

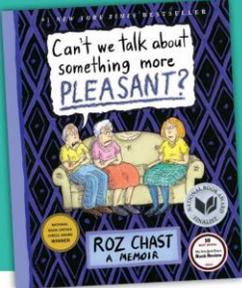


WICHITA STATE UNIVERSITY

Can't we talk about something more PLEASANT?
A Guide to Serious Illness Conversations

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Carolyn Harrison, RN, MN

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Can't we talk about something more PLEASANT?
ROZ CHAST
A MEMOIR

NEA BIG READ:
WICHITA

March 12 - April 30, 2023
bigreadwichita.org

WICHITA PUBLIC LIBRARY | WICHITA | KANSAS PBS 89.1

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MEET ROZ CHAST!

Roz Chast will share her work as a cartoonist and discussing her work as an author.

Co-sponsored by Wichita State University, the Wichita Public Library Foundation, and the Friends of the Wichita Public Library.

Saturday, April 15 • 6-7 p.m. • Wichita State University Hughes Metroplex, 5015 E. 29th St. N.

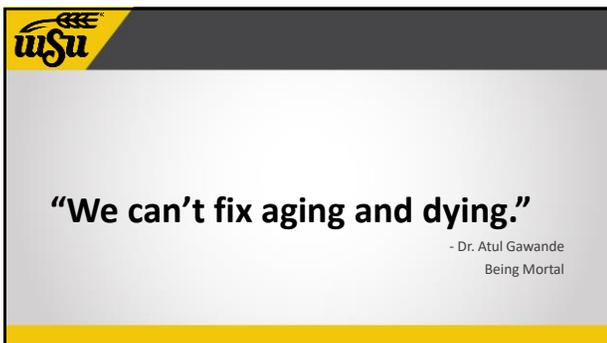
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Introduction to Our Story

How it starts.

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So... do you guys ever think about... THINGS?

What kind of things?

Can't we talk about something more PLEASANT?, by Roz Chast, Page 3

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You know... THINGS.

Can't we talk about something more PLEASANT?, by Roz Chast, Page 3

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wsu Prep your mindset

- Know who you are dealing with.
- Know what is important to them.
- Know who the key stakeholders are.
- AND THEN know who is making the decisions.
 - The person calling the shots may or may not be in front of you.
 - Confirm legal authorities to make decisions.
 - Make sure everyone gets the same information.
- Be kind... be patient.
- Ask for help.

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wsu QUESTIONS regarding yourself

Who would speak for you if you cannot speak for yourself (ex: in an accident and you are comatose or hurt severely).

Have you ever had to speak for someone else about their health care decisions?

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wsu WICHITA STATE UNIVERSITY

Why do we have these conversation?

Serious Illness Conversations

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uSu Objectives

- How to recognize your own struggles and learn the skill.
- How to recognize patients who could benefit from Serious Illness Conversations.
- How to start the conversations and lead to goals of care.
- How to document conversations with Advance Directives and/or TPOPP.

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uSu QUESTIONS

- What serious illnesses might you see in your practice in caring for adults?

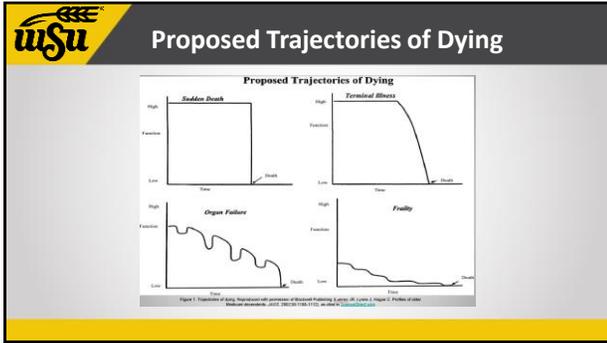


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uSu Common types of serious illnesses

- Cancers
- Dementias
- Stroke or other neurological diseases
- Emphysema, Lung diseases
- COPD - Chronic Obstructive Pulmonary Disease
- CHF - Congestive Heart Failure
- ESRD - End Stage Renal Disease

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Even Physicians Avoid these Conversations

Serious Illness Conversations

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wsu Even Physicians Avoid These Conversations



"There's no easy way I can tell you this, so I'm sending you to someone who can."

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wsu Being Mortal – Dr. Atul Gawande



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wsu The Surprise Question is...

Asking the “surprise question” can help

Would it surprise me if this person were to die in the next year?

(answer of “no” means it’s time for the conversation about serious illness)

Atiadhne Labs.org

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uSu The Surprise Question is...

