

NEGOTIATING THE DYING PATIENT CLUB RULES

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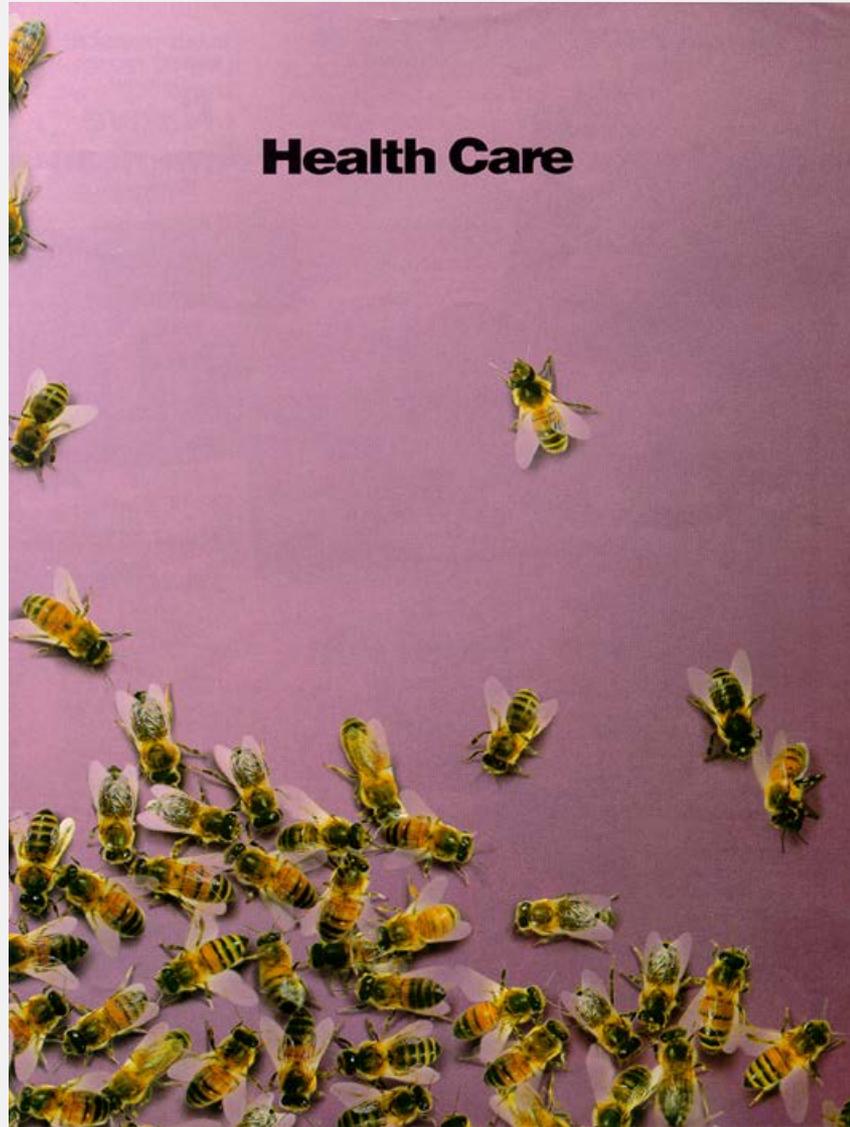
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