

8-STEP PROTOCOL TO DISCUSS WITHHOLDING OR WITHDRAWING THERAPY

Reasonable physicians may disagree about the extent to which specific treatment preferences ought to be discussed, if such treatment will not help achieve the overall goals. As a rule, the discussion of general goals of care should precede the discussion of specific treatment preferences.

The physician usually conducts discussions of treatment preferences. Other appropriate members of the health care team may enhance the discussion and prevent subsequent conflict within the team. They will have additional time to carry on the dialogue with the patient and family. The team will also be able to provide valuable emotional support to the patient, family, and each other.

Even though other members of the health care team participate and/or conduct the discussion, implementation of any decision requires a physician's order. The attending physician must sign the documentation and assume full responsibility for its accuracy.

1. Be familiar with policies and statutes

- Policies of institution and pertinent statutes where they practice
- Most states leave specific treatment decisions to be decided between patient and physician
- Each institution will have its own policies, and may have developed standard forms regarding life-sustaining treatment

2. Appropriate setting for discussion

3. Ask patient and family what they understand

4. Discuss general goals of care

- Determine or reconfirm general goals of care
- Examples are:
 - "Can we review our overall goals for your care?"
 - "Let me tell you what I understand you want as we plan your care"
- Once general goals confirmed, specific life-sustaining treatment preferences can be discussed

5. Establish context for the discussion

- Classic misstatement on the part of well-meaning physicians is, "Do you want us to do everything?"
- This highly euphemistic and misleading question fails to acknowledge context
 - When are we talking about?
 - Today, when the patient is quite healthy, or at the very end of his or her life when facing death?
 - "Everything" is much too broad and easily misinterpreted by families, especially when they feel "everything" has not, in fact, been done

6. Discuss specific treatment preferences.

- Use language that the patient will understand (use a medically skilled translator if necessary)
- Give information in small pieces
- Reinforce context in which the decisions will apply
- Stop frequently to check for reactions, to ask for questions, and to clarify misunderstandings
- Concerns about discussion of specific treatments
 - Reasonable physicians may argue that it is unnecessary and potentially confusing to ask patients and families to decide about specific treatment preferences
 - Patients ill-served, if physicians feel that they must offer all possible therapies from which patients and families choose, as though they were choosing items from a menu in a restaurant

- Nonetheless, often useful to discuss and recommend withholding or withdrawing specific treatments in light of the general or overall goals previously been established

7. Respond to emotions

- During these discussions, respond to patient and family anxiety
- Acknowledge emotional content
- Patients, families, and surrogates may be profoundly disturbed by subject matter being discussed
- Parents, if the patient is a child, are likely to be very emotional and need support from the physician and other members of the health care team
- If a physician finds that emotions are too challenging, ask other colleagues and/or members of the health care team to assist

8. Establish and implement the plan

- Next steps may be as simple as planning to discuss the subject again at the next visit, or convening a family meeting to further discuss the proposed treatment plan
- They may be as complex as organizing nursing, social work, and chaplaincy intervention
- Discuss treatment plans with other health care professionals so that the plans may be carried out in a straightforward and organized fashion
- Write appropriate orders, document discussion in the medical record and talk about the plan with other members of the health care team

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