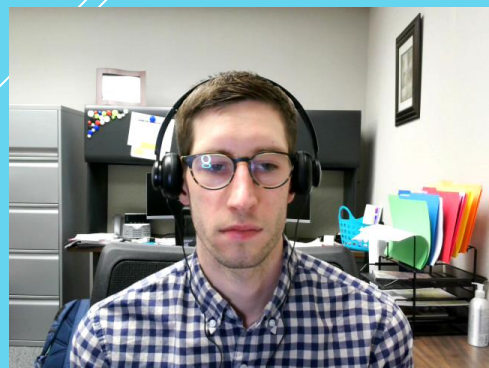
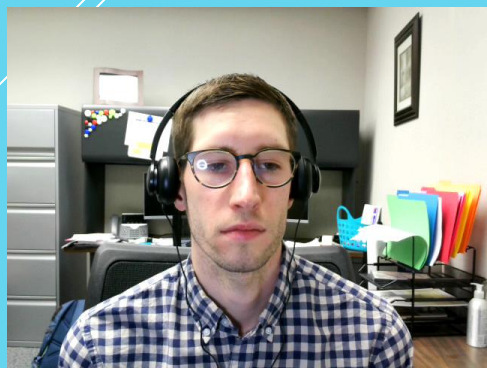
EFFICIENT GOALS OF CARE CONVERSATIONS IN THE ED



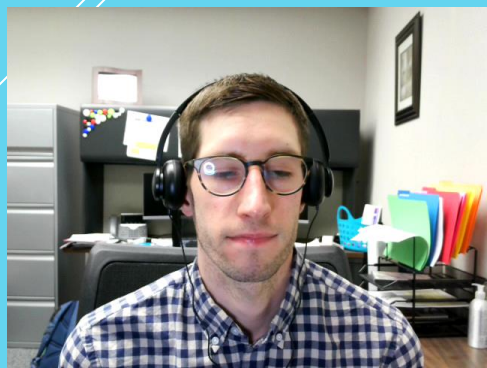
OBJECTIVES

- Value based medicine
- AID GOALS Mnemonic
- Appropriate language

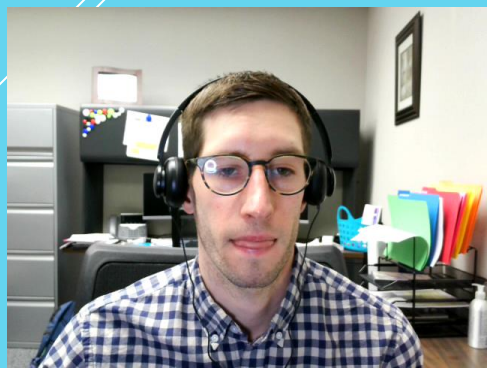
- We are trained to ask about procedures
- We aren't typically trained to elicit values
- **Values define our recommendation**



- Family members might feel overwhelmed in the midst of making a major decision
- **Substituted Judgment** – decision **patient** would make if they could participate



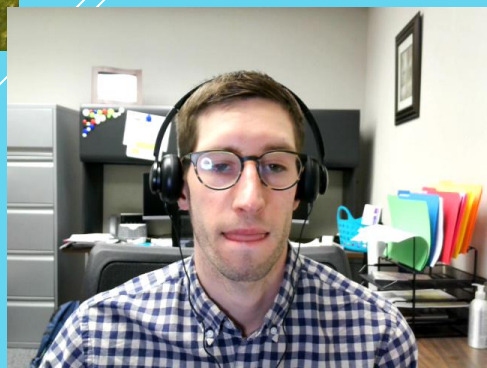
- It is OK to **NOT** recommend an intervention that is futile
- Never use the word “NEED”



HOW DO I HAVE A RAPID GOALS OF CARE DISCUSSION?

Use the mnemonic

AID GOALS



Provide a warning shot:

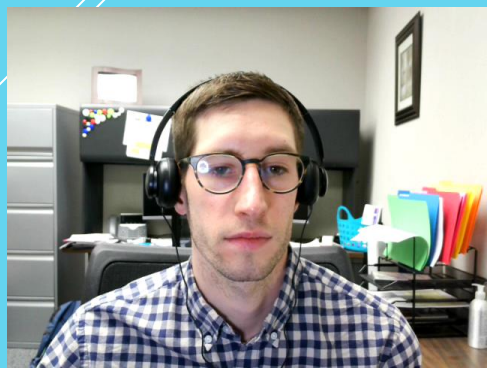
"I am very concerned about your dad's condition."

