

FAST FACT AND CONCEPT #16 MODERATING AN END-OF-LIFE FAMILY CONFERENCE

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At some point during the course of a terminal illness, a meeting between health care professionals and the patient/family is usually necessary to review the disease course and develop end-of-life goals of care. Learning the process steps of a Family Conference are an important skill for physicians, nurses and others who are in a position to help patients and families reach consensus on end-of-life planning.

Family Conference Process Steps

- 1. Why are you meeting?:** Clarify conference goals in your own mind. What do you hope to accomplish?.
- 2. Where:** A room with comfort, privacy and circular seating.
- 3. Who:** Patient (if capable to participating); legal decision maker/health care power of attorney; family members; social support; key health care professionals.
- 4. Introduction and Relationship Building**
 - Introduce self & others; Review meeting goals; clarify if specific decisions need to be made
 - Establish ground rules: Each person will have a chance to ask questions and express views; No interruptions; Identify legal decision maker, and describe importance of supportive decision making.
 - If you are new to the patient/family, spend time seeking to know the “person”—ask about hobbies, family, etc.
- 5. Determine what the patient/family already knows:** *tell me your understanding of the current medical condition*; ask everyone in the room to speak. Also ask about the past 1-6 months—what has changed in terms of functional decline, weight loss, etc.
- 6. Review medical status**
 - Review current status, prognosis and treatment options.
 - Ask each family member in turn if they have any questions about current status, plan & prognosis
 - Defer discussion of decision making until the next step
 - Respond to emotional reactions (See Fast Facts #29, 59)
- 7. Family Discussion w/ Decisional Patient**
 - Ask patient *What decision(s) are you considering?*
 - Ask each family member *Do you have questions or concerns about the treatment plan? How can you support the patient.*
- 8. Family Discussion w/ Non-Decisional Patient**
 - Ask each family member in turn *What do you believe the patient would choose if they could speak for themselves?*
 - Ask each family member *What do you think should be done?*
 - Ask if the family would like you to leave room to let family discuss alone.
 - If there is consensus, go to 10; if no consensus, go to 9.
- 9. When there is no consensus:**
 - Re-state goal: What would the patient say if they could speak?
 - Use time as ally: Schedule a follow-up conference the next day.
 - Try further discussion: *What values is your decision based upon? How will the decision affect you and other family members.*
 - Identify other resources: Minister/priest; other physicians; ethics committee.
- 10. Wrap-up:**
 - **Summarize** consensus, disagreements, decisions & plan
 - **Caution** against unexpected outcomes
 - **Identify** family spokesperson for ongoing communication
 - **Document** in the chart-- who was present, what decisions were made, follow-up plan

- **Don't turf** discontinuation of treatment to nursing
- **Continuity:** Maintain contact with family and medical team. Schedule follow-up meetings as needed

See Fast Facts: See related Fast Facts: Delivering Bad News (#6, 11); Responding to Patient Emotion (#29); Dealing with Anger (#59).

References

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