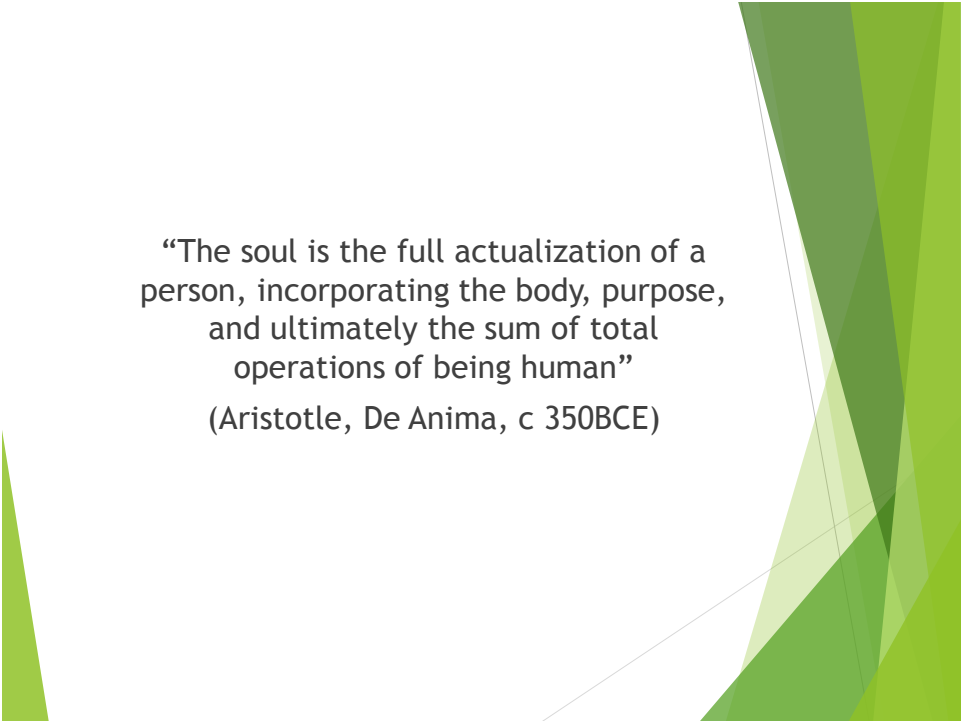




The Skill of End-of-Life Communication: Getting to the Root of the Ethical Dilemma

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“The soul is the full actualization of a
person, incorporating the body, purpose,
and ultimately the sum of total
operations of being human”
(Aristotle, De Anima, c 350BCE)

The ethical dilemma in practice - Communication conflict:

- ▶ Daniel's story
- ▶ Perception and perspective
- ▶ Attitude
- ▶ Your burnout or fatigue may be controlled with professional interaction and empathy

Discuss cultural norms

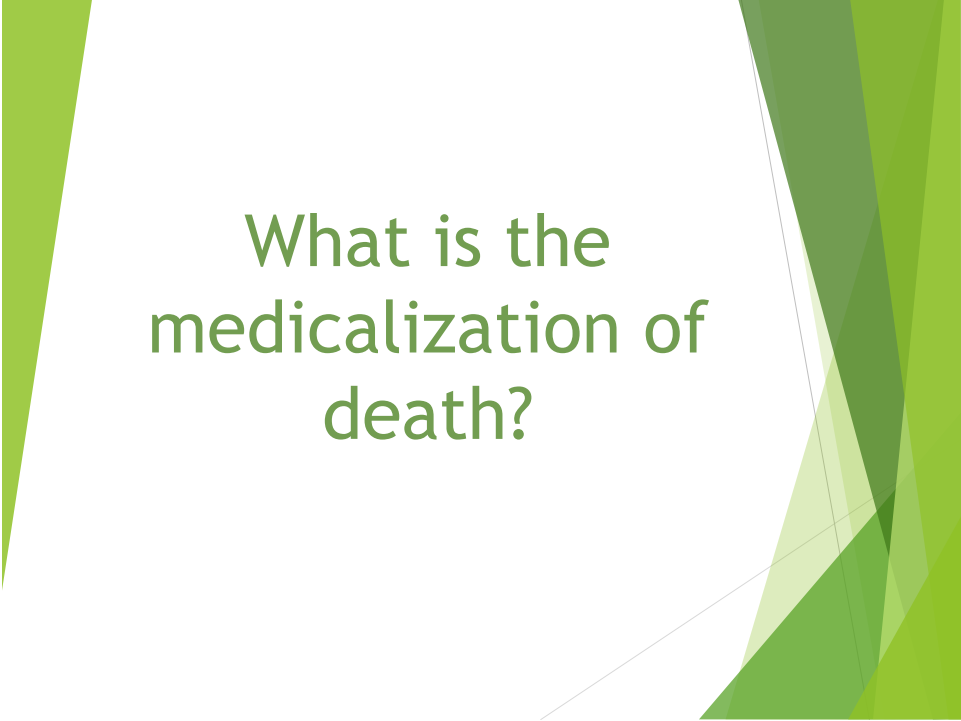
- ▶ Growth in the elderly population
- ▶ Average patient comorbidities and number of drugs-chronic and critical
- ▶ Average likelihood of end-of-life discussion: when do they occur
- ▶ A death-denying culture
- ▶ An imbalance of resources
- ▶ Breaching the walls of the healthcare silos