- NOT the same as saying someone has a prognosis of a year or less.
- “for cancer and renal patients, surprise question does a better job for predicting mortality than current Medicare Hospice Certification criteria.”
- recognizing functional trajectories of illness can help plan care.

Ariadne Labs.org

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uSu Proposed Trajectories of Dying

Illness Trajectories - #1
Sudden death – unexpected cause
< 10% (MI, accident, etc.)

The graph plots Health Status on the y-axis and Time on the x-axis. A yellow arrow labeled 'Start' points to a point on the y-axis. A horizontal line extends from this point to the right, then a vertical line drops down to the x-axis, and finally a diagonal line goes down to the right towards a point labeled 'Death'. A small circle is at the top of the vertical line. The text '< 10% (MI, accident, etc.)' is above the graph. The logo 'TPOPP' is at the bottom left and 'Field & Coast, 1997' is at the bottom right.

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uSu Proposed Trajectories of Dying

Illness Trajectories - #2
Steady decline – short terminal phase

The graph plots Health Status on the y-axis and Time on the x-axis. A line starts at a high point on the y-axis and slopes downward to the right. A yellow box labeled 'ACP and TPOPP' is placed on the line. The line then becomes steeper and ends at a point labeled 'Death'. The logo 'TPOPP' is at the bottom left and 'Field & Coast, 1997' is at the bottom right.

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uSu Proposed Trajectories of Dying

Illness Trajectories - #3
Slow decline – periodic crisis - death

The graph plots Health Status on the y-axis and Time on the x-axis. The line shows a general downward trend with several sharp, temporary dips labeled 'Crises'. A yellow box labeled 'ACP & TPOPP' is positioned over a period of the decline. The line ends at 'Death'. The TPOPP logo is in the bottom left, and 'PAUL & COURT, 2007' is in the bottom right.

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uSu Proposed Trajectories of Dying

Illness Trajectories - #4
Lingering, Expected Death

The graph plots Health Status on the y-axis and Time on the x-axis. The line shows a slow, steady, and continuous decline. A yellow box labeled 'ACP & TPOPP' is positioned over the middle of the decline. The line ends at 'Death'. The TPOPP logo is in the bottom left, and 'LUTHEGGER ET AL., 2003' is in the bottom right.

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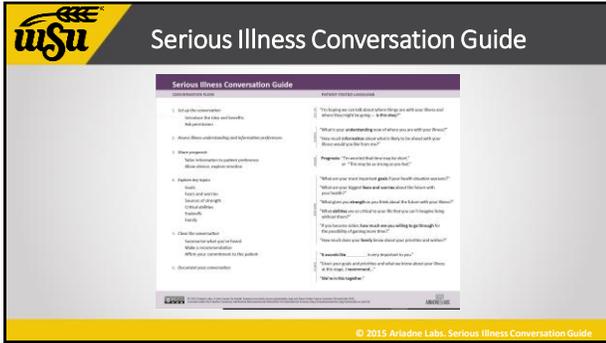
uSu Serious Illness Conversation Program

“Evidence demonstrates that the Serious Illness Conversation program improves conversations and outcomes, such as:

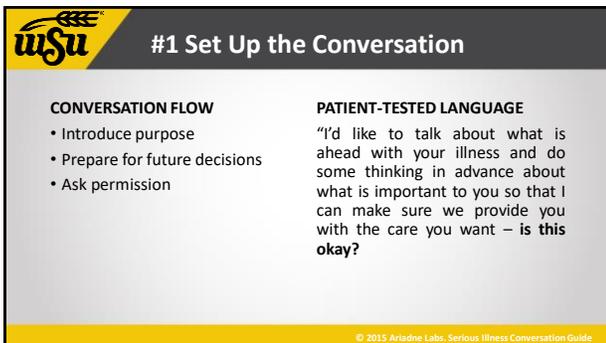
- lower anxiety and depression at end of life for patients;
- results in a more skilled and better prepared clinician workforce;
- and is associated with lower costs of care at the end of life.”

Serious Illness Conversation Program, Ariadne Labs.org

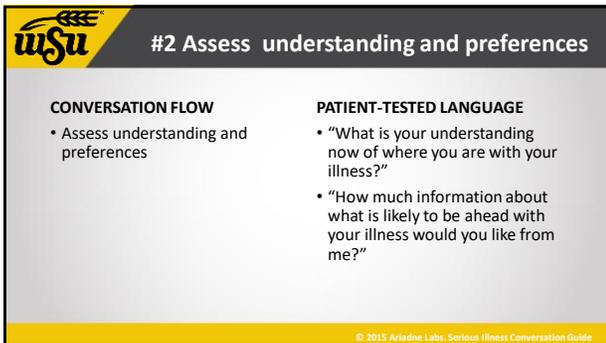
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uSu #3 Share Prognosis