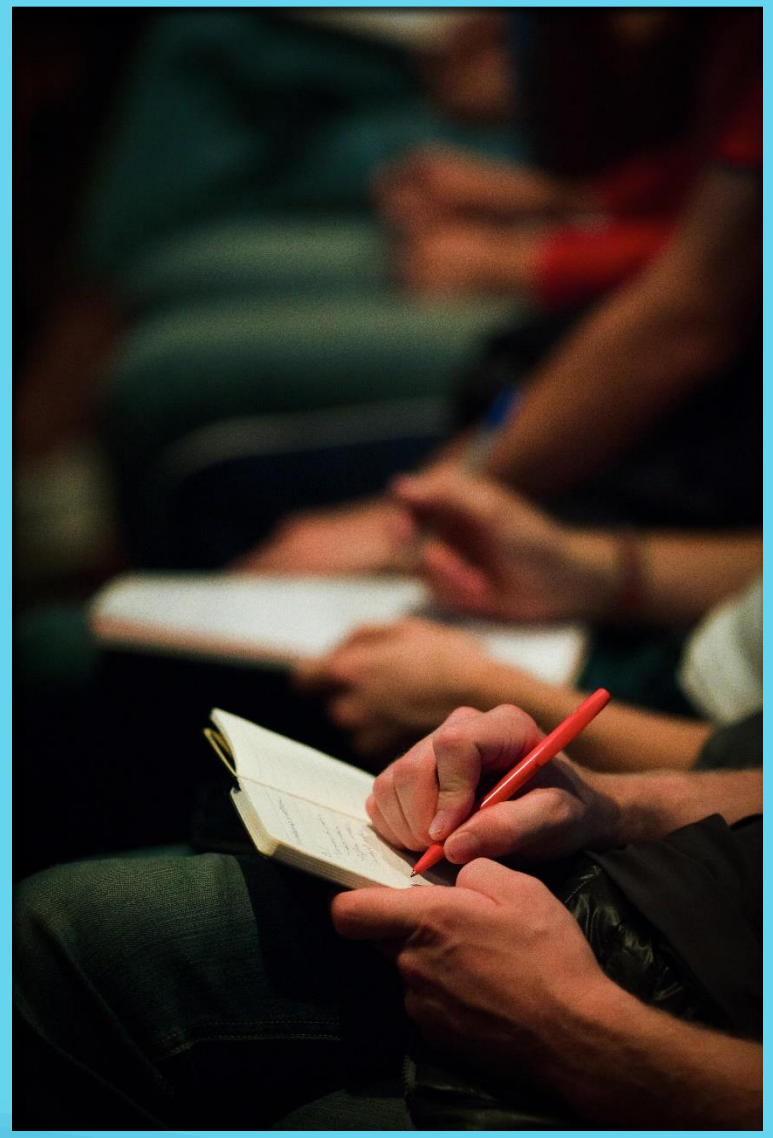
A: ALERT

Ask permission to discuss the condition and make sure key people are there.

"Is there anybody else that we should call that should be involved in this conversation?"

I: INVITE





Give the big headline about what has happened in simple terms.

"It looks as though your dad has had a large bleed in his brain. I'm worried that he might die from this."

D: DESCRIBE

Get a sense for what the patient's goals might be in the current situation.

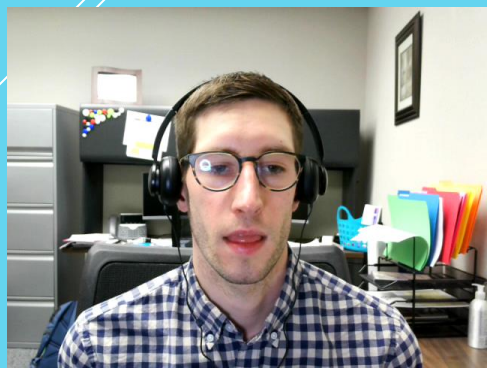
"Did your dad ever say what he would want if he were seriously ill?"

"If your dad could be involved in this conversation, what do you think he would have to say?"