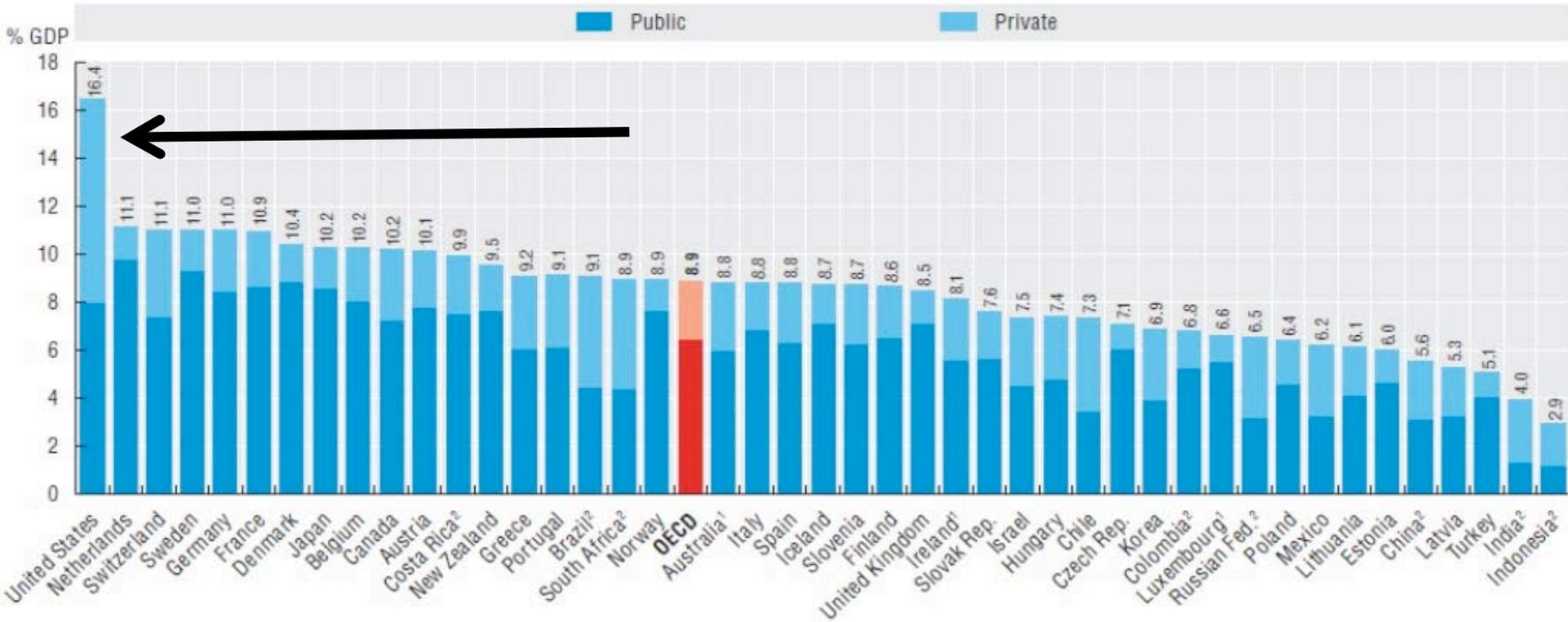
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SOCIAL, STRUCTURAL, ECONOMIC AND PSYCHIC TRANSFORMATION



