

5.4 Family Conferences

Key Points

1. The family conference is often the key palliative care “procedure.”
A conference can be very therapeutic for the patient and family and helps the medical team identify sources of support for the patient. Time invested early reaps great benefits.
2. Careful preparation is the key to success.
 - Choose private space with ample seating.
 - Recruit appropriate members of the medical team to be present.
 - “Family” are those who claim to be family; include as many members as want to and can attend.
 - Include the patient if able and wishes to participate.
 - Otherwise, ask patient’s permission to discuss care.
 - Schedule 30–60 min. minimum at a time convenient for family.
3. Solicit family understanding of illness. Offer to give your understanding of the problem. Focus on two to three key problems.
 - Use silence to allow family to respond.
 - Respond empathically.
 - Use simple language and avoid jargon.
 - If true, say “Your Aunt May has an illness man cannot cure.”
4. Begin to define and establish with family the Goals of Care. Direct attention away from cure toward symptom management. Present a plan based on Goals of Care.
 - Discuss combination of disease modification and palliative treatment.
 - Explicitly state plan for symptom control and discuss avoidance of invasive medical procedures.
 - Explain how each member of interdisciplinary team will work with family to achieve the Goals of Care.
5. Discuss advance directive and other aggressive care options in light of whether they advance the Goals of Care.
 - Emphasize desire to honor the treatment preferences of patient and family.
 - Education about the effectiveness and process of resuscitation can be helpful.
 - Take as much responsibility on yourself as you can for making medical care decisions.
 - Avoid making families feel that they are responsible for “pulling the plug.”
 - Demonstrate nonabandonment by clarifying that your support is not contingent on family decisions about “code status.”
 - Review decisions. Allow time for questions and make sure people have contact numbers.
6. Document who was present, length of conference, and Goals of Care.

Family Conferences

The Palliative Response



Importance of Family Conference

Often the key palliative care “procedure”

- Can be very therapeutic for patient and family
- Helps medical team identify sources of support for the patient
- Time invested early reaps great benefits

Preparation

- Choose private space with seating
- Recruit appropriate members of the medical team to be present
- Remember that the idea of a family conference can be frightening
Providers seldom call a conference for “good news”

Participants

- Family is who claims to be family
“Aunt” who is not a blood relative may have raised patient or lived in the household
As many members as want to and can attend
- Patient
If able and wishes to participate
Ask permission to discuss care
- Schedule at time convenient for family (30–60 minutes minimum)

Consideration of Spokesperson

- Some clinicians recommend that communication be through a family spokesperson
- Many minority cultures make family decisions by consensus of extended family vs. by single individual

Getting Started

- Identify relationships
- Ask family how they understand the illness
- Use silence to allow family to respond
Usually natural spokesperson(s) will be apparent
- Respond empathically
Offer to give your understanding of the problem

Focus on 2–3 Key Problems

- Use simple language and avoid jargon
“Your Aunt May has an illness man cannot cure....”
- Identify current disease-modifying treatment and relative effectiveness
- Begin to to define Goals of Care
Direct attention away from cure toward symptom management

Establish Goals of Care

- Combination of disease modification and palliative treatment
Symptom control
Avoidance of invasive medical procedures
- Time with family
- Care in the home

Present Plan of Care

- Present plan based on Goals of Care
- Explicitly state plan for symptom control
- Explain how each member of interdisciplinary team will work with family to achieve Goals of Care
PT/OT
Dietary
Nurse case management
Social work
Pastoral care

Discussion

- Allow time for discussion
- Reassure that not all decisions need to be made at this time
- Discuss plan for follow-up and contact

Advance Care Planning Introduction

Discuss

- Range of possible outcomes
- Problems that may arise and possible responses
- Desire to honor treatment preferences of patient and family
- Issues of resuscitation and other aggressive care options in light of whether they advance the Goals of Care

Discussing “Code Status”

Education about the effectiveness and process of resuscitation can be helpful

Sometimes when people are very ill, they die...

Sometimes the doctors and nurses try to bring people back to life with machines...

With the kind of illness Aunt May has, this is not a successful type of treatment...

Many patients and families discuss this kind of treatment with their doctors...

Discuss Alternatives

- Always emphasize what can and will be done to help patient
- Demonstrate non-abandonment

Clarify that the your support is not contingent on family decisions about "code status"

Advance Care Planning

- Take as much responsibility on yourself as you can for making medical care decision
- Avoid making families feel that they are responsible for "pulling the plug"
- Offer ongoing support to families
- Offer to contact pastoral care or other resources

Documentation

- Document who was present
- Document length of conference
- List the Goals of Care
- Describe the plan of care

If no documentation, it didn't happen.

Documentation

- "With your permission, I am going to write a note and orders about our discussion and the decision we have made...."
- Review decisions
- Allow time for questions and make sure people have contact numbers

Implementation of Plan

- Monitor
- Make any conflicts explicit
Suggest options and solutions
Allow patients and families to choose
- If Goal of Care is not achievable, state clearly

Family Conference

A Palliative Response

The family conference is often the key palliative care "procedure."

Handle with care.

Family Conferences

Selected Readings

Family Perspective on Care at Life's End

Andrews, S. C. "Caregiver Burden and Symptom Distress in People with Cancer Receiving Hospice Care." *Oncology Nursing Forum* 28 (2001): 1469–1474.

Rao, J. and V. R. Koppaka. "On Being a Patient: Santi." *Annals of Internal Medicine* 137 (2002): 852–854.

Overview of Communication in End-of-Life Care

Faulkner, A. "ABC of Palliative Care: Communication with Patients, Families and Other Professionals." *British Medical Journal* 316 (1998): 130–132.

Conducting a Family Conference

Ambuel, B. "Conducting a Family Conference." In *Principles and Practice of Supportive Oncology* edited by A. M. Berger, R. K. Portenoy, and D. E. Weissman. New York: Lippincott Williams & Wilkins Healthcare, 3 (2000): 1–12.

Resolving Conflict and Making Decisions

Fins, J. J. and S. MZ. "Communication in Intensive Care Settings: The Challenge of Family Disputes." *Critical Care Medicine* 29 (2001): 1–10.

Glajchem, M. and C. Zuckerman. "Resolving Conflict and Making Decisions." *Journal of Palliative Medicine* 4 (2001): 221–225.