

Improving Your End-of-Life Care Practice

The health care system sometimes presents barriers to good end-of-life care; hopefully, these materials can help with care and advance planning.

Patient Education And Caring: End-of-Life (PEACE) Series

Welcome to the PEACE series. These end-of-life care education materials can be icebreakers for hard conversations with patients and families, help focus discussions, and serve as take-home brochures. They probably work best as tools for the exam room, but can also be used in the waiting room.

Which patients would most benefit from the brochures?

- Ask yourself as you see patients: Would I be surprised if this patient died this year? If the answer is “no,” the patient might benefit.
- Ask yourself: Has this patient been in the ICU lately? If the answer is “yes,” the patient might benefit.
- Consider the “tips” on this sheet as you see these patients.

Some of this material is adapted from
ABCD Action Guides www.abcd-caring.org
Copyright© 2000-2001
Americans for Better Care of the Dying.
Used with permission.

Visit the ACP-ASIM Center for
Ethics and Professionalism at
<http://www.acponline.org/ethics/index.html>

Copyright© 2001 by the American College of
Physicians-American Society of Internal Medicine.



American College
of Physicians

American Society
of Internal Medicine

190 N. Independence Mall West
Philadelphia, PA 19106-1572
215-351-2400, 800-523-1546
www.acponline.org

Twelve tips that have helped other MDs talk to patients with serious chronic illness

- 1 It is often easier to have conversations with patients who have serious chronic (eventually fatal) illness than to those who are closer to death.
- 2 Patients, of course, need accurate information. But we all also need to feel heard.

Talking is often easier than listening. Being sure to pause in conversation, asking open-ended questions, and “empathetic listening” can help.

Look for opportunities to raise issues, such as times when the patient expresses concerns or fears, or notes the illness or death of a relative.
- 3 Don’t feel that you need to discuss all issues in one visit.

The illness will unfold over time, and you can use this time to the best advantage.

Time also gives the patient the opportunity to reflect on various matters and to discuss them with family members.
- 4 Consider scheduling an additional visit billable as counseling—or additional time for an extended visit— just for conversation, rather than adding these discussions to other clinical care.

Exploring these issues rather than waiting will probably save you time in the long run.
- 5 Don’t feel you have to do everything yourself. Nurses, social workers, clergy members, and community organizations can help.
- 6 For your patients who are “sick enough to die,” learn about the patient’s concerns—usually a combination of symptom relief, family support, continuity, advance planning, and spirituality.

See Table 1 in Lo B, Quill T, Tulsy J (1999) for potentially useful open-ended questions to ask patients.

Use the answers to help develop a care plan that reflects the patient’s concerns.
- 7 Include family and friends if the patient agrees.
- 8 Encourage patient-family agenda setting and advance care planning.
- 9 Can you promise prompt relief from serious symptoms near death? Tell the patient and family what is possible and make plans together.
- 10 Use each episode in the ICU or ER as a “rehearsal.” Ask the patient what should happen the next time about surrogate decision-making, hospitalization, intensive care, CPR, pain relief, family support. What needs to be done to carry out the plan?
- 11 Know your resources. Which are the most effective: Hospices? Home care services? Nursing homes?
- 12 Except in hospice, most families never hear from their physician after a death. Consider making a follow-up phone call or a visit to answer questions and support family caregivers, and sending a condolence card.

The enclosed brochures (and their web-based counterparts on the College’s Web site at http://www.acponline.org/ethics/patient_education.htm) are companion pieces for three End-of-Life Care Consensus Panel papers for physicians:

Lo B, Quill T, Tulsy J for the ACP-ASIM End-of-Life Care Consensus Panel. Discussing palliative care with patients. *Ann Intern Med.* 1999;130:744-9.

Karlawish JHT, Quill T, Meier DE for the ACP-ASIM End-of-Life Care Consensus Panel. A consensus-based approach to providing palliative care to patients who lack decision-making capacity. *Ann Intern Med.* 1999;130:835-40.

Abrahm JL for the ACP-ASIM End-of-Life Care Consensus Panel. Management of pain and spinal cord compression in patients with advanced cancer. *Ann Intern Med.* 1999;131:37-46.

These and other end-of-life care consensus panel papers are available at <http://www.acponline.org/ethics/papers.htm> or call the Center for Ethics and Professionalism at 800-523-1545 ext. 2839 or 215-351-2839 for reprints.