

## **Establishing Goals of Care**

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The scenario:

Mrs. Jones thinks to herself: “I have to say that I am feeling slightly better today. Yesterday, I felt like this was the end!! I know I had been feeling sick for a few days but last night was horrible. I could not catch my breath. Thank God Jaime came to check on me and called 911. They told me in the ER that I had pneumonia!! I remember that my aunt had pneumonia and died from it. She had to be placed on that horrible breathing machine for days before she passed away at the nursing home. Am I going to need a breathing tube? I am so scared.”

Doctor: “How are you feeling now Mrs. Jones? You have pneumonia and we have you on IV antibiotics and will discharge you tomorrow if your white count comes down and you do not spike a fever. We will change you to PO antibiotics and then send you to a rehab. Any questions?”

Mrs. Jones thinks to herself: “Any questions!! On my God, I am going to die. These doctors are sending me to a nursing home. That’s where Aunt Verna went after she had the pneumonia!!! I hope my WHITE COUNT comes down, what ever that means. IV, PO, what are they saying? How did I get pneumonia? Did I get it from my cat? What is going to happen to her if I go to the nursing home?”

Mrs. Jones is our “average” patient who gets admitted to the hospital. Though the care team is successfully treating her acute illness, no one has engaged her in a discussion about goals of care. Treating the patient is obviously the priority but what comes after that?

The challenge of modern hospital medicine is providing excellent care in the face of high patient volume. For older patients, establishing goals of care early in a hospital admission is essential to providing excellent care. In developing goals of care with patients, we need to determine what they need from us in order to get back to their lives at the same level of functioning, if not better.

We have to do a better job in not only educating our patients in laymen’s terms but also in checking for comprehension. We have to find out from patients what their needs are. We cannot assume that their needs are limited to the medical treatment of their illnesses. In the above scenario, the doctor is congratulating himself for picking the best evidence-based antibiotic for Mrs. Jones’ pneumonia. But what about Mrs. Jones’ fear of “needing the breathing machine”, just as her Aunt Verna did? What about the patient’s perception that she is going to the nursing home to die? What about her cat?

For all patients, especially older patients, it is absolutely necessary to establish the goals of care in a multi-disciplinary manner, keeping the patient as an integral part of the team. So:

- Find out early in the admission the patient's baseline function
- Talk to the patient about her social situation
- Let the patient tell you about her concerns
- Inform the patient about her condition and treatment plan in simple terms throughout the hospital course
- Involve the patient, nursing staff, and physical and occupational therapists in formulating an appropriate discharge plan

References:

1. Gillick MR. "Choosing appropriate medical care for the elderly." J Am Med Dir Assoc. 2001; 2(6): 305-9.
2. Bogardus ST et al. "Goals for the care of frail older adults: do caregivers and clinicians agree?" Am J Med 2001; 110(2): 97-102.