

Conversations in the ICU: Why Words Matter

Gina Jervey Mohr, MD



LOMA LINDA UNIVERSITY
HEALTH

1

Goals and Objectives

- »1) Identify the importance of having goals of care conversations in the ICU
- »2) Describe several methods of having these conversations
- »3) Understand how to use time-limited trials to provide care



LOMA LINDA UNIVERSITY
HEALTH

2

The Ideal



LOMA LINDA UNIVERSITY
HEALTH

3

The ICU



4

Case 1 – Mrs. Smith

- » Reason for consult: “Limitations of treatment/goals of care in vegetative patient with grim prognosis with family refusing to see patient and make decisions for care”
- » What do we know so far?

5

Case 1 – Mrs. Smith

- » Mrs. Smith is a 69 y/o woman w/ HTN, A fib, vent-dep d/t polyneuropathy for 6 mos
- » Follows commands and understands at baseline
- » Multiple wounds that are oozing resulting in anemia requiring transfusions
- » Admitted for sepsis

6

Case 1 – Mrs. Smith

- »Multi-organ failure:
 - ~Respiratory on vent
 - ~Renal on HD
 - ~Cardiac on pressors
 - ~Hematologic getting transfusions
 - ~GI on TPN
 - ~Liver causing encephalopathy

Case 1 – Mrs. Smith

- »Team would like DNAR order
- »Have recommended to family to withdraw all interventions
- »What do we think of this?

Why have Family Meetings?

What works or not?

Why have Family Meetings?

- » Share information
 - ~ New diagnosis
 - ~ Progression of illness
 - ~ Acute decline
 - ~ Regular update
- » Obtain consent
- » Make decisions



Why have Family Meetings?

- » Get to know patient/family
- » Develop rapport
- » Build relationship
- » Instill trust
- » Ethical responsibility



Vital Talk video

- » <https://www.vitaltalk.org/topics/conduct-a-family-conference/>



Pre-Meet

- »Who will talk about what?
- »What are the goals?
- »How should it be structured?
- »What do we know about family?

Introduce

- »Introduce everyone
- »Explain purpose of meeting
- »(Apologize for having to do it over zoom)

Assess family

- »Always let family speak first
- »What have you been told?
- »What's your understanding?
- »How was she before this event?

Update

- » Small parts
- » No jargon
- » Pause
- » Close with big picture

Empathize

- » Acknowledge the emotion
- » Pause

Prioritize

- » Elicit patient's values
- » "If he could talk to us now and understand his situation, what would he say?"

Align/Make a Plan

- »Align medical plan with patient's/family's values
- »Family members may not agree
- »More acceptable if know you are trying to honor their wishes

Key Points

- »Avoid jargon
- »Respond to emotion

Recap

- »Pre-meet
- »Introduce
- »Assess family
- »Update
- »Empathize
- »Prioritize
- »Align/Make a plan

How did it go?

Grand Canyon



This Photo by Unknown Author is licensed under CC BY-SA

In the ICU – Pre-meet

- »Family hard to get ahold of
- »No one visits
- »Team is frustrated

In the ICU - Introduce

- »Mr. Smith is being treated for cancer
- »Daughter is over-whelmed with his care
- »Grateful patient is in the ICU where she'll get good care
- »Not happy with SNF

In the ICU – Assess Family

- »Use “ask-tell-ask” to start the meeting
- »Family understands patient is very sick but hopeful she will improve
- »There are people praying all over the world for her recovery

In the ICU - Update

- »Patient with multiple systems failing
- »Infection worse despite IV antibiotics
- »Can't keep up with bleeding
- »Concerned she may die
- »Family becomes tearful

In the ICU - Empathize

- » "We're so sorry your Mom/wife is so sick"
- » "I wish we could make her better"
- » Pause

In the ICU - Prioritize

- » "If your Mom could hear this update, what would she say?"
- » Family replies, "Mom's a fighter – she wouldn't want to give up"
- » Explore this...

In the ICU – make a recommendation

» "We also hope Mrs. Smith gets better. I'm very worried that most of her organs have failed and aren't getting better. We will continue to do everything that is helpful for her. If she worsens, we worry that CPR would be more harmful than helpful and would not recommend it."

In the ICU – Align/Make a Plan

- »Family agrees she would not want CPR, but want to continue all other measures
- »“Yes, we’ll continue everything that’s helping, but her body may not be able to respond and get better. We will keep you updated.”

Responding to Emotion

- »“I wish things were different. This is an incredibly difficult time we all find ourselves in.”
- »“I can’t imagine how difficult this is for you and everyone else who loves (pt name).”
- »“You have been an incredible advocate for your loved one. I can see how deeply you care.”

Responding to Anger

- »“It is understandable that you would be angry. I wish I had treatments that would help him/her get better.”
- »“It is understandable that you would be angry. I can see that you care about him/her a great deal.”

Responding to Grief

- » “I know it’s hard to have a loved one in the ICU.”
- » “I want you to know that all of us here care deeply about your experience and your loved one’s experience right now.”

Palliative Care

- » Relieve suffering
- » Improve quality of life
- » Live as well as possible for as long as possible

Sara Monopoli Video

What Have I Got To Lose?

37

Well-Being

» “We think our job is to ensure health and survival. It’s really to enable well-being. And well-being is about the reasons one wishes to be alive.”

• Atul Gawande “Being Mortal”

38

Sara Monopoli

» A 34 year-old pregnant woman with non-small cell lung cancer undergoing chemotherapy, presents with worsening dyspnea, chest pain, and left arm weakness.

39

“That Was a Conversation I Wasn’t Ready to Have”

- » Doctors must learn how to have the conversation
 - ~ “I wish”
 - ~ “I worry”
 - ~ “I wonder”

Important Questions

- » “What are the trade-offs you’re willing to make?”
- » “When you think about the future, what do you hope for?”
- » “When you think about what lies ahead, what worries you the most?”
- » “If you knew your time was short, how would you want to spend it?”

Autonomy

- » “You may not control life’s circumstances, but getting to be the author of your life means getting to control what you do with them.”

• Atule Gawande “Being Mortal”

Things to Avoid

- » We never "withdraw care"
- » Don't focus on facts while ignoring feelings
- » Don't try to make the family be at point they're not at yet

Endings Matter

» "In stories, endings matter. Endings are not entirely controllable, but we are not helpless either. The chance to shape one's story is essential to sustaining the meaning in life."

• Atul Gawande "Being Mortal"

Resources

- » CAPC.org
- » VitalTalk.org
- » Ariadne Labs