OECD countries allocated 8.9% of their GDP to health in 2013 (excluding investments), ranging from over 16% in the United States to 5-6% in Turkey, Estonia and Mexico

Health expenditure as a share of GDP, 2013 (or nearest year)



Note: Excluding investments unless otherwise stated.
 1. Data refers to 2012.
 2. Including investments.

YOU ARE GOING...

AAMC NEWS-PATIENT CARE TUESDAY SEPTEMBER 27, 2016

“HAVING THE TALK”



MIS-CUES, BAD CUES, CLUELESS...

- IOM 2014 – Dying in America
 - Few EOL conversations or communications with physicians
 - Many receive care and treatment they don't understand and don't want
 - Many die in “ways and places they would not have chosen”



- As of 1 January 2016, Medicare reimburses for EOL discussions
- 15-25% of Medicare expenses are for last year of life
- But more than an encounter is needed
- Developing a relationship is essential
- Praying for miracles (patients and physicians)

YOU ARE GOING TO DIE.....

Patient
Family

Adult?

Elderly?

Competent?

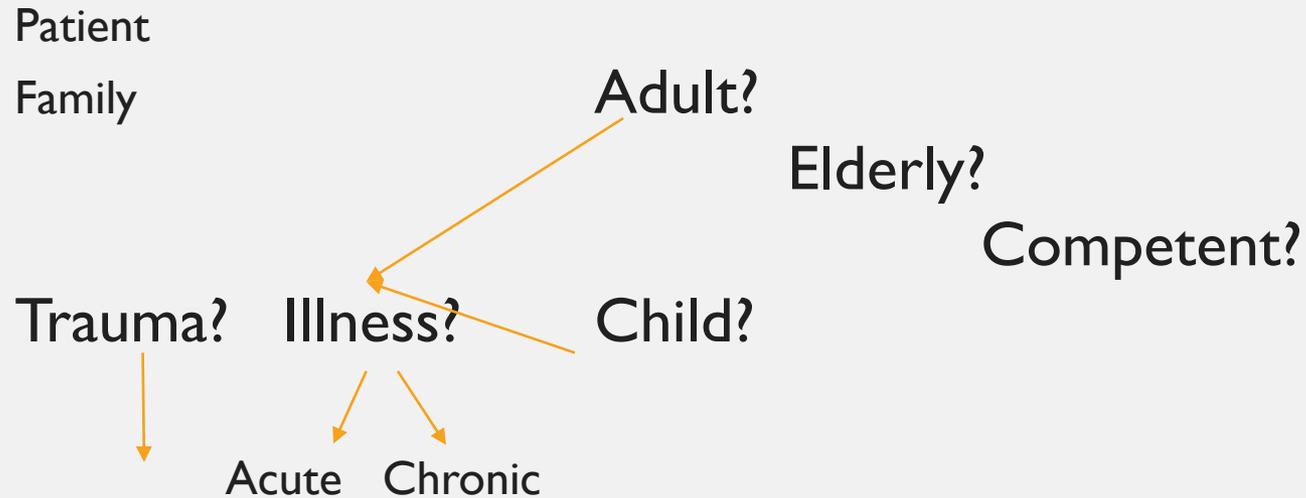
Trauma?

Illness?

Child?

Acute Chronic

“Reasonable Medical Certainty” Issues



Serious Illness Conversation Guide

CONVERSATION FLOW

PATIENT-TESTED LANGUAGE

1. Set up the conversation

- Introduce the idea and benefit
- Ask permission

SET UP

“I’m hoping we can talk about where things are with your illness and where they might be going — **is this okay?**”

2. Assess illness understanding and information preferences

ASSESS

“What is your **understanding** now of where you are with your illness?”
 “How much **information** about what is likely to be ahead with your illness would you like from me?”

3. Share prognosis

- Tailor information to patient preference
- Allow silence, explore emotion

SHARE

Prognosis “I’m worried that time may be short.”
 or “This may be as strong as you feel.”

4. Explore key topics

- Goals
- Fears and worries
- Sources of strength
- Critical abilities
- Tradeoffs
- Family

EXPLORE

“What are your most important **goals** if your health situation worsens?”
 “What are your biggest **fears and worries** about the future with your health?”
 “What gives you **strength** as you think about the future with your illness?”
 “What **abilities** are so critical to your life that you can’t imagine living without them?”
 “If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?”

5. Close the conversation

- Summarize what you’ve heard
- Make a recommendation
- Affirm your commitment to the patient

CLOSE

“How much does your **family** know about your priorities and wishes?”
 “**It sounds like** _____ is very important to you.”