...

- ▶ Education and the principles
- ▶ What is an ethicist/“exorcist”?
- ▶ Can you relate to your patients and the art of value based ethics: here is my experience, what is yours?
- ▶ Now let’s look at application in the environment, then and now.

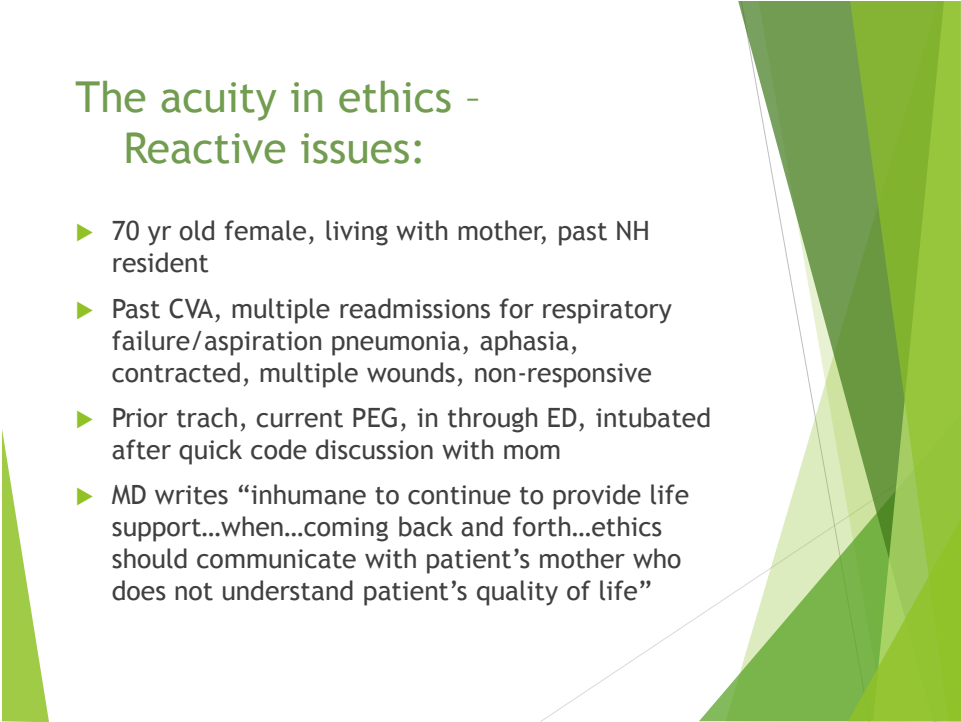
Understanding value based ethics

- ▶ Autonomy, but where’s justice?
- ▶ Patient’s best interest and do no harm, but where’s compliance?
- ▶ What do you fix, what do you leave alone when all you learned to do is to fix?
- ▶ When does discernment replace clinical standards and protocols?



What is the medicalization of death?

