

# Talking About Treatment Options and Palliative Care: A Guide for Clinicians

## ***At Time of Diagnosis: Begin to Understand Your Patient's Priorities and Goals***

When patients first learn that they have a potentially life-limiting illness their focus is on curing the disease. However, there are opportunities as an initial plan of care is developed to discuss the benefits of advance care planning and the differences between curative and palliative care. Introducing the concept of palliative care as care focused on alleviating symptoms even as you work to cure the illness will allow you to continue referencing palliation of symptoms, optimizing functional capacities, and the importance of psychosocial support for the patient and the family.

The following questions, when introduced during a conversation about treatment options can provide clinicians with information about what is important to the patient. Simply asking one or two of these questions can lead to future discussions about palliative care and present the patient with an opportunity to explore the topic with you when they are ready.

- As we think about treatment options, what is one thing about you that you think is important to share with me?
- What is your biggest fear when you think about your diagnosis?
- What is your biggest fear about the treatments we have discussed?
- What does quality of life mean to you?
- As things progress, how much do you want to know about your disease and all the various treatment options?
- With whom do you want me to share information, and how much?

## ***When Treatment May Not Be Working: Exploring End-of-Life Options***

At some point, it may become apparent that continued treatments are not likely to offer any specific therapeutic benefit for your patient. One question that is often used to frame a discussion about ending curative treatment protocols is "Would you be surprised if your patient died in the next six to twelve months?" If the answer is no, it may be time to begin the transition away from treatments with curative intent and emphasize beneficial disease modifying therapies and palliative care.

In addition to the questions listed above, the following can help you begin/continue the dialogue with your patient.

- Are you comfortable?
- Do you feel that any of your treatments are causing you more harm than good?
- Do you feel like you have good "quality of life" right now?
- If we could do one thing, other than cure your illness, to bring you quality of life, what do you think it would be?
- Let's talk again about how much information you want to have about your disease.

## ***Explaining Treatment Options***

Sometimes "the way we've always done it" is not always the most effective way to communicate with patients. The goal is to make sure you are "heard" by patients, that

they understand their options, and that they are able to make choices about end-of-life care that meets their individual needs.

Here are some new approaches, offered in counterpoint to some of the more traditional ways of communicating with patients.

<b><i>Traditional Approaches</i></b>	<b><i>New Approaches</i></b>
XYZ treatment has a 5% success rate.	This treatment works for one in twenty people. For those people, they live an average of X number of months/years.
We can tip the odds in your favor by trying this treatment.	This treatment might give you a slightly better chance of survival than if we didn't do it.
Some patients experience XYZ side effects as a result of the treatment protocol.	You can expect the following side effects in relation to this treatment. I will work with you to manage these side effects as best I can. However, if the side effects become too troublesome, we can talk about other options, including stopping or changing the treatment.
This is what I recommend...	I can explore options with you, but decisions about how to care for you are yours.
Do you have any questions?	I've presented a lot of information to you, what questions do you have?
At some point we may have to look at hospice as an option.	With the disease you have, it is very likely that hospice care will be the best option at some time in the future. We can discuss this over time so that you can make decisions that best suit your needs.

***Understanding Your Patient's Needs: Responding to Patient/Caregiver Inquiries***

Listening to what your patient is saying or not saying is a crucial part to understanding their needs. Questions a patient may ask you are listed below, along with what they might be thinking and truly wanting to know.

<b><i>When a Patient/Caregiver Asks...</i></b>	<b><i>They Might Be Thinking...</i></b>
What are my chances?	Realistically, how likely is it that this will work?
What would you do if you were me?	I am overwhelmed, and I need help or guidance in making these decisions.
How long do I have?	I feel like I am dying... Or I am scared about facing death, but I don't have the words to express this... Or I really want to know what a realistic time line is so I can make good choices and get things in order...
What are the options?	This isn't working. I want to try something else.

This guide was developed to help clinicians explore with patients and caregivers wishes, hopes and fears about their care so that patient preferences, based upon realistic expectations, can be the foundation of treatment decisions. These decisions often require redefining hope: hope for an optimized quality of life, as defined by the patient.