6. Document your conversation

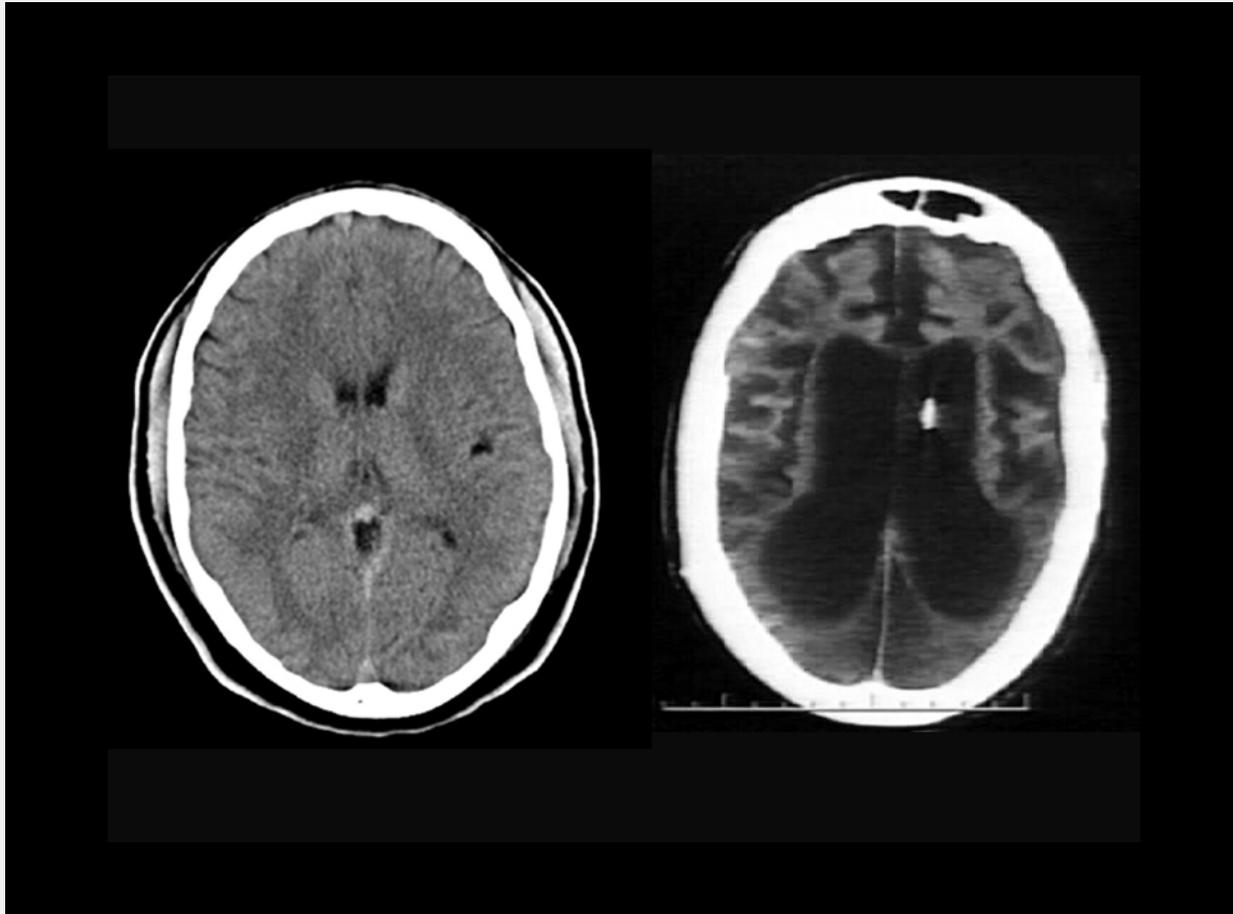
“Given your goals and priorities and what we know about your illness at this stage, **I recommend...**”

“**We’re in this together.**”



