

How to run a successful family meeting

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Overview

- Discuss the significance of family meetings
- Describe the importance of communication with pt/families
- Provide a guide for structured discussions
- Family Conference with SPs

Think – Pair - Share

What do you think the important elements of a family meeting are?

The importance of Family Meetings

- Multiple consensus statements recognize the importance of family meetings
 - proactive means to address goals of care
 - precursor for decisions to withdraw or withhold life-prolonging treatment

Structured family meetings in palliative care...

- Discuss
 - patient-specific goals
 - advance care planning
 - address the emotional and spiritual well-being of patients and families
- Lead to
 - improvement in quality of care
 - effective use of resources
 - enhanced staff satisfaction

Laurrette A, Ciroldi M, Ksibi H. End-of-life family conferences: rooted in evidence. Crit Care Med. 2006; 36: 5

The importance of Family Meetings

- Proactive multidisciplinary family meetings
 - improve communication and understanding between patients' family and the treating team
 - facilitates end-of-life decision making

Delgado, E.M., Callahan, A. et.al. Multidisciplinary Family Meetings in the ICU Facilitate End-of-life Decision Making. Am J of Hospice & Pal Med. 2009; 26 (4)

Leading family meetings

- Key clinical skill
 - but few clinicians have received any formal training in the procedure or relevant palliative care skills
- Therefore...
 - significant gaps in communication competencies have been identified

Billings, J. A. The End-of-Life Family Meeting in Intensive Care. Part I: Indications, Outcomes, and Family Needs. *J Palliative Med.* 2011; 14 (5)

Interviews with ICU patients' family members after meeting with a treating physician.

- 54% family representatives failed to understand the diagnosis, prognosis, or treatment plan of the patient
- Family comprehension was significantly poorer when the meeting lasted <10 minutes

Azoulay E, Chevret S, Leleu G, et al. Half the families of intensive care unit patients experience inadequate communication with physicians. *Crit Care Med.* 2000; 28.

Shared decision making...

- Challenging but widely accepted goal for exemplary clinical work
- Family-staff consensus over life-and-death decisions
 - is ideal but...
 - conflict is common
 - has tremendous emotional impact on all concerned

Billings, J. A. The End-of-Life Family Meeting in Intensive Care. Part II: Family-Centered Decision Making. *J Palliative Med.* 2011; 14 (5)

Physicians need to know...

- Some degree of conflict is an almost inevitable feature of human interactions
- Discord is more likely intense when persons of different backgrounds and perspectives are dealing with anxiety-laden life-and-death issues.

Billings, J. A. The End-of-Life Family Meeting in Intensive Care. Part II: Family-Centered Decision Making. *J Palliative Med.* 2011; 14 (5)

Communication with Families

- Confronting the family with "reality" or with convincing arguments
 - limited role in facilitating adjustment
- Promoting trust and security and providing emotional support
 - helps the family to manage the anxiety of loss
 - find the personal resources to face distress

Billings, J. A. The End-of-Life Family Meeting in Intensive Care. Part II: Family-Centered Decision Making. *J Palliative Med.* 2011; 14 (5)

Information Preferences

- Family members have different preferences for
 - what information
 - and how to receive it
- Preferences range from
 - being very thoroughly informed
 - being told a few major facts
 - hearing little or nothing
- Society/medical culture favours
 - autonomous, engaged, well-informed consumer
- But should not be held as a standard for all family members
- Adjusting to family information preferences is most consistent with respecting family members' wishes and their autonomy

Billings, J. A. The End-of-Life Family Meeting in Intensive Care. Part III: A Guide for structured Discussions. *J Palliative Med.* 2011; 14 (5)

Billings, J. A. The End-of-Life Family Meeting in Intensive Care. Part III: A Guide for structured Discussions. *J Palliative Med.* 2011; 14 (5)

Initiating Goals of Care discussions

- Begins only after assessing the readiness of Pt/Family to engage
- Proceeds with awareness of members evolving emotional capacity
 - to accept clinical reality
 - and to make challenging decisions

Billings, J. A. The End-of-Life Family Meeting in Intensive Care. Part II: Family-Centered Decision Making. *J Palliative Med.* 2011; 14 (5)

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Original Article

Both Maintaining Hope and Preparing for Death: Effects of Physicians' and Nurses' Behaviors From Bereaved Family Members' Perspectives

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Both Maintaining Hope and Preparing for Death

Results

- 73% of families reported that they could both maintain hope and prepare for the patient's death.
- The independent determinants of the family's agreement in reference to the professional's behavior:
 - pacing the explanation with the family's preparation;
 - coordinating patient and family discussions about priorities while the patient was in better condition;
 - willingness to discuss alternative medicine;
 - maximizing efforts to maintain the patient's strength;
 - discussing specific, achievable goals;
 - avoid saying "I can no longer do anything for the patient."

