

Options Counseling at the End of Life

Evan Pulvers MD
Catherine S. Forest MD MPH
Heather Paladine MD MEd

Learning Objectives

- 1) Describe the elements of crucial conversations at the end of life
- 2) Conduct an end of life options conversation including medical aid in dying
- 3) Use non-directive questioning to engage patients in patient-centered end of life care

Introductions

What is Options Counseling?

- Communicate non-judgmentally
- Deliver the medical news in a compassionate manner
- Elicit the patient's description of her emotional reaction
- Acknowledge the options
- Maintain the integrity of patient autonomy through allowing for supported choice
- Non-directive

What is Medical Aid in Dying?

Aid-in-Dying

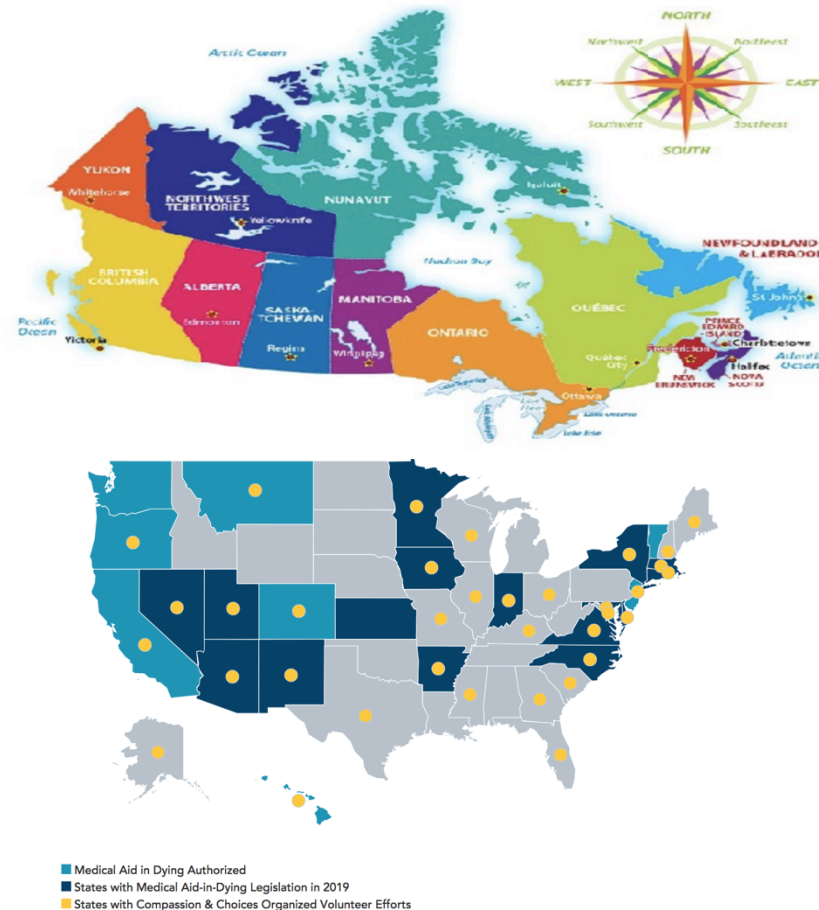
Term adopted by most laws and professional societies for when a physician prescribes a lethal dose of medication to a mentally competent, terminally ill individual upon the patient's request, which the patient intends to hasten end of life. Specifically excludes suicide from legal definition in 8 states and Washington DC

“It is important to remember that the reasoning on which a terminally ill person (whose judgments are not impaired by mental disorders) bases a decision to end his or her life is fundamentally different from the reasoning a clinically depressed person uses to justify suicide.”

American Public Health Association

Medical Aid-in-Dying

- AAFP passed engaged neutrality in 2018
- In most polls - >80% support option for terminal patients to choose terms of their own death.
- Over 25% of Americans live in state where legal



Latest MAID

1) Pre-medications:

- a. Ondansetron 8mg, #1: Take 1 hour before aid-in-dying medications.
- b. Metoclopramide 10mg, #2: Take 1 hour before aid-in-dying medications.

2) Digitalis: 100mg Dispense as powder. Sig: Take 30-45 minutes after nausea medications.

3) Aid-in-Dying medications: Dispense as powder in 120cc glass bottle. Sig: Add liquid to fill bottle and take all in 2 minutes, 30 minutes after taking digitalis.

- a. Morphine sulfate 15gm
- b. Diazepam 1000 mg
- c. Amitriptyline 8gm

**For more on current state of MAID:
April 28th from 2:30-3:30 in the Huron
Room!**

North American End of Life Model *adding Medical Aid in Dying*

Context of Options

- disclosing serious illness
- goals of care
- code status
- palliative care,
- hospice care
- medical aid-in-dying
- voluntary stopping of eating and drinking

Eligibility

- Adult
- Resident of location
- Terminal disease – expected to cause death within 6 months
- Has capacity
- Able to take medications on own



End of Life counseling

- SPIKES oncology
- The Critical Illness Conversation guide
- Vital Talk



	SPIKES	Serious Illness Conversation Guide	VitalTalk ADAPT and REMAP	STFM 2019 <input type="checkbox"/>
Preparation (read chart, room)	x	x		
Assess Patient Understanding	x	x	x	
Establish permission to discuss topic	x	x	x	
Shares medical knowledge	x	x	x	
Address ambivalence			x	
Respond to emotion	x		x	
Elicit patient's values		x	x	
Commit to supporting patient		x	x	
Explain next steps	x	x	x	

