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# MOVING TOWARD A DECISION: PHYSICIAN- PATIENT DISCUSSION ABOUT GOALS OF CARE

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APRIL 24, 2018

# DISCLOSURES

- No disclosures
- Study funded by Grant Number K12 HD055884 from the Eunice Kennedy Shriver National Institute of Child Health & Human Development and an American Cancer Society Mentored Research Scholar Grant

# OVERVIEW

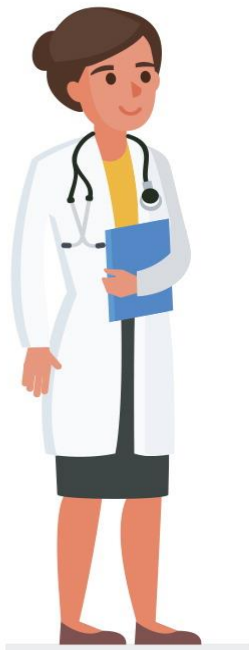
- Review literature on decision making in serious illness
- Present study findings
- Discuss next steps

# BACKGROUND



# DECISION-MAKING APPROACHES

Clinician



Patient



**PATERNALISTIC:**

Information and recommendations



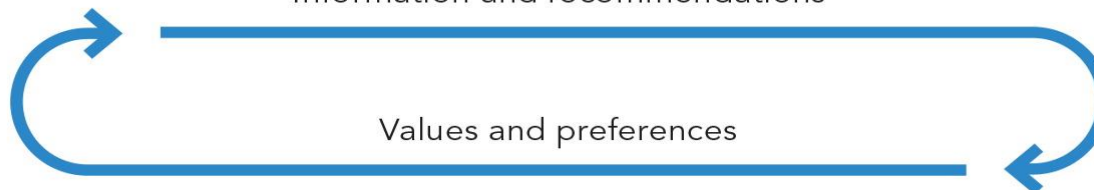
**INFORMED MEDICAL DECISION MAKING:**

Information



**SHARED DECISION MAKING:**

Information and recommendations



Values and preferences

# KNOWLEDGE GAP



<https://www.npr.org/sections/health-shots/2014/10/27/358055673/>

## STUDY OBJECTIVE

To explore physician-patient discussion about decision making within inpatient goals of care (GOC) discussions in the setting of advanced cancer

## METHODS – STUDY DESIGN, SAMPLE, & SETTING

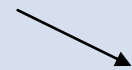
- Cross-sectional study of inpatients with advanced cancer (2012-2014)
  - English-speaking
  - Had decision-making capacity
  - Had evidence of disease progression despite treatment
- Large, urban hospital in Chicago affiliated with comprehensive cancer center