The acuity in ethics - Reactive issues:

- ▶ 70 yr old female, living with mother, past NH resident
 - ▶ Past CVA, multiple readmissions for respiratory failure/aspiration pneumonia, aphasia, contracted, multiple wounds, non-responsive
 - ▶ Prior trach, current PEG, in through ED, intubated after quick code discussion with mom
 - ▶ MD writes “inhumane to continue to provide life support...when...coming back and forth...ethics should communicate with patient’s mother who does not understand patient’s quality of life”
- 

The acuity in ethics - Reactive issues:

- ▶ 56 yr old male
- ▶ Diagnosed stage IVb lymphoma
- ▶ Documented non-compliance all over chart. Did not show up for planned/recommended chemo until acute issues brought her back to ER months following
- ▶ Discussion resulted in revelations of financial/resource/advocate distress
- ▶ Recommended palliative care, hospice discussion, advance directive completion, SW to follow at home if possible... outcome, 1tx/ death

The chronicity in ethics - Proactive issues:

- ▶ Managing patients instead of just treating patients
- ▶ Population health
 - Social determinants
 - Listening
 - Abandoning the silos
 - Integrating with outreach facilities
- ▶ The Advance Directive comes first

CASE 1

- ▶ 50 yr old male
- ▶ Past diagnoses of Hepatitis C, in remission
- ▶ Recently diagnosed with cancer, underwent chemo
- ▶ Chemo may have exacerbated Hepatitis C
- ▶ Pt expressed desire to live, but refuses to eat
- ▶ Pt and family refused hospice, wants aggressive care
- ▶ Pt did not want NG tube placed
- ▶ Pt seemed very depressed
- ▶ Ethics discusses w/ pt

CASE 2

- ▶ 80 yr old female
- ▶ Abdominal pain, respiratory distress, gallbladder infection
- ▶ Patient not surgical candidate, at end of life
- ▶ Patient wants DNR, and comfort care. Eventually cannot communicate due to resp. distress
- ▶ Daughter rescinds DNR. MDs concerned about change in care goals
- ▶ Daughter cannot let go- will not honor mom's wishes
- ▶ Ethical Issues??

What is inappropriate care?

- ▶ Let me read you an account of a chosen death
 1. Was it autonomous
 2. Was the decision maker FULLY informed
 3. Was the decision maker legal
 4. Was the decision maker making decisions based on emotion or information

ETHICAL
RESOURCES: BOTH
RE-ACTIVE AND
PROACTIVE

Back to the basics: Proactive ethics is COMMUNICATION

- ▶ Listening to patient needs
- ▶ Be unafraid, be uncomfortable, be ok to read the notes
- ▶ Understanding patient barriers: language, literacy, home support, surrogate appointment and understanding, knowing hospice concepts
- ▶ Scripting the discussion within reason and keeping value based ethics
- ▶ Losing fear of offering opinions at end of life
- ▶ Losing fear that everything is a liability
- ▶ Understanding the ethics may be in giving options which are unrealistic and futile

Four skills to conquer


- ▶ Compassion is learned
 1. Remove Personal Guilt
 2. Let them salvage control
 3. Don't ignore suffering of any kind
 4. Things are not black and white at the end

The image features two identical decorative elements on the left and right sides. Each element consists of a solid green trapezoidal shape on the left and a complex, layered green geometric shape on the right, resembling a stylized mountain or a series of overlapping planes. The text is centered between these two elements.

Professional silos
precipitate
communication gaps

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Recognize
cultural and faith
barriers



Speaking to an
organ is not
holistic



Learn the logistics
of discharge

WHAT NOW?

- ▶ Through the continued success of ethics and palliative care, diagnosis of a terminal and or chronic illness will no longer be considered the end of the line, but simply the beginning of an excellent continuum of care and a good quality of life.

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Resources

- ▶ Institute of medicine, 2014
- ▶ Benton, K. The Skill of End-of-Life Communication: Getting to the Root of the Ethical Dilemma, 2017
- ▶ Advance Care Planning Decisions Library @copyright 2007
- ▶ Defining Hope, @ 2017 Carolyn jones productions, PBS
- ▶ Rediscovering the Art of Dying, Kenny 2018