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Communication with Families Facing Life-Threatening Illness: A Research-Based Model for Family Conferences

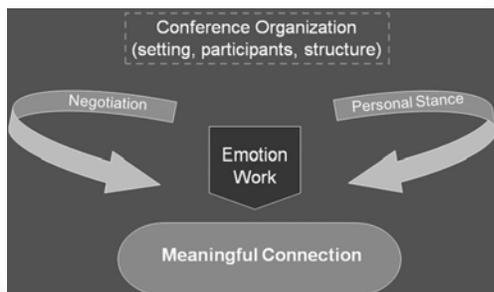
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Abstract

Background: Communication is an ongoing challenge for clinicians working with people facing life-threatening illnesses and end of life. Family conferences offer patient-focused, family-oriented care that brings together patients, family members, and health care providers.

Objective: The aim of this study was to develop a research-based model for family conferences to help physicians and other health care providers conduct such conferences effectively and improve communication with patients and families.

Family Conference Model



Negotiation

- Exchange process for reaching a decision and building consensus.
- Can occur between any combination of participants.
- Vital process for understanding decision making.

Personal Stance

Behaviours and personal presentation that HCPs display during the Family Meeting

Attitude and mode of delivery that are conveyed

- Active listening behaviours (appropriate eye contact, head nodding and attentive body language)

Emotion Work

Demonstrates providers willingness to enter into the emotional realm of the patient and family experience.

- Empathically acknowledging difficulty of EOL/illness
- Asking about patient/family responses/emotion
- Engaging in self awareness about one's own emotion

Key to achieving meaningful connection

Meaningful Connection

Achieving a meaningful connection among family conference participants reflects a successful process of communication



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Part III: A Guide for Structured Discussions

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Introduction

THIS THIRD PART summarizes and expands upon current thinking about successful family meetings in the ICU when facing end-of-life decisions with the family. Based on two background papers that review the evidence base for

A Structured Family Meeting

1. Preparation

- a. **Agenda and goals.** Every meeting should include an agenda that is agreed upon by the participating clin-

A guide for structured discussions

- Preparation
- Introduce participants, purpose and process
- Assess patient and family's understanding
- Clarify decision-making and preferences for information-sharing
- Summarize and educate
- Frame recommendations
- Explore Quality of Life and goals of care
- Facilitate grieving
- Plan for follow-up
- Discuss, debrief and document

Preparation

- Agenda and Goals.
- Family Invitees *
- Staff Participation.
- The pre-meeting staff conference.
- Setting.
- Take a deep breath and center yourself.

Introduce participants, purpose and process

Introduce everyone by name

- Family members should state their relationship to the patient
- Staff members should describe their role in the case

Consider setting “ground rules”

- Confidentiality, courtesy, allowing everyone to talk, avoiding interruptions, and being mutually supportive in a difficult situation

The purpose of the meeting should be stated very simply

- Convey a desire to help the family understand the situation
- Eagerness to deal with their questions and concerns,
- Appreciation of the difficulty they are facing

Begin by using empathic statements and inviting questions

Assess patient and family’s understanding

- The first rule of all teaching about communication skills is to **listen, listen, listen**
- Pay particular attention to the family’s understanding of the situation and how members are reacting to it (range of reactions/emotions)
- Note how patient/family interact (which may reflect their decision making process or interfamily discord), how information is being shared, and/or evidence of conflict with the staff

Clarify decision-making and preferences for information-sharing

Families vary greatly

- in the information they want about a loved one’s medical issues
- how they value truth-telling
- how they want to engage in EOL decision making

Personal values and cultural or religious beliefs can impact decisions of patients and families as well as clinicians

Respect for families requires that clinicians not follow a predetermined scheme but rather elicit and respect preferences (within the bounds of professional integrity and of societal norms and laws)

Summarize and Educate

- To show you’ve listened carefully and to clarify impressions
→ summarize your understanding of the family’s understanding
- Briefly describe patient’s medical condition
 - particularly addressing issues that do not seem clear to the family
 - gently adjust any misunderstandings
 - supply important missing information.