Outlining the conversation

SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer

WALTER F. BAILE,^a ROBERT BUCKMAN,^b RENATO LENZI,^a GARY GLOBER,^a
ESTELA A. BEALE,^a ANDRZEJ P. KUDELKA^b

^aThe University of Texas MD Anderson Cancer Center, Houston, Texas, USA;

^bThe Toronto-Sunnybrook Regional Cancer Centre, Toronto, Ontario, Canada

S (Setting up the interview: space, people, outline the information)

P (patient Perception)

I (obtaining the patient Invitation to talk about the topic)

K (giving Knowledge to the patient)

E (address Emotion with empathy)

S (Strategize and Summarize)

Outlining the Conversation - Serious Illness Conversation Guide

Serious Illness Conversation Guide	
CONVERSATION FLOW	PATIENT-TESTED LANGUAGE
1. Set up the conversation <ul style="list-style-type: none"> Introduce purpose Prepare for future decisions Ask permission 	<p>"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — is this okay?"</p>
2. Assess understanding and preferences	<p>"What is your understanding now of where you are with your illness?"</p> <p>"How much information about what is likely to be ahead with your illness would you like from me?"</p>
3. Share prognosis <ul style="list-style-type: none"> Share prognosis Frame as a "wish...worry", "hope...worry" statement Allow silence, explore emotion 	<p>"I want to share with you my understanding of where things are with your illness..."</p> <p><i>Uncertain:</i> "It can be difficult to predict what will happen with your illness. I hope you will continue to live well for a long time but I'm worried that you could get sick quickly, and I think it is important to prepare for that possibility."</p> <p>OR</p> <p><i>Time:</i> "I wish we were not in this situation, but I am worried that time may be as short as ____ (<i>express as a range, e.g. days to weeks, weeks to months, months to a year</i>)."</p> <p>OR</p> <p><i>Function:</i> "I hope that this is not the case, but I'm worried that this may be as strong as you will feel, and things are likely to get more difficult."</p>
4. Explore key topics <ul style="list-style-type: none"> Goals Fears and worries Sources of strength Critical abilities Tradeoffs Family 	<p>"What are your most important goals if your health situation worsens?"</p> <p>"What are your biggest fears and worries about the future with your health?"</p> <p>"What gives you strength as you think about the future with your illness?"</p> <p>"What abilities are so critical to your life that you can't imagine living without them?"</p> <p>"If you become sicker, how much are you willing to go through for the possibility of gaining more time?"</p> <p>"How much does your family know about your priorities and wishes?"</p>
5. Close the conversation <ul style="list-style-type: none"> Summarize Make a recommendation Check in with patient Affirm commitment 	<p>"I've heard you say that ____ is really important to you. Keeping that in mind, and what we know about your illness, I recommend that we _____. This will help us make sure that your treatment plans reflect what's important to you."</p> <p>"How does this plan seem to you?"</p> <p>"I will do everything I can to help you through this."</p>
6. Document your conversation	
7. Communicate with key clinicians	



Vital Talk app/trainings

GOC - REMAP (vitaltalk)

R (Reframe why status quo isn't working)

E (Expect emotion)

M (Map the future)

A (Align with patient values)

P (Plan medical treatment)

Prognosis - ADAPT (vitaltalk)

A (Ask what patient knows and what they want to know)

D (Discover what information will be useful)

A (Anticipate ambivalence)

P (Provide information that the patient wants)

T (Track emotion)

- Step **AWAY** from the tool box...



Until you've decided what you want to **build**.

Patient inquires about aid-in-dying...



Work in groups of three

- Draft an outline script of a standardized medical aid in dying counseling conversation
- Use parts of the palliative care conversation frameworks and non-directive options counseling.
- Consider how this could be used to teach learners

Regroup and Debrief



more information

Feel free to contact any of us:

Evan Pulvers evan.pulvers@gmail.com

Catherine Forest dr.catherineforest@gmail.com

Heather Paladine hlp222@gmail.com

**Follow up on the Current State of MAID in USA
and Canada April 28 at 2:30-3:30 in the Huron
Room**

Examples of *Words That Work* drawn from work of Rachel Bernacki MD and Atul Gawande MD at Ariadne Labs

★ set up conversation

★ assess

understanding

★ share prognosis

- “I’m hoping we can talk about your illness and where it’s going--is that ok?”
- “What is your understanding of where you are with your illness?”
- “I’m worried that time might be short.”

Words That Work continued

Explore Key Topics

- ★ “What are your most important life goals if your health worsens?”
- ★ “What are your biggest fears and worries for the future with your health?”
- ★ “What gives you strength as you think about the future with your illness?”
- ★ “What are some abilities are so critical to your life that you cannot imagine living without them?”
- ★ “If you become sicker, how much are you willing to go through for the possibility of having more time?”

Words That Work **continued**

★ Close the conversation

★ Document

★ “How much does your family know about your priorities and wishes?”

★ “It sounds like it is very important to you.”

★ Given your goals and priorities and what we know about your illness at this stage, I recommend...

★ “We’re in this together.”