<p>CONVERSATION FLOW</p> <ul style="list-style-type: none"> • Share prognosis • Frame as a “wish...worry”, “hope...worry” statement • Allow silence, explore emotion 	<p>PATIENT-TESTED LANGUAGE</p> <ul style="list-style-type: none"> • “I want to share with you my understanding of where things are with your illness...” • Uncertain: “It can be difficult to predict what will happen with your illness. I hope you will continue to live well for a long time but I’m worried that you could get sick quickly, and I think it is important to prepare for that possibility.” OR • Time: “I wish we were not in this situation, but I am worried that time may be as short as _____ (express as a range, e.g. <i>days to weeks, weeks to months, months to a year</i>).” OR • Function: “I hope that this is not the case, but I’m worried that this may be as strong as you will feel, and things are likely to get more difficult.”
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uSu #4 Explore Key Topics

<p>CONVERSATION FLOW</p> <ul style="list-style-type: none"> • Goals • Fears and worries • Sources of strength • Critical abilities • Tradeoffs • Family 	<p>PATIENT-TESTED LANGUAGE</p> <ul style="list-style-type: none"> • “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?” • “How much does your family know about your priorities and wishes?”
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uSu #5 Close the Conversation

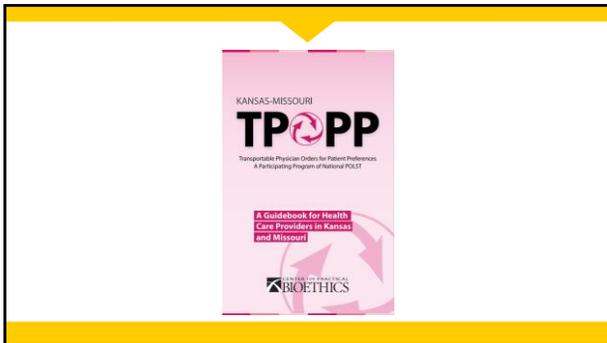
<p>CONVERSATION FLOW</p> <ul style="list-style-type: none"> • Summarize • Make a recommendation • Check in with patient • Affirm commitment 	<p>PATIENT-TESTED LANGUAGE</p> <ul style="list-style-type: none"> • “I’ve heard you say that _____ is really important to you. Keeping that in mind, and what we know about your illness, I recommend that we _____. This will help us make sure that your treatment plans reflect what’s important to you.” • “How does this plan seem to you?” • “I will do everything I can to help you through this.”
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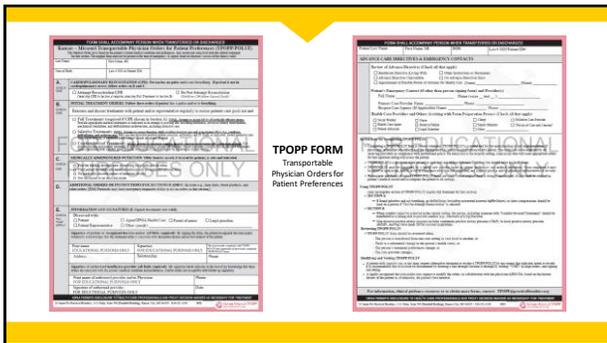
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A. CHECK ONE	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing. If patient is not in cardiopulmonary arrest, follow orders in B and C. <input type="checkbox"/> Attempt Resuscitation/CPR <small>(Selecting CPR in Section A requires selecting Full Treatment in Section B)</small>	<input type="checkbox"/> Do Not Attempt Resuscitation <small>(DNR/Refuse CPR; Allow Natural Death)</small>
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TPOPP FORM transportable Physician Orders for Patient Preferences

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B. CHECK ONE	INITIAL TREATMENT ORDERS: Follow these orders if patient has a pulse and/or is breathing. Reassess and discuss treatments with patient and/or representative regularly to ensure patients care goals are met.
	<input type="checkbox"/> Full Treatments (required if CPR chosen in Section A): <i>GOAL: Attempt to sustain life by all medically effective means.</i> Provide appropriate medical treatments as indicated in an attempt to prolong life, including intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion, including intensive care.
	<input type="checkbox"/> Selective Treatments: <i>GOAL: Attempt to restore function while avoiding intensive care and resuscitation efforts (i.e., ventilator, defibrillator, and cardiopulmonary).</i> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care.
	<input type="checkbox"/> Comfort-focused Treatments: <i>GOAL: Attempt to maximize comfort through symptom management and other non-drug treatments.</i> Use non-pharmacologic and medical treatments of symptoms/terminal issues needed for comfort. Avoid treatments listed in full or selective treatments unless approved with explicit patient/representative or caregiver consent if caregiver would be approved in comfort setting.

