

MWHC CLINICAL ETHICS IMMERSION

HOW TO CONDUCT A FAMILY MEETING



THE PRE-MEETING

The pre-meeting involves the treating physician(s) and other relevant staff -- without the family or patient present. The purpose of the pre-meeting is to help ensure that the clinical ethicist has the most updated and precise information as possible about the patient. The more multidisciplinary the team can be, the better; this helps to coordinate communication and clarify any issues among the attending, resident, fellow, nurses, respiratory therapist, social worker, clinical consultants, or anyone else who is available and involved in the patient's care. This should be an open and frank discussion.

GOAL	POSSIBLE TALKING POINTS
Clarify the patient's medical picture.	<p>Can you please explain this diagnosis to me?</p> <p>What is the patient's prognosis?</p> <p>What is the care plan for the patient right now?</p> <p>What does the team think is the appropriate code status for this patient? Do you agree with the medical team? Why or why not?</p> <p>Would you be surprised if the patient died in six months?</p> <p>Have you called a Palliative Care consult? (only if pain and symptom management are concerns).</p> <p>Is the patient capacitated? (If treating physician is not certain patient is capacitated, consult Psychiatry specifically for decisional capacity for the particular decision that needs to be made).</p>
Discover all the feasible medical options and possible compromises.	<p>Based on where the patient is now, what does the medical team think is/are the best options for treating ___? Are there any treatment options that would be considered standard of practice for a patient in his condition that you think are not a good idea for ___? Why is this?</p> <p>What might be likely complications? If any of these were to occur, what would be the options then?</p>
Learn about the history of communication with the family thus far and the social picture of the patient.	<p>Who are the involved family members?</p> <p>Have you had any family meetings yet? If so: when, who was there, and what was discussed?</p>

Is there a surrogate decision maker? Does the patient have an advance directive?

How has the family been reacting to the situation so far? Do they seem to understand the patient’s condition? What are their preferences?

Is there any conflict among family members and/or between family members and the team?

Does the patient or family have any known religious or cultural preferences that could be relevant?



THE FAMILY MEETING

A purpose of a family meeting is to update those who are involved and invested in the patient’s care. In these regular updates, the physician(s) or other involved team member should be providing baseline information and checking for patient and family understanding. Another major reason to hold a family meeting is to gather information from the patient, in the presence of family members, so everyone can be informed together. If the patient is not decisionally capacitated, the meeting should be held away from the patient. In that situation, the meeting can help the treating team seek some understanding, if any is possible, of what interventions the patient might or might not have valued in these circumstances. The third reason major reason to hold a family meeting is to gain patient and/or family partnership in making decisions that need to be made.

People invited to be part of the family meeting could be anyone who has an established relationship with the patient, not only blood relatives. If the patient is capacitated and able to participate, then family meetings should be held in the patient’s room. The below questions assume that the patient is unable to be part of medical decisions for now. This should be a compassionate, clear, and honest conversation that includes emotional support and factual fact-giving.

GOAL	POSSIBLE TALKING POINTS
<p>Establish a respectful and open atmosphere for discussing the patient’s care.</p>	<p>Can we go around the room and introduce ourselves, please? Please let us know your relationship to the patient.</p> <p>(For your introduction, be prepared to clarify your role as a clinical ethicist, and make it clear that you are not there as a physician or clinician treating the patient.)</p>
<p>Ensure clear communication of the patient’s medical picture</p>	<p>(Ask family) To make certain everyone is up to date, perhaps we can start with you all saying</p>

where you think Mr/Ms____'s health is right now?

(Ask physician) Can you tell us more about how the patient is doing at this time?

(If the clinical ethicist hears something or notices something in the meeting that indicates a lack of understanding of what the physician just said)
Can you explain what you (the physician) mean by ____?

(Ask physician) I know we can never know for certain, but what does the patient's overall prognosis look like right now?

(Ask physician) Can you please explain to the family why (or why not) you (the physician) and the team think trying to do chest compressions and shocks in the event of cardiac arrest is(or is not) medically recommended right now?

(Ask family) Do you understand what the doctor is saying about what the team thinks is best for Mr/Ms____ if his/her heart stops? Does this make sense to you?

(Ask physician) What is the current plan of care?

(To family) In addition to making sure everyone is updated on the patient's clinical status right now, we want to use this time together to see if we can agree to at least some of the next steps for Mr/Ms____.

(Ask family) Can you tell us what has Mr/Ms____'s life been like for the last year or so (or since being diagnosed with ____ if this is a new diagnosis)?

(Ask family) Has Mr/Ms____ ever discussed what he/she would prefer in these circumstances? (If so) Can you tell us the specifics of that conversation? Did he/she ever document it anywhere, like in an advance directive?

(Ask family) Can you tell us what was important to Mr/Ms____? For example, was he/she religious or active in certain activities?

Ascertain what the perspectives and preferences are of all interested parties. (This could involve multiple meetings with separate family members if someone is dominating the conversation or otherwise preventing an open and respectful environment.)

(To quiet family member) We have not heard from you yet, and we want to make sure all perspectives are heard. Do you have any questions or concerns?

Clarify any value conflicts or ambiguities.

One of the aspects of care that everyone is always concerned about is patient pain and suffering. (Ask physician) Is our patient in any pain, or is there a potential for pain? (If so) Is his/her pain being managed?

(Ask physician) Is there any way that any care interventions that we've talked about – or still need to talk about -could cause the patient more pain and possibly suffering?

(To family) It sounds like you are concerned about ___ and ___. If we proceed with ___ plan of care, we believe we can address ___.

(To family) We want to respect Mr/Ms ___'s wishes to the extent that is medically reasonable. Based on what you said, it sounds like ___ best reflects what she would want in these circumstances. Does that sound right to you?

(To family) In this situation, the medical team believes that ___ would serve the patient's best interests because ___.

Reach a meaningful conclusion, and establish next steps.

(To family) We should develop a consistent plan of care that reflects the preferences and interests of Mr/Ms ___ to the greatest degree medically reasonable.

(Ask physician) Could you please summarize where the patient is now and what you expect to be the patient's path moving forward based on this discussion? And then can you please give the family your recommendation for next immediate steps and then probable steps for the next few days or weeks?

(Ask family) How do you all feel about what the doctor is saying? (If there are matters of agreement, repeat those. If there are still places of disagreement:) I can see that we still need to keep talking about (restate the areas of

disagreement but do so in a way that brings any conflict about these disagreements down).

(If there is general agreement) Given all that we have discussed, it sounds like the reasonable option(s) are/is _____. Would you agree?

(If there is not general agreement, ask the physician) Would it be possible to do a timed trial of ___ to see how the patient responds? (If so, ask the physician) How long would this trial last? What are the potential risks to the patient? What should the family expect to see if the patient is improving?

(If appropriate) For now, it sounds like the medically and ethically supportable next steps would be to _____. Are there any questions about this plan?

(Ask family) Would you like some time to discuss all of this as a family? Thank you for working with us as we all try and figure out what is Mr./Ms._____'s best interests. (To physician) When do you need a decision about _____?