# RECRUITMENT AND DATA COLLECTION

## Recruitment

Palliative Care  
Consult Service



Oncology  
Service



Hospitalist-  
Oncology  
Service



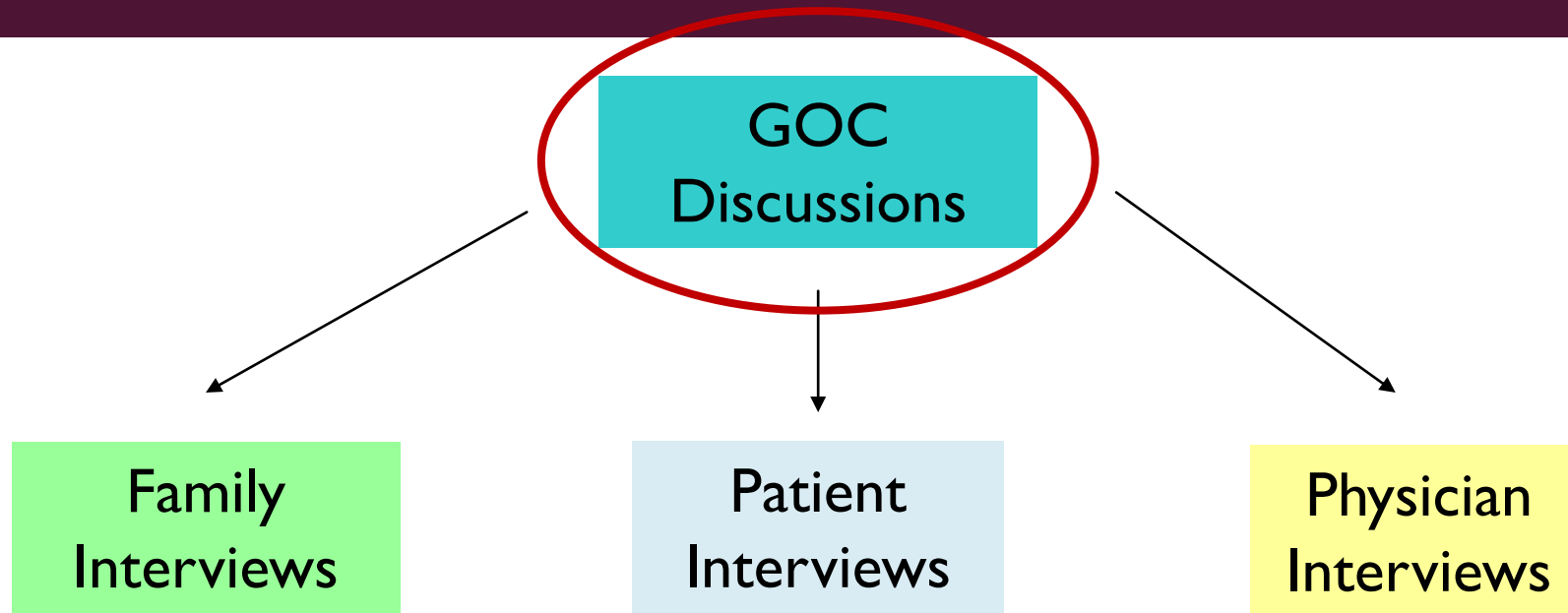
## Inpatient GOC Discussion (audiotaped)



## GOC Discussion = discussion about:

- goals of care
- bad news
- prognosis
- EOL decision making
- advance care planning
- hospice

# STUDY DESIGN



## Survey/Interview Domains

- ❖ Socio-demographics
- ❖ Psychosocial & Sociocultural Factors
- ❖ Understanding of Disease & Prognosis

- ❖ Information Needs & Preferences
- ❖ Decision-Making Preferences

# DATA ANALYSIS

The screenshot displays a data analysis interface with three main sections:

- Left Panel (Hierarchical Tree):** A tree structure showing categories and their counts. The 'Prognosis' category is highlighted in blue. A red circle highlights the 'Prognosis' category in this tree and the corresponding visualization in the center.
- Center Panel (Visualization):** A visualization area showing hierarchical data points with green and blue icons. The 'Prognosis' category is circled in red.
- Right Panel (Dialogue Transcript):** A list of dialogue entries between a patient and a medical doctor (MD 202). The entry at line 75 is highlighted in blue.

Category	Count
EOL Pilot	2122
Pt_10_Discussion_RSedit	339
Pt_14_Discussion SFJ Edits	497
Pt_15_Discussion SFJ Edits	106
Pt_A_Discussion JASS Edits	204
Pt_B_Discussion SFJ Edits	406
Pt_D_Discussion SFJ Edits	570
de System	
Emotion	3
Exploring emotion	10
Validating emotion	21
Responding to emotion	16
Emotional statement	0
Expectations	26
Setting expectations	97
Setting of realistic goals	7
Exploring patient expecta...	9
Prognosis	29
Time	36
Symptoms	104
Exploring symptoms	23
Non-physical symptoms	10
Pain control vs. sedation	7
Pain	75
Treatment	12
Adverse effects of treatment	30
Discussing treatment limits	15
Discussing treatment opti...	143
Foregoing treatment	11
Framing treatment as active	18
Goals of treatment	13
Setting limitations on trea...	2
Treatment failure	16
Understanding of disease	12
Discussing patient unders...	1

