

## KEY POINTS FOR GOOD DISCUSSIONS ABOUT ADVANCE DIRECTIVES

Robert Arnold, MD  
Gary Fischer, MD  
James Tulsky, MD

***But, you don't have to (and probably shouldn't) do all of this in one conversation!***

### **I. Introduction**

- A. Make sure the setting is appropriate and that other significant people are present.
- B. Explain why this is being brought now (e.g. may relate to prognosis of illness, recent hospitalization, fact that you always do this, etc.)
- C. Explain purpose is to respect patient's wishes.
- D. Reassure that death is not believed to be imminent (if true) – but avoid false reassurance.

### **II. Information**

- A. Make sure patient understands course of illness and prognosis – achieve shared understanding.
- B. Explain any treatments that are discussed in terms of patient's experience and outcome.

### **III. Elicit Preferences**

- A. Gain an understanding of patient's goals regarding treatment (e.g., what makes life worth living). This may be asked explicitly or it may be elicited in the process of asking about specific treatment preferences.
- B. When patients state specific preferences, always ask "why?"
- C. Identify what life states the patient would find unacceptable (e.g. PVS) and what risks they are take to attempt to avoid these states.
- D. Discuss probabilities and ask how patient would manage uncertainty.
- E. Ask about artificial nutrition and hydration specifically if patient indicates that (s)he would not want treatment in any given situation.
- F. Give positive options – discuss what you WILL do to meet patient's goals. Emphasize that you will be there and remain actively involved regardless of what goals you and the patient choose.

### **IV. Proxies**

- A. Identify who is to be proxy (one person or a larger group?).
- B. Stress need for patient to communicate with proxy.
- C. Ask how much leeway proxy should have in decision-making.

### **V. Documents**

- A. Provide an opportunity for documentation (e.g. chart note, living will, etc.)

### **VI. Communication**

- A. Attend to affect, and provide opportunities for patient to talk.
- B. Avoid vague terms – or define them.
- C. Ask for questions.
- D. Remind patients that they don't need to make an immediate decision and can always change their mind.
- E. Ensure shared understanding of conversation.

## KEY POINTS FOR GOOD DISCUSSIONS ABOUT ADVANCE DIRECTIVES

Developed By:

Robert M. Arnold, MD  
Professor, Department of Medicine  
Leo H. Crip Chair in Patient Care  
Division of General Internal Medicine  
Chief, Section of Palliative Care and Medical Ethics  
Center for Bioethics and Health Law  
Institute for Performance Improvement  
University of Pittsburgh School of Medicine

Gary S. Fischer, MD  
Assistant Professor of Medicine  
Section of Palliative Care and Medical Ethics  
Center for Bioethics and Health Law  
University of Pittsburgh School of Medicine

James A. Tulsky, MD  
Director, Program on the Medical Encounter and Palliative Care  
Associate Professor of Medicine  
Durham Veteran's Association and Duke University Medical Centers

### **REFERENCES (Advance Directives)**

1. Dunn, PM, Levinson W. Discussing futility with patients and families. *J Gen Intern Med* 1996;11(11):689-93.
2. Balaban RB "A physician's guide to talking about end of life care." *J Gen Internal Med* 15(3): 195-200.
3. Teno JM, Lynn J. Putting advance-care planning into action. *J Clin Ethics* 1996;7(3):205-13.
4. Tomlinson T, Brody H. Ethics and communication in do-not-resuscitate orders. *N Engl J Med* 1988;318:43-46.