

Addressing Family Conflict Around Cardiopulmonary Resuscitation

Role Play

This role play involves conducting a family meeting for a patient with impaired decision-making capacity. The family is in a position to act as surrogate decision-makers for this patient, incorporating knowledge of the patient's values and prior stated wishes as well as the current clinical circumstances. Although the aim of this module is to address cardiopulmonary resuscitation, the role play illustrates the broader context of surrogate decision making and can/should involve more extensive discussions of treatment decisions.

The purpose is to illustrate the *process* of communicating with families to first define goals of care and then make specific treatment-related decisions using a 6-step paradigm. There is an inherent bias, since the patient is critically ill and she has multiple co-morbidities as well as a severely impaired baseline functioning. Under these circumstances, the probability of survival is very small and the return to baseline functioning is nearly impossible, but through the use of a family meeting, it becomes clear that life-prolonging interventions are not consistent with the agreed-upon goals of care. After initial disagreement, consensus is achieved to limit life-prolonging therapies while providing maximal comfort-oriented therapies.

Background:

Mrs. W is an 85 year-old woman with moderate to severe Alzheimer's dementia. She has a history of CAD and CHF, and was recently hospitalized for pneumonia and dehydration. Although she currently resides in a nursing home, she previously lived with her daughter, Anne. She moved into Anne's home after the death of her husband three years ago. There was a noticeable rapid decline in Mrs. W's memory and daily function over the past two years. She developed incontinence and experienced increased difficulty ambulating. Anne finally made the difficult decision to place Mrs. W in a nursing home. Although she visits her mother daily, she still feels guilty that she should have somehow managed to keep her at home. Mrs. W seems to enjoy these visits, but she is often confused and does not recognize Anne as her daughter. During their last visit together, she asked Anne, "are you that nice lady that sells flowers?"

Mrs. W's other daughter, Cindy, lives out-of-state and visits her mother infrequently. Cindy has always been a little envious of Anne's close relationship with their mother. Cindy is a single-mom and a professional. Anne describes her as a perfectionist and is often upset by her sister's critical nature. Cindy strongly criticized Anne for moving their mother to a nursing home, but has also admitted that she has not assumed many care giving responsibilities over the years.

Mrs. W was brought to the hospital last night after choking on her breakfast at the nursing home and noting that she had a right facial droop and right hemiparesis. A CT scan of her head confirmed a left-sided hemorrhagic CVA with compression of her left ventricle. She is very lethargic and is having difficulty controlling her own oral secretions. As her clinical condition deteriorates, a family meeting is arranged to discuss goals and limitations of care. There is a high probability that she may herniate as a result of her stroke. She may require mechanical ventilation or neurosurgical intervention to sustain her life.

Mrs. W does not have a living will or DNR order. She does have a Health Care Power of Attorney (Health Care Proxy) that appoints Anne as her surrogate decision-maker. Anne perceives that her mother is suffering. She has witnessed her cognitive and functional decline over the past few years. The devastation of a stroke will only further impair her abilities and she does not believe that her mother would want her life prolonged under these circumstances. She recalls brief statements during earlier conversations in which Mrs. W said, "If things don't look good, just let me go."

Emotionally, Anne is struggling to make decisions to limit medical interventions. She finds it difficult to imagine life without her mother. Anne quit her job to care for Mrs. W. The nursing home visits have become part of their daily routine. She wants to hold onto the hope that things could go back to the way they were before the stroke.

Cindy is attempting to take control of the decision-making. She believes that her sister is being too emotional and not thinking rationally. Cindy demands answers from the hospital staff and accuses them (and her sister), of "giving-up." She becomes focused on minor details and is unable to see the whole clinical picture. She understands that this stroke is serious but does not want to consider the co-morbidities, like dementia and cardiovascular disease. She is embittered by the death of her father, in which she states that the "doctors could have done more." She was very close to her father and was devastated by his death. She is not sure she can handle the death of her mother now. Although her initial responses to the situation seem hostile, she is also blames herself for not doing more to care for her mother and is desperately seeking some extra time for reconciliation with Mrs. W.