Dialogue Transcript:

- 68 Patient 103: I don't either.
- 69 MD 202: Yeah, like you said the goal of the chemo is to slow the progression...
- 70 Patient 103: Mm-hmm.
- 71 MD 202: ...so potentially the chemo could extend your life...
- 72 Patient 103: Yeah.
- 73 MD 202: ...it won't cure the cancer. Radiation would potentially help as well, but I don't have a great sense, I think, would it be helpful for you if I gave you my best estimate?
- 74 Patient 103: Sure!
- 75 MD 202: So I would say it's probably months, I think it's many months
- 76 Patient 103: Okay.
- 77 MD 202: But I think it's probably less than a year.
- 78 Patient 103: Alright, as long as I can last maybe six months, I have a date to go to New Orleans.
- 79 MD 202: Okay, what are you doing there?
- 80 Patient 103: The Jazz Festival, and I have a military reunion.
- 81 MD 202: Oh you were in the military?
- 82 Patient 103: Oh yeah.
- 83 MD 202: Oh, what did you do in the military?
- 84 Patient 103: Radar Technician. Airborne Radar.

## RESULTS - PATIENTS

Patient Characteristics	Patients (N=62)
Age (yrs), mean (SD)	60.1 (12.7)
% Female Gender	51.6
Race/Ethnicity (%)	
<i>White</i>	56.5
<i>Black</i>	38.7
<i>Asian</i>	1.6
<i>Hispanic</i>	3.2
% Married	41.9
% < High School Education	37.1
Cancer Type	
<i>Lymphoma/Leukemia</i>	11.3
<i>Breast</i>	6.5
<i>Lung</i>	21.0
<i>Gastrointestinal</i>	31.7
<i>Other</i>	24.2
Time Since Cancer Diagnosis, % < 2 years	27.4

## RESULTS – DISCUSSION PARTICIPANTS

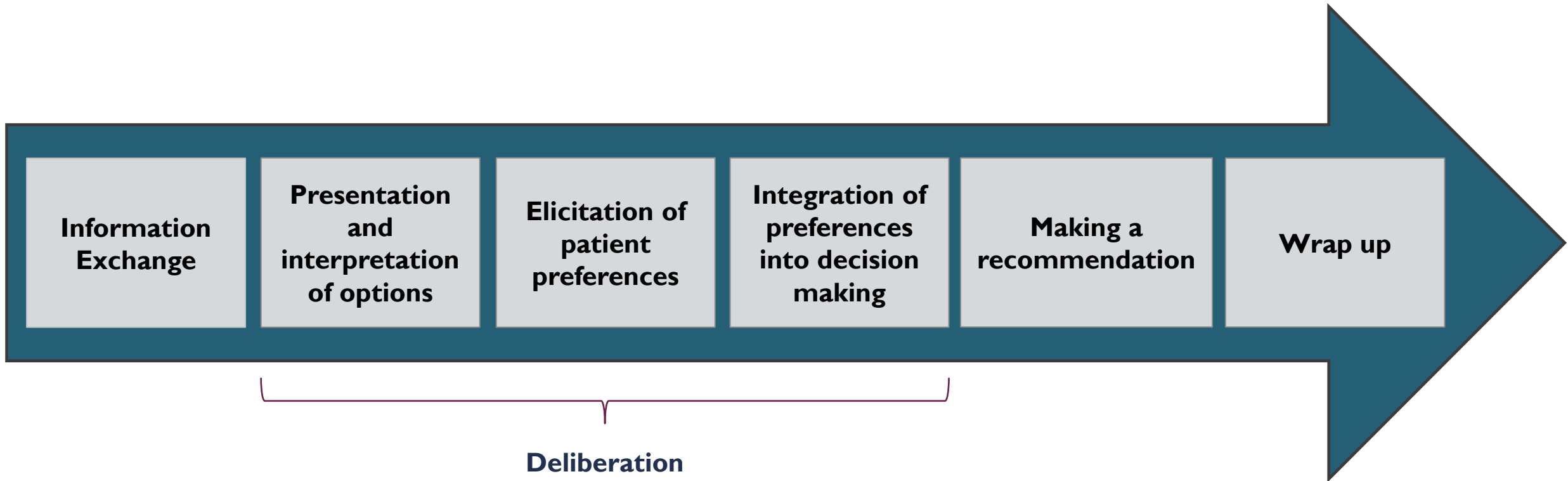
Discussion Participant Characteristics	Discussions (N=62)
Family/Friends Present (%)	72.6
<i>Spouse</i>	30.6
<i>Child(ren)</i>	27.4
<i>Other (e.g., parents, siblings)</i>	40.3
Providers present (%)	
<i>Palliative Care Attending</i>	80.6
<i>Palliative Care Fellow</i>	32.3
<i>Oncology Attending</i>	9.7
<i>Oncology Fellow</i>	8.1
<i>Resident</i>	30.6
<i>Other (e.g., nurse, social worker, chaplain)</i>	80.6

