Bibliography: End of Life Communications: Two Models

Note: Web links can change over time. If link no longer works, web-search the article by title.

Since the filming of our conversations with Dr. Rigamer, Dr. Taylor and Dr. Blais there have been several reports and articles that substantiate the evidence they presented. The medical specialty of Palliative Care continues to be at the forefront of research and education in caring for this population. In 2014, the Institute of Medicine published Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life. This extensive study reported that patients who have advanced chronic illness and are nearing the end of life continue to receive aggressive, burdensome treatments (IOM, 2014). The report discussed changes in the delivery of care to increase person-centered and family care. This included the recommendation for frequent clinician initiated patient-family conversations to ensure that the goals of care decisions are based on well understood clinical information and on the patient’s values and preferences (IOM, 2014; Meghani and Hinds, 2015). Improvement in clinician communication skills and systems are necessary for this to take place (Ahia and Blais, 2014). Palliative care based communication models and procedures need greater focus in medical and nursing curriculums (IOM, 2014; Meghani and Hinds, 2015). Training for primary care physicians, specialists and advance-practice providers should include ways to discuss end of life planning with patients. Those already in practice would seek additional training if they find they are uncomfortable with encouraging patients to think about and communicate their philosophies and wishes for end of life care (Ahia and Blais, 2014). Advance care planning should be discussed at annual visits and patients should be encouraged to execute living wills and medical power of attorneys.

Systems that break down the silos that act as barriers to subspecialty communication and interdisciplinary teams must be fostered (IOM, 2014; Meghani and Hinds, 2015). The use of patient-family conferences is a technique used to facilitate the breakdown of silos of care. During the inpatient stay, the attending physician and all involved specialists during the current hospital encounter meet with the patient and family to discuss the plan of care. Clinicians should become familiar with the techniques for conducting patient-family conferences. An example of this is noted with the advancement of aggressive cardiac medical technology, such as Left Ventricular Assist Devices. The insertion of these devices necessitate that Palliative Care consultants be involved in the preparation of patients to assist with the advanced care planning and setting of realistic goals for care. These discussions assure that the risk and benefits of the implantation of the device are fully understood by the patient and their caregivers (Swetz et al, 2011; Advisory Board, 2013). The National Comprehensive Cancer Network has integrated palliative care into their 2015 Clinical Practice Guidelines (National Consensus Project for Quality Palliative Care, 2013). Policy and payments systems need to be created and supported to foster this time intensive care (IOM, 2014; Meghani and Hinds, 2015). Since that publication, the professional literature has new evidence and recommendations for new frameworks and conceptual models for these discussions (Sinuff et
al, 2015) and advance care planning (Chiarchiaro, Arnold, and White, 2015). The following link discusses one such model: https://www.oma.org/Resources/Documents/AdvancedCarePlanning.pdf

In closing, there is a growing need for public health education to normalize these conversations about death and dying to increase the engagement and national dialogue. Increasing the education and preparation of healthcare providers will encourage the normalization of these end of life care conversations in homes, clinics, hospitals, long term care facilities and nursing homes (IOM, 2014; Meghani and Hinds, 2015; Sinuff et al, 2015). This will assist in creating high quality patient-centered care. Correlating the need for palliative care educated skilled physicians and advanced providers who have the ability to communicate effectively on these complex issues will be an ongoing requirement in lowering the risk in clinical medical practice (National Quality Forum, 2012).

Additional Resources:

- http://www.gundersenhealth.org/respecting-choices
- https://www.ariadnelabs.org/programs/serious-illness-care/resources/
- http://www.vitaltalk.org/
- http://coalitionccc.org/training-events/webinars/
- http://theconversationproject.org/starter-kit/intro/
- http://www.gundersenhealth.org/respecting-choices
- http://www.ihi.org/engage/initiatives/ConversationProject/Pages/ConversationReady.aspx

Analysis of US Hospital Palliative Care Programs: 2010 Snapshot. Center to Advance Palliative Care.


References