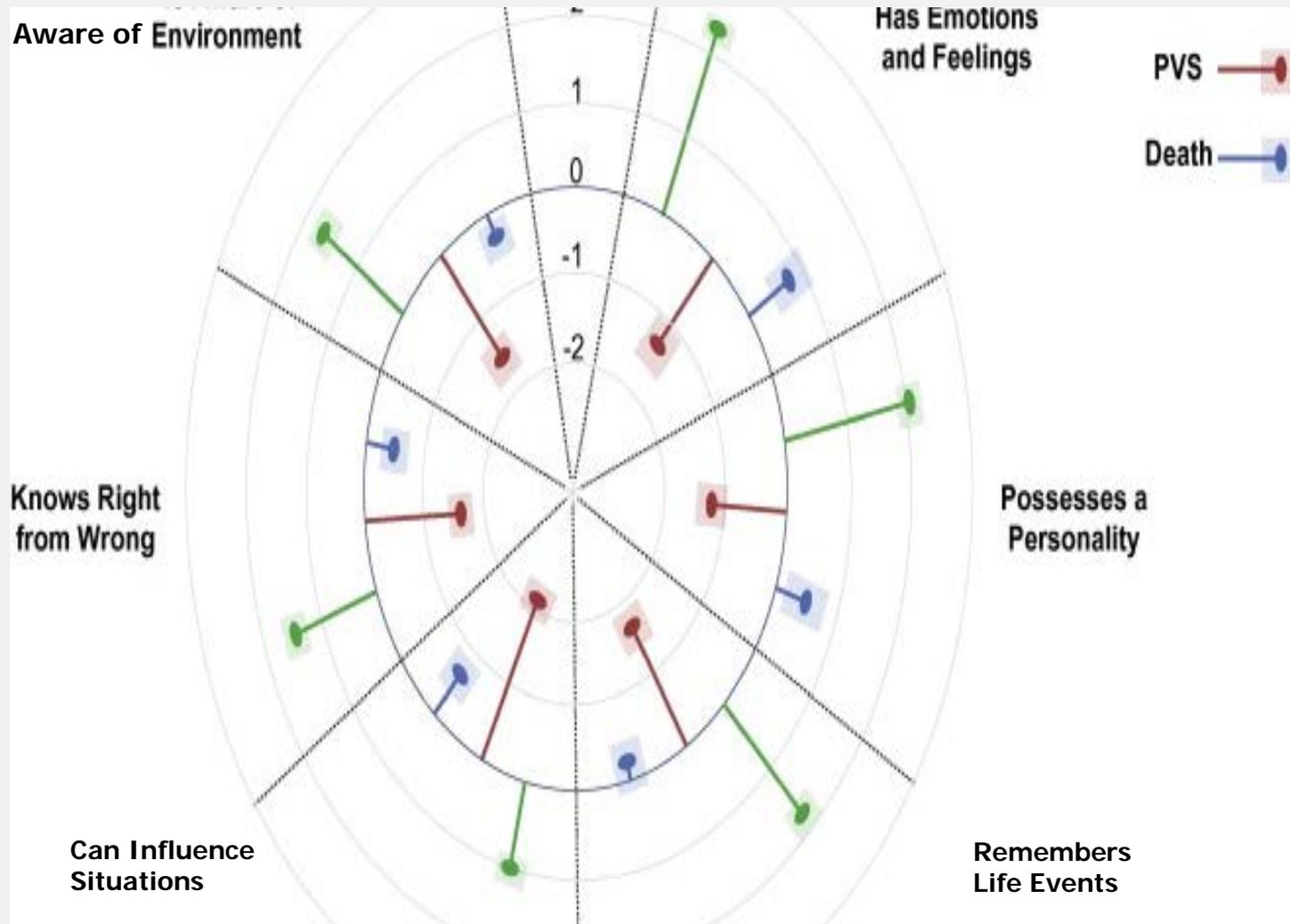
CT Scan

(Normal and Schiavo)



RE-MYSTIFYING THE PVS ISSUE

GRAY, K., A. KNICKMAN, D. WEGNER. "HOW DEAD IS DEAD", THE ECONOMIST, 20 APRIL 2011



YOU ARE GOING TO DIE.... CAN
WE HARVEST YOUR.....

CAN THE END OF THE DAY BE DE-LEGALIZED?

- Removing obstacles to death planning
 - Passive avoidance
 - Misplaced active engagement
 - The importance of a legal documentation