Note: Multiple providers and family/friends were present so category sums > 100

## RESULTS – DISCUSSION CONTENT

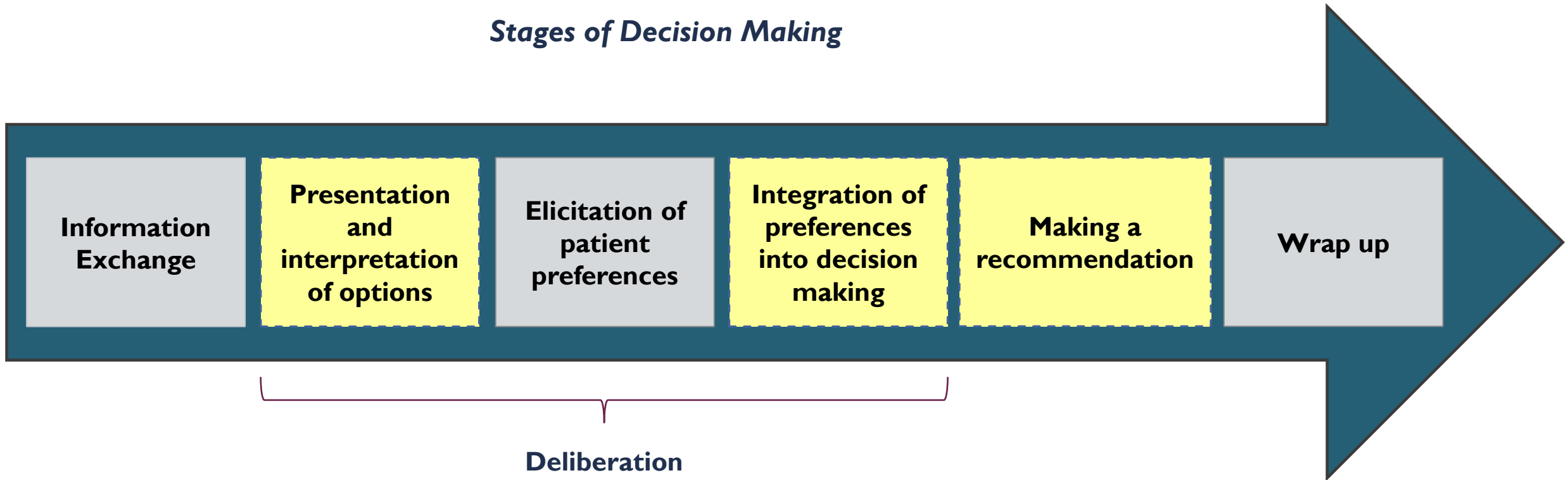
Discussion Characteristics	Discussions (N=62)
Type of Decision Discussed (%)	
<i>Treatment</i>	98.4
<i>Hospice</i>	71.0
<i>Code Status</i>	32.3
Physician makes a recommendation regarding: (%)	
<i>Treatment (N=61 discussions)</i>	11.5
<i>Hospice (N=44 discussions)</i>	25.0
<i>Code Status (N=20 discussions)</i>	50.0

