Suffering at the End of Life Due to Delayed Goals of Care Discussions

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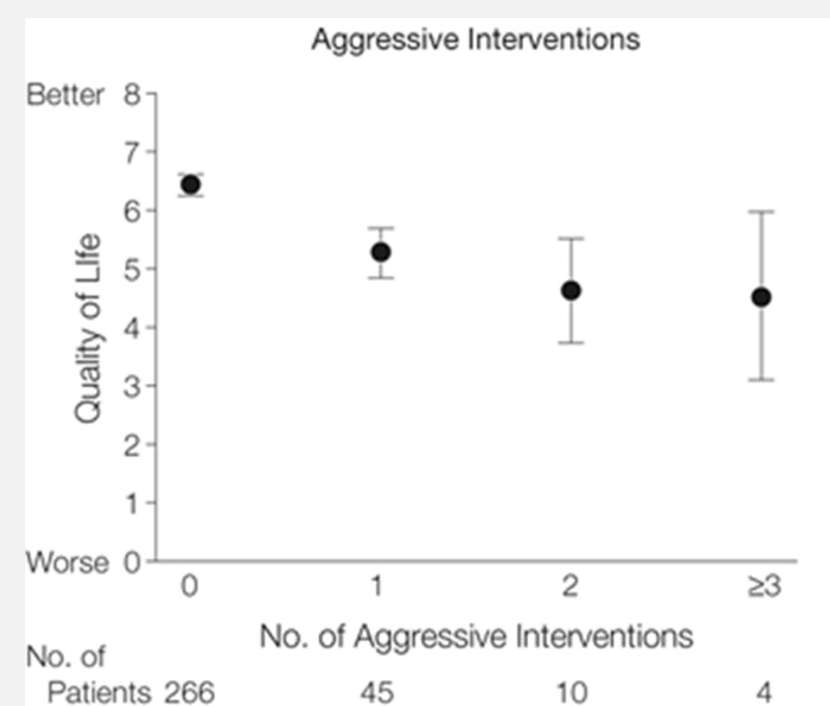
INTRODUCTION

- Early discussions about prognosis and goals of care should be a standard of care in patients with serious, life-limiting illnesses.
- End-of-life discussions are associated with less aggressive medical care near death and earlier hospice referrals.
- Aggressive care is associated with worse patient quality of life and worse bereavement adjustment.



Relationship Between Quality of Life and End-of-Life Care

SERIOUS ILLNESS CONVERSATION GUIDE

- Best practices in discussing goals of care include sharing prognostic information, eliciting decision-making preferences, understanding fears and goals, exploring views on trade-offs and impaired function, etc.

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CASE

- A 46-year-old woman with metastatic triple-negative right breast cancer was admitted with dyspnea due to a recurrent right pleural effusion and intractable cancer-related pain.
- Oncologic history:
  - → One year prior to presentation, diagnosis of breast cancer with lymph node involvement
  - → First round of chemotherapy
  - → Right lumpectomy and axillary node dissection
  - → Metastases to her liver
  - → Second round of chemotherapy with adjuvant radiation therapy to her right chest wall
  - → Cutaneous metastases at the lumpectomy site which spread to the corresponding axilla
  - → Completed radiation therapy and started another round of chemotherapy
  - → Six weeks prior to presentation, hospitalized for progressive dyspnea and diagnosed with malignant right pleural effusion
  - → Discharged and started an alternative chemotherapy regimen, which she received until presentation

HOSPITAL COURSE

- A PleurX drainage catheter was placed given rapid re-accumulation of the pleural fluid.
- She also required treatment for her cancer-related pain associated with radiation burns to her right thorax and lumpectomy site. Palliative care was consulted for pain management given her requirement for high dose opiates, and they titrated her pain regimen over the next few days.
- Her hospital course was complicated by emotional and physical distress, limiting opportunities to discuss goals of care. When the opportunity did present itself, the patient was not receptive to discussing her disease, prognosis, or goals of care.
- There was hope initially that the patient's symptoms would be controlled and that she would be discharged. However, she did not tolerate catheter drainage, her respiratory status declined, and her oxygen requirements escalated.

OUTCOME

- With increasing suffering and distress, goals of care were re-addressed involving the patient's daughters.
- Ultimately, the patient chose to transition to comfort measures and passed away in inpatient hospice.

DISCUSSION

- Conversations about care goals are often conducted by physicians when a patient is acutely ill or late in the patient's disease trajectory, reducing their impact on care processes.
- Early discussions with patients about serious illness care goals, specifically as they relate to end-of-life issues, are associated with reductions in hospital utilization and costs, less aggressive medical care at end of life, increased use of hospice services, a greater likelihood of receiving the care that they want and dying in one's preferred place of death.
- All physicians who care for this population of patients must accept the responsibility to initiate timely dialogue and routinely integrate conversations about serious illness care goals into clinical practice.

REFERENCES

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