MiPCT Palliative Care Webinar: Delivering Bad News and CPR-DNR

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Continuing Education Credit

- To receive continuing education credit for the *Giving Bad News/ DNR*
  - Attend the live web based webinar on August 27, 2014 from 12p-1p.
  - Complete the electronic evaluation form including your contact information provided immediately following the presentation.
  - Your certificate of completion will be emailed to you
  - Continuing education credits can not be issued to those that do not attend the live webinar.

Purpose and Intended Audience

- Program is intended for physicians, nurses and other healthcare professionals to enhance their understanding and provide information to support giving bad news/DNR to patients and/or caregivers.

Delivering Bad News and CPR-DNR

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Disclosure Statement of Financial Interest

- I, David Weissman, MD

Have reported no relevant conflict of interest for the purpose of the MiPCT Webinar, Giving Bad News, DNR

Objectives

- List a six step approach to giving bad news.
- Describe two methods of starting a DNR discussion
- Identify three common patient misconceptions of the CPR procedure

Steps of giving bad news

- Write down the steps, in order ..
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - etc.

Clinician as Messenger

- Historically, clinicians have not done a very good job:
  - Lack of skills training
  - Guilt: *"I should have found the cancer sooner"*
  - Fear of provoking uncomfortable emotional reaction in patient or self: *"What if I start crying"*
  - Fear of destroying hope: *"I don't want to be the one that takes away all hope"*

- Resulting in …
  - half truths and misinformation
  - reliance on medical jargon that patients do not understand
  - lack of clarity for appropriate goal setting
  - false hope
  - un-wanted hospital admissions
  - un-wanted ICU admissions

What do patients tell us …

- Patients almost always want direct, truthful information—when in doubt, ask!
- Patients find effective ways to cope with bad news—thus, clinicians need not feel responsible for “destroying hope”.
- Clinician empathy and honesty will promote improved trust, clearer goal setting, and decision making.

Delivering Bad News–Key Steps

1. Prepare yourself
   - Personal grooming
   - Facts: know as much as you can about the medical issues, anticipate questions
   - Recognize limitations in your knowledge
   - Check your emotions—what feelings do you have about the patient and news that may impact how/what you say.

2. Check the environment
   - Privacy; adequate seating
   - Ensure all relevant / requested parties are present
   - Turn off beeper/phone
   - Medical interpreter if needed

Delivering Bad News-Key Steps

3. Check readiness to receive information
   - → Determine if any of the following are present:
     - ✓ Cognitive deficits
     - ✓ Pain or other symptoms that will interfere with understanding
     - ✓ Extreme emotional disturbance

Delivering Bad News-Key Steps

4. Determine what the patient already knows
   - *"What do you understand about your condition?"*
5. Give a warning shot
   - *"I'm afraid I have some bad news"*
   - *"I'm sorry, but the test results are not what we were hoping for"*

Delivering Bad News-Key Steps

6. Present *Bad News* succinctly ..
   - Speak slowly, deliberately, clearly
   - No medical jargon
     - *“ The biopsy is positive for cancer ”*
   - Allow silence
   - Do not rush into further discussion

Delivering Bad News-Key Steps

7. Allow silence, give patient time to react and ask questions
   - Count silently to 30-60; if patient does not speak, then ask: *"can you tell me what you are thinking about"*
   - Acknowledge and validate reactions prior to any further discussion; let patient lead flow of discussion.

Responding to Emotion

- Overwhelming emotion may limit further discussion
  - Crying
  - Anger: *"the last doctor should have found this"*
  - Numbness: *"I don't know what to say, I'm numb"*
  - Denial: *"Its not me, the lab must have mixed up the specimens"*

- Silence (active listening), empathy and validation of feelings, will help with most emotional reactions

Delivering Bad News

8. Invite questions
9. Make a follow-up plan
   - *"make a list of questions, lets meet again tomorrow to discuss further"*
   - Clarify your role in future medical care
   - Be empathetic
   - Listen, reflect, validate, use touch

Delivering Bad News-Key Steps

10. Document
    - Who was present?
    - What information was discussed?
    - What follow-up is planned?

Assess Your Own Feelings

- Guilt
  - *“This is my fault. I missed his early symptoms. I’m not supposed to cause emotional pain.”*
- Anger
  - *“I wouldn’t be in this situation if she had come for regular check ups.”*
- Fear
  - *“They are going to blame me for this.”*
- Sadness
  - *“How can this happen to this person?”*

Bad News by Telephone

- Avoid if possible
- Make sure you have time to talk
- Clarify who you are speaking to
- Introduce yourself and your role
- Give a warning shot
- Offer to meet at the hospital or your office to present the bad news
- Offer to contact others

Summary of Key Steps

1. Prepare yourself
2. Check the environment
3. Check readiness to receive information
4. What does the patient already know?
5. Give warning shot
6. Give bad news
7. Allow silence; respond to emotion
8. Invite questions
9. Make a follow-up plan
10. Document

Summary

- Giving bad news can be emotionally challenging.
- Providing honest, succinct information is usually preferred by patients.
- Using a standard method of presenting information can be helpful to you and the patient.

Fast Facts

#29 Responding to emotion
#47 What do I tell the children?
#59 Dealing with anger
#64 Informing significant others of a patient's death
#76 Telephone notification of death

The complete set of Fast Facts is available at:
www.eperc.mcw.edu

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DNR Orders

Indications for CPR

- CPR was developed to reverse an ***acute cardio-respiratory event***, in otherwise healthy individuals
  - Acute MI; arrhythmia
  - Electrocution
  - Poisoning
  - Hypothermia
  - Other acute events

Remember …

The procedure of CPR was never intended for use in patients dying an expected death from a chronic, fatal, medical illness.

What are the contra-indications?