Frame recommendations

- Do not feel you need to identify every management option
- We do not have a responsibility to offer treatment options that will not benefit the patient
- Guide the family to the decision that reflects both the clinical reality and patient-derived goals
- Family members can ask questions or disagree, but informing them and seeking their approval is adequate

Explore Quality of Life and Goals of Care

- Decisions about EOL care, or withholding/withdrawing life support often rest partially on a sense of whether we are causing pointless suffering to justify a brief survival or an intolerable state of recovery
- Although some may accept considerable discomfort in order to live, treatments that only serve to prolong dying without allowing for meaningful life may cause suffering that families find senseless and even cruel
- It is important to provide education and support about options and understand the patient/family perspective

Facilitate Grieving

- Facilitating an awareness of grief can often aid the process of decision making, and involves recognizing, reflecting, and empathizing with the family's emotions, particularly sadness, in a safe, supportive environment



Plan for follow-up

- Communication is a process, not a single event. Many family meetings require follow-up. Assure the family that you and the team are accessible
- Assess family interest in additional support services and facilitate referrals (in hospital or community) as appropriate

Discuss, Debrief & Document

Discuss the meeting with staff participants and agree on next steps

Debrief and reflect on the process of the meeting and seek constructive feedback. Debriefing facilitates learning

Document the meeting succinctly in the medical record, focusing on the key decisions

- Major changes in patient management are best conveyed to members of the care team who were absent, with special attention to members of the next shift

A more basic family need...

A more basic family need (one that is hard to measure but is painfully evident when it is absent) is trust in the health care providers

Absence of trust is a marker for conflict and difficulty arriving at mutually agreeable decisions.

In skillful family meetings, clinicians demonstrate that they deserve confidence by a caring, respectful, reliable, self-assured manner and excellent clinical and communication skills

Validation, Support and Non-abandonment

- The family's commitment ideally can be validated by staff
 - a key form of support for their participation in difficult decision making
- The family should be reassured that the team will provide the best care for the patient
- Support will also be made available to family through the dying process and bereavement
- It is important to state that care for the family does not end with the meeting (or even the life of the patient)

Quill TE, Cassel CK: Nonabandonment: A central obligation for physicians. Ann Intern Med 1995;122:368-374.

Opportunities for growth

- Acquiring complex skills required to lead a family meeting, can be achieved through observing role models, reading, and practice. Learning is also facilitated by taking time for reflection
- The end of the family meeting provides an opportunity to reflect on what went well and what could be improved, and to share these impressions with colleagues or supervisors
- The clinicians' emotions in response to the meeting are important to acknowledge as part of self-care

Levy MM: Caring for the caregiver. Crit Care Clin 2004;20:541-547, xl.

Family Conference

Family Conference

You are part of the GIM Team referred to this man:

- Mr. Goldstein (Max)
 - 82 y.o. Jewish holocaust survivor
 - diagnosed with Alzheimer's 6y ago
 - living in LTC x2yrs
 - Spouse (Georgia) has never signed a DNR

Family Conference

Mr. Goldstein (cont'd)

- Met. Lung CA (d/x'd incidentally after an admission to hospital 6m ago for pneumonia)
- not a candidate for chemo/XRT due to his advanced emphysematous chronic obstructive lung disease and frail condition
- son (Peter) requested a second opinion and was given the same diagnosis by a second oncologist

Family Conference

- Three nights ago, Mr. Goldstein developed a fever and increased chest congestion.
- Brought to TGH for evaluation & admitted to G.I.M. with pneumonia (started on IV antibiotics).

Family Conference

- Today the team reports at morning rounds that his condition has worsened.
 - decreased level of consciousness.
 - does not seem to be responding to the antibiotics.
 - on oxygen 5 L/min by nasal prongs (O2 sats are dropping).
 - He keeps pulling off his oxygen.
- The team requests to meet with Georgia and Peter to discuss Max's condition and goals of care. They have agreed to a family meeting early this afternoon at 2pm.

Family Conference

What would you do?