

FAST FACTS AND CONCEPTS #16 MODERATING AN END-OF-LIFE FAMILY CONFERENCE

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Background At some point during the course of a terminal illness, a meeting between health care professionals and the patient/family is usually necessary to review the disease course and develop end-of-life goals of care. Learning the process steps of a Family Conference is an important skill for physicians, nurses and others who are in a position to help patients and families reach consensus on end-of-life planning. See *Fast Facts # 222* on Preparing for the Family Meeting and *#223* on The Family Meeting: Starting the Conversation.

Family Conference Process Steps

1. **Why are you meeting:** Clarify conference goals of what you hope to accomplish?
2. **Where:** A room with comfort, privacy and circular seating.
3. **Who:** Patient (if capable); legal decision maker/health care power of attorney; family members; social support; key health care professionals.
4. **Introduction and Relationship Building**
 - Introduce self/others; review meeting goals and which decisions need to be made.
 - Establish ground rules: each person will have a chance to ask questions and express views; no interruptions; identify legal decision maker; and describe importance of supportive decision making.
 - If you are new to the patient/family, spend time seeking to know the “person”—ask about hobbies, family, what is important in her or his life, etc.
5. **Determine what the patient/family already knows.** *Tell me your understanding of the current medical condition?* Ask everyone in the room to speak. Also ask about the past 1-6 months—what has changed in terms of functional decline, weight loss, etc.
6. **Review medical status**
 - Review current status, prognosis and treatment options.
 - Ask each family member in turn if they have any questions about current status, plan & prognosis.
 - Defer discussion of decision making until the next step.
 - Respond to emotional reactions (See *Fast Facts #29, 59, 224*).
7. **Family Discussion with a Decisional Patient**
 - Ask the patient *What decision(s) are you considering?*
 - Ask each family member *Do you have questions or concerns about the treatment plan? How can you support the patient?*
8. **Family Discussion with a Non-Decisional Patient**
 - Ask each family member in turn *What do you believe the patient would choose if the patient could speak for him or herself?*
 - Ask each family member *What do you think should be done?*
 - Ask if the family would like you to leave room to let family discuss alone.
 - If there is consensus, go to 10; if no consensus, go to 9.
9. **When there is no consensus:**
 - Re-state: *What would the patient say if they could speak?* Ask: *Have you ever discussed with the patient what he or she would want in a situation like this?*
 - If you, as a clinician, have a firm opinion about the best plan of care, recommend it simply and explicitly, and explain why.
 - Use time as ally: schedule a follow-up conference the next day.
 - Try further discussion: *What values is your decision based upon? How will the decision affect you and other family members?*
 - Identify other resources: Minister/priest; other physicians; ethics committee.
10. **Wrap-up:**
 - **Summarize** consensus, disagreements, decisions, & plan.
 - **Caution** against unexpected outcomes.

- **Identify** family spokesperson for ongoing communication.
- **Document** in the chart who was present, what decisions were made, follow-up plan.
- **Don't turf** discontinuation of treatment to nursing.
- **Continuity** – Maintain contact with family and medical team. Schedule follow-up meetings as needed.

See additional related *Fast Facts*: Delivering Bad News (#6, 11); Dealing with Anger (#59), Conflict Resolution (#183, 184, 225), Helping Surrogates Make Decisions (#226); End of Life Goal Setting (#227); .

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