G: GOALS

O: OPTIONS

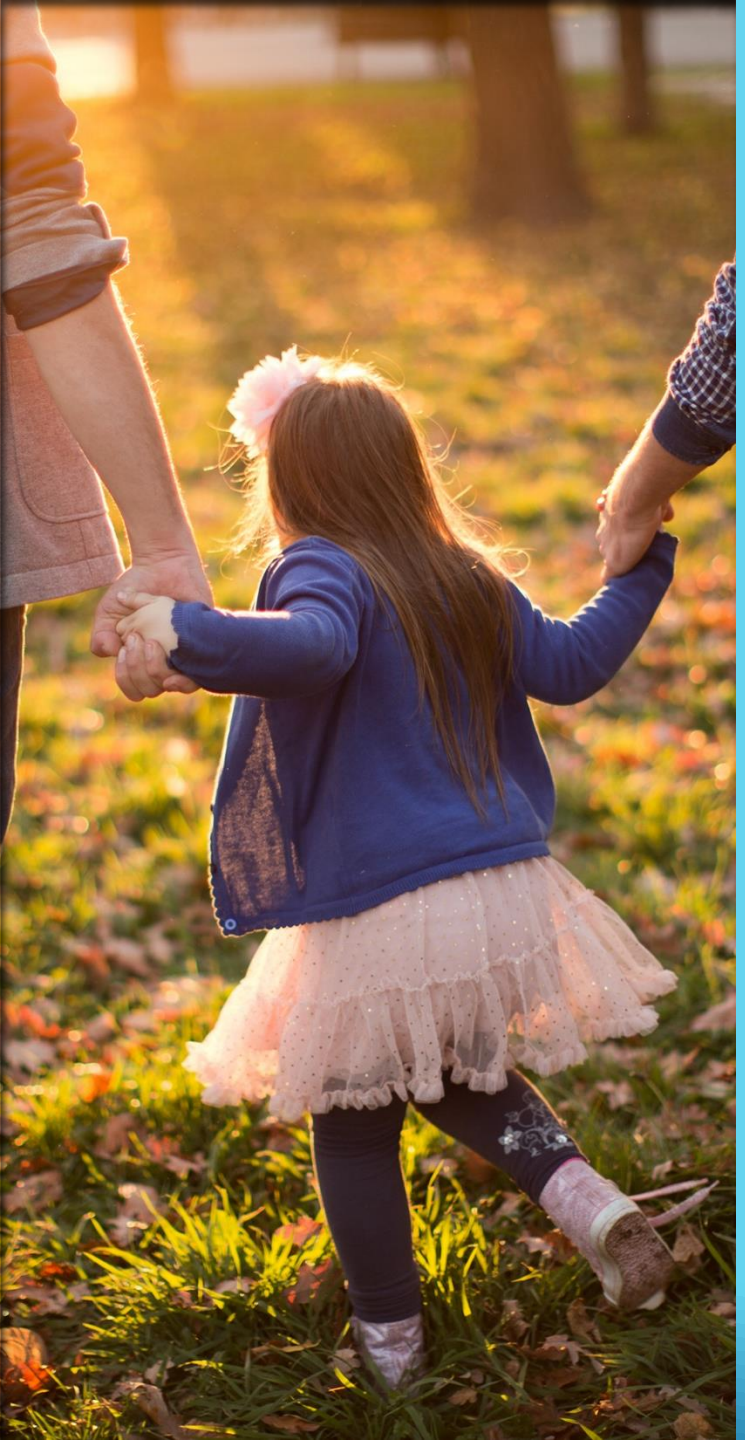
Provide a few succinct examples of how the team could proceed in this situation. Provide examples of an aggressive approach, comfort approach, or middle ground approach



Suggest the course of action that makes most sense based on the patient's goals.

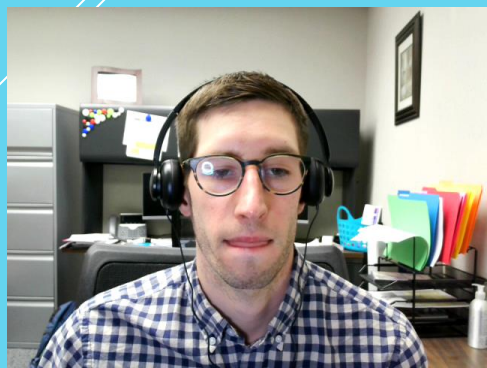
"Based on what I am hearing about your dad, I would recommend we focus our care on his comfort, even though that might mean he doesn't live as long."

