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 and treatment preferences.
• Establish overarching goals of care.

DOCUMENT MEDICAL DECISION-MAKING CAPACITY
• Communicate a choice.
• Understand the relevant information about the patient’s diagnosis and proposed treatment choices.
• Reason and deliberate around the treatment choices.
• Appreciate 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.
WHERE TO HANG:

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

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