# STAGES OF DECISION MAKING



# TREATMENT DECISIONS

## *Stages of Decision Making*



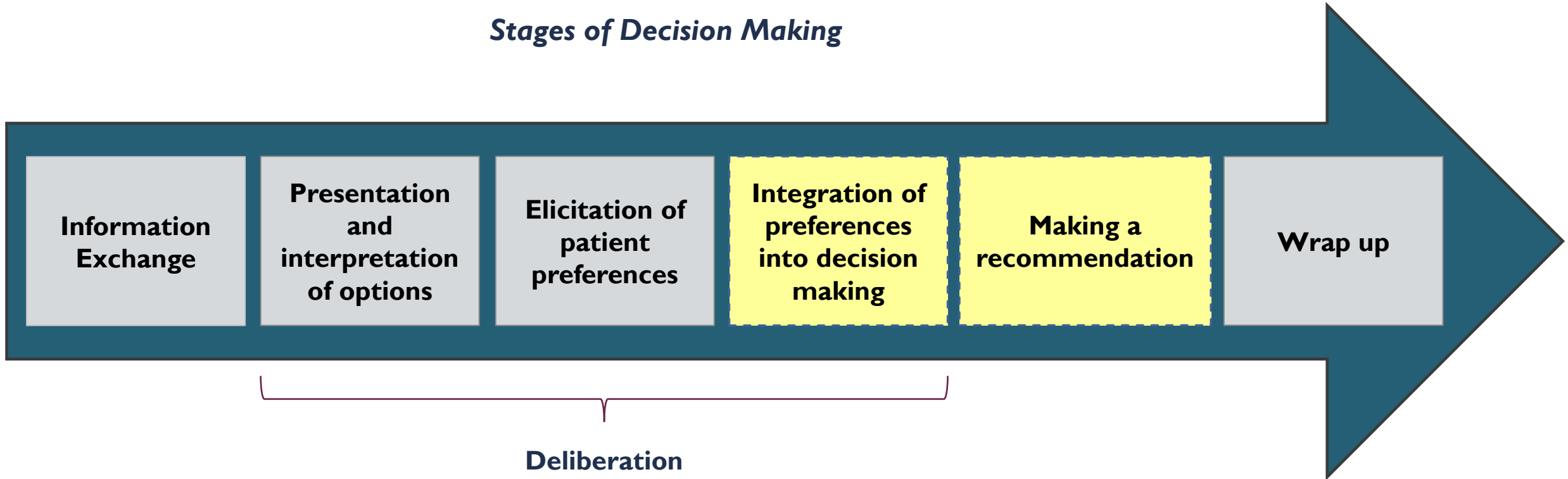


## MISSED OPPORTUNITY FOR DELIBERATION

*“I think it is important when you're talking with Dr. S., . . . thinking about the burden versus benefit of the treatments. Whether or not it's going to allow you to spend more time with your friends and to travel to Minnesota, travel to south Africa or whether it's more likely to make you worse and spend time in the hospital, I think is a really important question.” (125)*