- Chest wall pathology
  - Myeloma, fractures
- Conditions in which the expected survival to discharge is < 10%
  - Metastatic cancer with declining function
  - Chronic renal failure on dialysis
  - Multi-organ failure
  - Sepsis

Other predictors of poor outcome

- CPR > 20 minutes
- Asystole

Survival and Complications

- Hospital patients: 15% survive to discharge
- Complications
  - Chest wall trauma, aspiration: 25-50%
  - Anoxic brain injury: 10%
- Cost to family:
  - Financial
  - Emotional cost of prolonging dying
- Cost to health care team
  - Emotional cost of prolonging dying

DNR Orders - The Law

- **QUESTION**

  Under US Federal Law, physicians are required to _____ regarding CPR/DNR.

- **ANSWER**

  There is no Federal law or regulation concerning CPR/DNR.

DNR Orders—The Law

- **QUESTION**

True or False:

Physicians must perform CPR if requested by patient/surrogate.

Answer:

False, except in VA hospitals per National VA policy.

The AMA says …

- DNR Orders
  - Efforts should be made to resuscitate patients who suffer cardiac or respiratory arrest except when circumstances indicate that cardiopulmonary resuscitation (CPR) would be inappropriate or not in accord with the desires or best interests of the patient.

- Futile Care
  - Physicians are not ethically obligated to deliver care that, in their best professional judgment, will not have a reasonable chance of benefiting their patients.

http://www.ama-assn.org/ama/pub/category/2830.html

1. Decide if CPR is medically appropriate

- Before you meet with the patient, ask yourself this question:
  - *Do you believe that CPR is an appropriate medical intervention for this patient in the event of sudden cardio-respiratory failure?*
- Remember--CPR is a medical intervention—it has:
  - Indications and Contraindications
  - Risks and Benefits
    - Patients have no autonomous right to insist that you perform CPR

The DNR Discussion

Is CPR medically appropriate?

- If No---then plan to make a recommendation that CPR not be done.
- If Yes---then plan to discuss CPR vs. no CPR options.

2. Establish goals of care

A CPR/DNR discussion should only take place following a discussion of the:

- chronic disease and expected future course
- vailable treatment options to reverse or stabilize a life-limiting treatment

Establish Goals of Care

- Mutually decide with the patient on the steps necessary to achieve the stated goals.
- Common issues that need discussion once the end-of-life goals have been established include:
  - Future hospitalizations or ICU visits
  - Diagnostic tests
  - **DNR status**
  - Artificial Hydration/nutrition
  - Antibiotics or blood products
  - Home support (Home Hospice) or placement

3. Discuss CPR/DNR

- Once the overall goals have been established you can discuss CPR.
- If CPR is NOT recommended you can say:
  - *You have told me that your goals are*

    XXXXXXXXXXXXXXXXXXXXX

    With this in mind, I do not recommend the use of artificial or heroic means to keep you alive. If you agree with this, I will write an order in the chart that when you die, no attempt to resuscitate you will be made, is this acceptable ?

Statements to Avoid

- *Do you want us to do everything?*
- *What should we do if your heart stops?*
- *If we do CPR we will break your ribs and you'll need to be on a breathing machine, do you want us to do that?*
- Avoid the term, "futility".

Don’t Forget!!!

- If you recommend DNR status:
  1. Stress positive things that will be done:
     - Pain and symptom relief
     - Continued care to achieve goals
  2. Reinforce that DNR does not mean “do not treat”

The DNR Discussion

- When CPR outcome is not clear cut, in a patient who is not close to dying, you can say:
  - *We have discussed your current illness, have you given any thought to how you would like to be cared for at the time of death?*

    Sometimes when people die, or are near death, especially from a sudden illness, life support measures are used to try and 'bring them back'. Alternatively, we could focus solely on keeping you comfortable. How do you feel about this?

4. Resolving DNR Conflicts

- Review overall prognosis/treatment - Clarify misconceptions. Ask:
  - *What do you know about CPR?*
  - *This decision seems very hard for you. I want to give you the best medical care possible; can you tell me more about your decision?*
  - *What do you expect will happen? What do you think would be done differently, after the resuscitation, that wasn't being done before?*

Resolving DNR Conflicts

- Be aware of reasons for conflict
  - Anger, guilt, dependency
  - Despair about impending loss
  - Lack of trust
  - Dysfunctional families
    - Alcohol, drug or physical abuse
- Use time as an ally
  - Ask patient advocates to be involved

Resolving DNR Conflicts

- Decide if you believe CPR is a futile medical treatment?
  1. If futile, in some facilities, physicians may enter a DNR order in the chart against patient/family wishes-check your local policy.
  2. If performing CPR violates your professionalism, you can say …

     I understand your desire for CPR, but in my medical judgment, performing CPR would only increase your suffering and not prevent your dying. Although I would like to continue caring for you, I am unwilling to participate in CPR; it may be appropriate for you to find another physician to provide your care.

Resolving DNR Conflicts

- If you plan to honor a request for CPR, even if you believe it to be futile, you can say ...

I understand your desire for CPR, but I will need some direction if you survive, since you will almost certainly be on a breathing machine in an ICU. It is very likely that you will not be able to make decisions for yourself.

Who do you want to make decisions for you? Please give me some sense of how long we should continue life support if you are not able to make decisions and there is no improvement in your condition.

5. Summarize

- Summarize areas of consensus and disagreement
- Caution against unexpected outcomes
- Discuss results w/ other clinicians

6. Document

- Who was present?
- What information was discussed?
- What follow-up is planned?

Summary of Key Steps

1. Decide if CPR is medically appropriate
2. Establish goals of care
3. Discuss CPR/DNR
   - Make a recommendation
4. Resolve conflicts
5. Summarize
6. Document

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