

Communication – a key to great care: an illustrative case

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Providing good clinical care is very challenging, especially when patients have dementia which can make it harder to understand a patient's wishes and often requires us to rely on family to help with these decisions. Emotions may run high and family members may disagree about certain decisions or have never faced or thought about these issues previously. Families and patients may be ambivalent about how they wish to proceed. Other times as a resident you may not be sure how to direct them or may be unsure as to what they wish to do. This a perfect time to talk with your attending who will be available to help you in establishing "goals of care." Below is an illustrative example of a situation in which an attending should have been called and may have been able to help develop the treatment plan.

An 84 year old patient with advanced dementia was brought into the ED by her daughter because she felt her mother was more confused and was having more difficulty walking. She had fallen out of bed earlier that day. Her PCP had seen her at home three days before and her daughter reported that the "doctor had gotten my mother to agree to nursing home placement."

The workup in the ED revealed the patient was hypovolemic and had a UTI. A renal ultrasound was done which revealed a "hyperechoic area." An MRI was recommended for further evaluation, but the patient's daughter reported "I don't want my mother to suffer or go through any invasive tests." The patient also complained of back and hip pain and appeared to be uncomfortable.

The Saturday night float admitting resident had further discussions with the patient's daughter about how ill her mother was and about advanced directives. The daughter reported that her mother would not want heroic measures, such as intubation or resuscitation. The resident interpreted his discussions with the daughter as they would only want "comfort." He ordered gentle IV fluids, antibiotics, and a morphine drip "titrated to sedation." He did not call the attending.

The following day the primary team spoke with the patient's daughter and grandson. They found that while the family was concerned about the patient's pain and wanted it to be controlled, they did not want her terminally sedated. The night float resident could have –and should have –been more explicit about "goals of care" for this patient. In these situations, *you should speak with your attending who needs to be involved.*

Establishing goals of care is very important for every admission, but can be particularly important in geriatric patients who have multiple medical problems, including cognitive impairment. These goals can and should shape our treatment plans. Based upon these discussions, treatment plans may involve an aggressive diagnostic workup or,

alternatively, may involve achieving comfort alone, with less concern about underlying causes.

In this case, you and your attending should consider what the family's "goals of care" are. Was this treatment plan congruent with the family's (and patients') "goals of care?" How could these goals have been further defined? Who can help if there is indecision on the part of the patient or family? To establish goals of care:

- Evaluate patients/families understanding of baseline medical/underlying medical conditions. ("Please tell me what your understanding is of your health before you got sick" or "What has your doctor told you about your health?")
- Find out how "aggressive" the patient and/or family wish to be. ("Your father is dehydrated. We can treat him with fluids through his vein. Some providers may recommend that he be admitted to an ICU to be more intensively monitored. Would he/you want that?")
- The patient/family may want education as to how their current illness may be part of the course of their underlying illness and what, if any, recovery may be expected with or without treatment. This may help them decide how aggressive they want to be.
- Discuss advanced directives or confirm with the patient/family what they have already decided with their PCP.

As illustrated by the above case –when in doubt please call the attending to discuss the case. We are available to help at all times!!