TPOPP FORM transportable Physician Orders for Patient Preferences

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C. CHECK ONE	MEDICALLY ADMINISTERED NUTRITION: Offer food by mouth if desired by patient, is safe and tolerated.
	<input type="checkbox"/> Provide feeding through percutaneous or gastrostomy tubes <input type="checkbox"/> Trial period for medically assisted nutrition but no nasally placed tubes <input type="checkbox"/> No medically assisted means of nutrition desired <input type="checkbox"/> Not discussed or no decision made

TPOPP FORM transportable Physician Orders for Patient Preferences

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D.	ADDITIONAL ORDERS OR INSTRUCTIONS FOR SECTIONS B AND C: Includes e.g., time trials, blood products, and other orders. [EMS Protocols may limit emergency responder ability to act on orders in this section.]

TPOPP FORM transportable Physician Orders for Patient Preferences

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E.	INFORMATION AND SIGNATURES (E-Signed documents are valid)	
CHECK ALL THAT APPLY	Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Agent/DPOA Health Care <input type="checkbox"/> Parent of minor <input type="checkbox"/> Legal guardian <input type="checkbox"/> Patient Representative <input type="checkbox"/> Other (specify): _____	
	Signature of patient or recognized decision maker (all fields required): By signing this form, the patient/recognized decision maker voluntarily acknowledges that this treatment order is consistent with the known desires and/or best interest of the patient.	
	Print name: EDUCATIONAL PURPOSES ONLY	Signature: FOR EDUCATIONAL PURPOSES ONLY
	Address: _____	Relationship: _____ Phone: _____
	Signature of authorized healthcare provider (all fields required): My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. Verbal orders are acceptable with follow up signature.	
	Print name of authorized provider and/or Physician: FOR EDUCATIONAL PURPOSES ONLY	Phone: _____
	Signature of authorized provider: FOR EDUCATIONAL PURPOSES ONLY	Date: _____

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ADVANCE CARE DIRECTIVES & EMERGENCY CONTACTS	
Review of Advance Directives (Check all that apply) <input type="checkbox"/> Healthcare Directive (Living Will) <input type="checkbox"/> Other Instructions or Documents <input type="checkbox"/> Advance Directives Unavailable <input type="checkbox"/> No Advance Directives Exist <input type="checkbox"/> Appointment of Durable Power of Attorney for Health Care (Name): _____ (Phone): _____	
Patient's Emergency Contact (if other than person signing form) and Provider(s) Full Name: _____ Phone (voice_text): _____ Primary Care Provider Name: _____ Phone: _____ Hospice Care Agency (if Applicable) Name: _____ Phone: _____	
Health Care Providers and Others Assisting with Form Preparation Process (Check all that apply) <input type="checkbox"/> Social Worker <input type="checkbox"/> Nurse <input type="checkbox"/> Clergy <input type="checkbox"/> Palliative Care Provider <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Family Member <input type="checkbox"/> "Person of Care and Concern" <input type="checkbox"/> Patient Advocate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	

TPOPP FORM transportable Physician Orders for Patient Preferences

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Resource Page

- WMREF Website for Kansas Advance Directives / forms www.wichitamedicaresearch.org/kansasadvancedirectives/
- www.ariadnelabs.org/serious-illness-conversation-guide-training/
- For information about various ethical issues in end-of-life care www.practicalbioethics.org
- Edwards, Erika. (2019). *NBC News*. More people are choosing to die at home, instead of in hospital, from <https://www.nbcnews.com>
- Chast, Roz. (2014). *Can't we talk about something more PLEASANT?*. Bloomsbury Publishing.

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Helpful Resources

BOOKS:

- Being Mortal by Atul Gawande, MD (also a documentary at <https://www.pbs.org/wgbh/frontline/film/being-mortal/>)
- The Conversation by Angelo Volandes, MD
- That Good Night by Sunita Puri, MD
- The Best Care Possible by Ira Byock, MD

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Helpful Resources

WEBSITES:

- <http://tpoppwichita.com>
- Ariadne Labs at <https://www.ariadnelabs.org/serious-illness-elder-care/>
- Vital Talk at <https://www.vitaltalk.org/> and Vital Talk Tips app
- <https://www.capc.org>
- <https://www.mypcnow.org/fast-facts>
- <https://www.allaycare.org/ascension> (for personal needs)
- www.nhpc.org National Hospice and Palliative Care Organization. www.caringinfo.org when you search for advance directives for a particular state.

• **AND Your Faculty and Palliative Care Team**

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