AAST PALLIATIVE CARE COMMITTEE

THE FAMILY MEETING: A PRIMER FOR SURGEONS

DEFINE THE PURPOSE OF THE MEETING

- For the interdisciplinary team to ***provide information*** pertaining to the patient's acute illness in the context of underlying function, cognition, and comorbidities.
- ***Understand*** the patient's health priorities treatment preferences.
- Establish overarching ***goals of care.***

DOCUMENT MEDICAL DECISION-MAKING CAPACITY

- ***C***ommunicate a choice.
- ***U***nderstand the relevant information about diagnosis and proposed treatment choices.
- ***R***eason and deliberate around the treatment choices.
- ***A***ppreciate the risks, benefits, and burdens of the proposed treatment and alternative treatments.

WHO SHOULD BE THERE

- Representatives from key clinical services managing clinical care. If the attending cannot be present, their representative should know the patient and facts germane to the meeting and any impending clinical decisions.
- Nursing.
- Social work.
- Spiritual support may be offered and should be available if the family requests it.

PRE-BRIEF: BEFORE THE MEETING

The care team pre-huddle:

- ***Define*** roles, including meeting leader,
- ***Agree*** on the purpose of the meeting,
- ***Work out differences of opinion*** prior to the family meeting to provide a unified approach.

INTRODUCE THE PARTICIPANTS

- ***The patient*** (if able to participate.)
- ***The patient's participants:*** Specify relationship of each participant to the patient, including the patient's designated surrogate / to health care power of attorney.
- ***The care team participants:*** Specify roles and which disciplines each participant represents.

DISCUSSION

- ***Discuss*** the purpose of the meeting.
- ***Ask*** patient / surrogate what they would specifically like to accomplish during the meeting.
- ***Assess*** what the patient/family knows: "What have you been told so far?"
- ***Establish*** a shared understanding of the patient's condition.
- ***Explain*** current diagnoses and prognosis.
- ***Elicit*** patient health priorities and treatment goals. Surrogates often need support and education about their role.
- ***Describe*** how the treatment plan aligns with the patient's goals.
- ***Recommend*** a treatment plan based on the patient's stated values and goals.
- ***Provide*** a plan for follow-up.

OUTCOMES

Goals of Care

- Longevity-focused.
- Independence-focused.
- Comfort-focused.

Delineation of the patient's preferences in specific clinical circumstances:

- "***CODE STATUS***" = Preferences for cardiac life support in the context of cardiopulmonary arrest.
  - ***FULL CODE*** = Use of all life-support machines, medications, and procedures to prolong life after sudden death in the hospital, with uncertain neurologic recovery.
  - ***Allow natural death/do not resuscitate (AND/DNR):*** use of only comfort-focused measures to allow the death to happen naturally in the hospital.
  - Do not try to split components that do not make clinical sense and explain this to the patient/surrogate as indicated – *for example, it would not be appropriate for a patient to undergo chest compressions without intubation in the event of cardiac arrest since this would generally not be an effective or beneficial approach to resuscitation.*
- Preferences in the context of acute clinical deterioration exclusive of cardiopulmonary arrest (e.g., no escalation of treatments.)
- Additional preferences in the context of non-urgent clinical circumstances.

DEBRIEF: AFTER THE MEETING

The care team participants regroup:

- ***Review*** the outcomes.
- ***Assign*** tasks: Order entry, new consultations, adjustment of care coordination.
- ***Schedule*** next meeting if appropriate.
- ***Next steps.***

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PALLIATIVE CARE PRIMERS

WHERE TO HANG:

- Surgeon Lounge
- OR Locker Room
- Resident Workroom
- ICU Workroom

Need additional copies?

Send an email to aast@aast.org with the subject header: Goals of Care, with mailing information.