L: LEAD



Thank the patient and family for allowing you to participate in this conversation. Recognize that the family is doing a great job trying to do what is best for their loved one. Remain objective, even if you take issue with their decision.

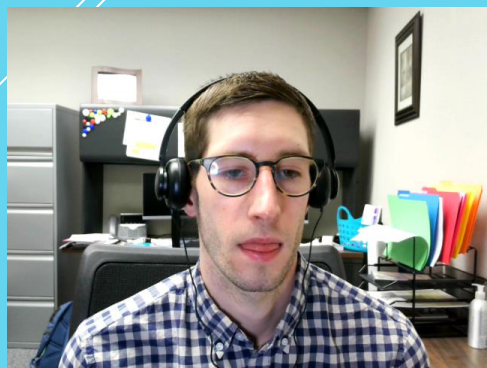
S: SUPPORT



- **COMFORT CARE DOES NOT MEAN WITHDRAWAL OF CARE**

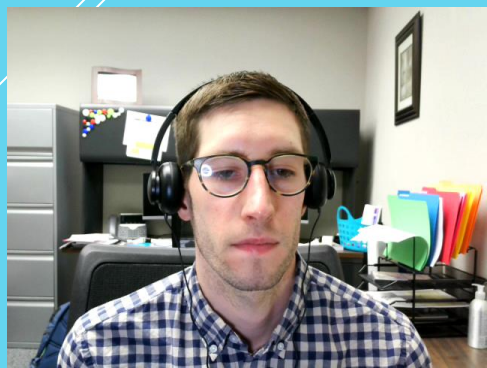
- **NEVER** use the words, "*There is nothing more we can do for you.*"

- "We are going to continue providing care and shift our focus of care on comfort."