# HOSPICE DECISIONS

## *Stages of Decision Making*



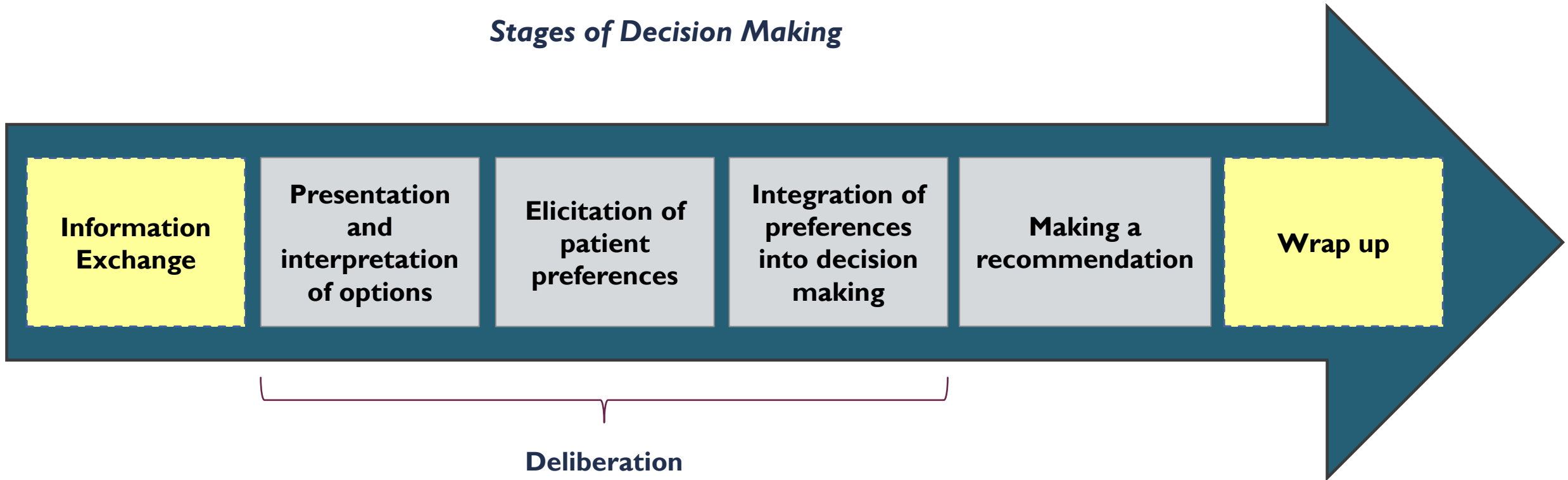
## MISSED OPPORTUNITIES FOR DELIBERATION

*“Is that [hospice] something that you’re like, “Well, if that’s what I need fine with it,” or is that a, “I need more information before I can think anything about that”, or is that a “No, it’s never for me”? And there’s no right answer. It’s just really ... is what you want.” (117)*

*“that’s something you can all decide if that is the right plan or not for you.”  
(126)*

# CODE STATUS DECISIONS

## *Stages of Decision Making*



## MISSED OPPORTUNITIES FOR WRAP UP

*MD 202: So it would be my recommendation for you to put in a DNR order.*

*Patient 103: Mm-hmm.*

*MD 202: And also I think it would be helpful for whomever you've designated [this information so] they won't be put in a situation where they have to think about things like...*

## CONCLUSIONS

- Physicians missed opportunities to advance decision making from information exchange to deliberation to wrap up
- Missed opportunities differed by type of decision

## LIMITATIONS

- Single site
- Cross-sectional data does not capture content of multiple GOC discussions over time
- Majority of discussions included a palliative care physician; missed opportunities in GOC discussions may differ with other types of providers

## IMPLICATIONS

Efforts to improve communication and facilitate decision making should take into consideration physician's communication approach, patient preferences, and the ***specific decision being considered***



## NEXT STEPS

- Analyze patient and family member interviews
- Develop and pilot test an intervention to help prepare patients for inpatient discussions about goals of care

# ACKNOWLEDGMENTS

- Ruth Engelberg, PhD
- Randy Curtis, MD, MPH
- Kenzie Cameron, PhD, MPH
- Jennifer Zech, BA

# QUESTIONS?