Introduction:

Mrs. W is an 85 year-old woman with moderate to severe Alzheimer's dementia. She has a history of CAD and CHF, and was recently hospitalized for pneumonia and dehydration. Mrs. W was brought to the hospital last night after choking on her breakfast at the nursing home. Staff noted that she had a right facial droop and right hemiparesis. A CT scan of her head confirmed a left-sided hemorrhagic CVA with compression of her left ventricle. She is very lethargic and is having difficulty controlling her own oral secretions. As her clinical condition deteriorates, a family meeting is arranged to discuss goals and limitations of care. There is a high probability that she may herniate as a result of her stroke. She may require mechanical ventilation or neurosurgical intervention in order to sustain her life.

Mrs. W does not have a living will or DNR order. She does have a Health Care Power of Attorney (Health Care Proxy) that appoints her daughter, Anne, as her surrogate decision-maker. After the death of her husband, Mrs. W moved into Anne's home about three years ago. As Mrs. W's care need increased, Anne made the difficult decision to place her in a nursing home. There was a noticeable rapid decline in Mrs. W's memory and daily function over the past two years. She developed incontinence and experienced increased difficulty ambulating. She no longer recognizes family or friends.

Mrs. W's other daughter, Cindy, lives out-of-state and visits her mother infrequently. She is a single-mom and a professional. She has had a limited role in her mother's care up to this point in time.

Family Meeting Guidelines (Suggested Script)

Step 1: Preparation

- See above Introduction
- Remind audience about environment, participants, and introductions
- Discuss purpose of the meeting
 - *It is important that we talk about some important decisions for your mother. Often this can be difficult for families, but together...*

Step 2: What does the family understand?

- Assess baseline knowledge
 - *What have you been told about her condition?*
 - Anne is accurate and blends her emotional response with medical facts
 - Cindy focus on medical details and initially seems emotionally unattached
 - Cindy concerned that all involved are giving-up too easily
- Educate
 - *It seems that you are not sure why a stroke can cause swelling in the brain. Let me try to explain...*
- Perception of suffering
 - *Do you think that she is suffering in any way?*
 - Anne clearly believes that patient is suffering, Cindy does not respond

Step 3: Goals and Expectations

- Hopes and fears
 - *What are you most afraid of?*
 - Anne most concerned about suffering (present and future suffering)
 - Cindy begins to reveal her fear of losing another parent and her guilt
- Prognosis
 - *What do you think is most likely to happen?*
 - Consensus that their mother is likely to die
- Ethnic and cultural influences
 - *What should I know about her beliefs and values, in order to provide the best care?*
 - Might reveal that Mrs. W is a religious person, perhaps a chaplain could comfort her
- Focus on patient's perspective
 - *You know her best. If she could speak to us now, how do you think she would want us to care for her?*
 - Anne recalls previous conversations, emphasizes limitations on medical care
 - Cindy expresses guilt over not providing more care and knowing mother's wishes
- Frequently-mentioned goals (could suggest to family to facilitate goal setting)
 - Pain and symptom control
 - Avoid prolongation of dying
 - Achieve a sense of control
 - Relieving burden on family
 - Strengthen relationships

Step 4: Decision-Making

- Use goals to provide context (build on Step 2)
 - You're saying that she would want to be kept as comfortable as possible and die peacefully. Not sending her to the ICU would be the best way to respect her wishes.*
 - Discuss intubation, CPR, as well as neurosurgical interventions

- Illustrate that this is not only a CPR decision, but a process of making other decisions to limit medical interventions that have a low likelihood of success and are not consistent with the defined goals, this may include DNI, refusing neurosurgical intervention, and limiting admission to the ICU

- Provide survival data or details if the family has misconceptions
 - Family might inquire about chances of survival or recovery, clinician reinforces the small chance of either outcome (perhaps shares CPR stats)

- Offer your own recommendation
 - From what you have told me about her goals and given her current illness, I would recommend a DNR/DNI order. Her likelihood of survival is low and CPR/intubation would add to her suffering.*