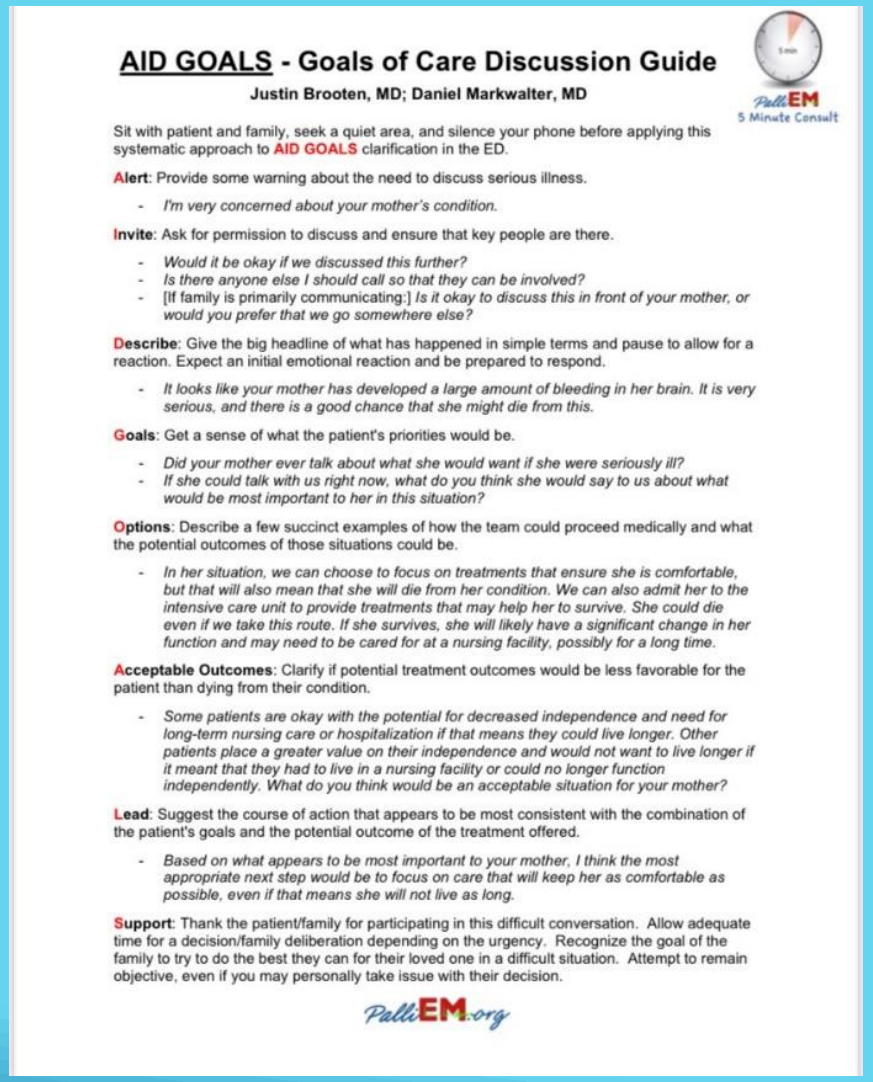


TAKEAWAYS

- Elicit patient values
- Don't use the word "Need"
- Use AID GOALS to assist in eliciting values and goals
- Comfort care IS **NOT** a withdrawal of care



Additional Resource



AID GOALS - Goals of Care Discussion Guide

Justin Brooten, MD; Daniel Markwalter, MD

PalliEM 5 Minute Consult

Sit with patient and family, seek a quiet area, and silence your phone before applying this systematic approach to **AID GOALS** clarification in the ED.

Alert: Provide some warning about the need to discuss serious illness.

- *I'm very concerned about your mother's condition.*

Invite: Ask for permission to discuss and ensure that key people are there.

- *Would it be okay if we discussed this further?*
- *Is there anyone else I should call so that they can be involved?*
- [If family is primarily communicating:] *Is it okay to discuss this in front of your mother, or would you prefer that we go somewhere else?*

Describe: Give the big headline of what has happened in simple terms and pause to allow for a reaction. Expect an initial emotional reaction and be prepared to respond.

- *It looks like your mother has developed a large amount of bleeding in her brain. It is very serious, and there is a good chance that she might die from this.*

Goals: Get a sense of what the patient's priorities would be.

- *Did your mother ever talk about what she would want if she were seriously ill?*
- *If she could talk with us right now, what do you think she would say to us about what would be most important to her in this situation?*

Options: Describe a few succinct examples of how the team could proceed medically and what the potential outcomes of those situations could be.

- *In her situation, we can choose to focus on treatments that ensure she is comfortable, but that will also mean that she will die from her condition. We can also admit her to the intensive care unit to provide treatments that may help her to survive. She could die even if we take this route. If she survives, she will likely have a significant change in her function and may need to be cared for at a nursing facility, possibly for a long time.*

Acceptable Outcomes: Clarify if potential treatment outcomes would be less favorable for the patient than dying from their condition.

- *Some patients are okay with the potential for decreased independence and need for long-term nursing care or hospitalization if that means they could live longer. Other patients place a greater value on their independence and would not want to live longer if it meant that they had to live in a nursing facility or could no longer function independently. What do you think would be an acceptable situation for your mother?*

Lead: Suggest the course of action that appears to be most consistent with the combination of the patient's goals and the potential outcome of the treatment offered.

- *Based on what appears to be most important to your mother, I think the most appropriate next step would be to focus on care that will keep her as comfortable as possible, even if that means she will not live as long.*

Support: Thank the patient/family for participating in this difficult conversation. Allow adequate time for a decision/family deliberation depending on the urgency. Recognize the goal of the family to try to do the best they can for their loved one in a difficult situation. Attempt to remain objective, even if you may personally take issue with their decision.

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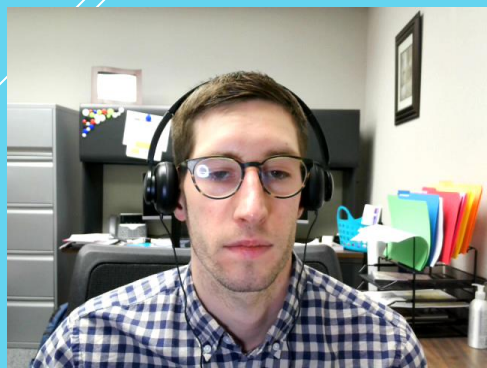

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- Markwalter, D. and Brooten, J. 5-Minute Consult. Palliem.org
- Ouchi K, George N, Schuur JD, et al. Goals-of-Care Conversations for Older Adults With Serious Illness in the Emergency Department: Challenges and Opportunities. Ann Emerg Med 2019; 74:276.