared decision-making process: clinical information, values clarification, and guidance and communication.

- Web-based decision aids: These tools are incorporated into patient decision aids such as brochures, videos, interactive computer programs, or structured personal coaching programs that supplement the physician-physician discussions.

www.ama-assn.org/go/healthcarecosts, 2010

- Guidance and communication: The guidance and communication elements of decision aids are essential for helping patients and families engage in meaningful discussions with their healthcare providers.

- Current environment: The current effectiveness and impact of decision aids in improving patient outcomes and satisfaction are ongoing areas of research.

Bruea et al. JCO 2001

Advanced Care Planning Based on Patient Values

2. Don’t delay advance care planning conversations.

Advance care planning is a process, which includes choosing a surrogate or alternate decision maker and communicating wishes or values for medical care. This helps prepare a person for a future medical decision-making, as well as guiding their treatment or alternative decision maker should the person lose capacity for decision-making. Advance care planning is appropriate for healthy adults and patients with their family and healthcare providers, early in the illness, and as circumstances change. Evidence shows that advance care planning conversations improve patient and family satisfaction with care and conversations between patient and surrogates, increase the completion of advance care planning documents, reduce the likelihood of hospitalization requiring hospital care and the number of days spent in hospital, and increases the likelihood of receiving hospice care.
What Does It All Mean?
Take Home Messages

• Assess decision maker’s readiness to engage

• Present all frames of reference

• Loss-Frame vs Gain-Frame messaging

• Patients think in relative terms
What Does It All Mean?

Take Home Messages

• Be cognizant of patient’s fears and the prevalence of misunderstandings

• Recall the most important factors identified for patients at EOL
  • Pain
  • Most Patient’s Want to Plan

References


References Part Deux

• Steinhauser KE, Christakis NA, Clipp EC, McIntyre L, Tulsky JA. Factors considered important at the end of life by patients, family, physicians and other health care providers. JAMA. 2000 Nov 15;284(19):2476-82.


