

## DISCUSSION ABOUT END OF LIFE CARE (PLACE OF CARE, AGGRESSIVE TREATMENT, DNR)

Care planning is one of the most important aspects in end of life care for patients, relatives and health care professionals. This procedure consent to respect patient's wishes and freedom and respond to the caregivers needs.		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	P
1	Enter and present yourself educated and amiably: <b>Good morning. How are you feeling today?</b> ( <i>Give time to answer your questions</i> ) <b>Would you mind if we talked some time?</b>				0 1 3
2	Ensure a private, comfortable space for the interview. ( <i>Confidentiality and patient comfort to discuss about care plane should be ensured. Verify if time and place are the best for this task</i> )				0 1 3
3	Pay special attention to non-verbal communication during the interview: eliminate physical barriers; try to stay at the same height as the patient. If there are other persons, facilitate an open communicative space by placing comfortable chairs in circle. ( <i>This setting will consent to involve all persons participating to the care planning</i> )				0 1 3
4	Ask the patient how he feels: <b>Do you have any pain, complaint or specific worry?</b> ( <i>Identify patients needs and clinical circumstances to plane the care</i> )				0 1 4
5	Ask the patient if he/she has any questions concerning his/her disease, treatment plan and general prognosis (for instance, <b>What are your plans after your discharge?</b> ) ( <i>Present the circumstances where there is a possibility to lose autonomy and the need for planning in advance</i> )				0 1 3
6	Use active listening and emphatic communication ( <i>Look for the patient and caregivers' participation to the care plan</i> )				0 1 3
7	Adapt your language to the social, cultural and educative level of the patient, while maintaining true and comprehensible messages. ( <i>Take in account patient's values, interests and wishes, and be sure all the information have been processed corresponding to the patient's circumstances</i> )				0 1 3
8	Explain the goals of the interview: <b>I would like to talk today about your future treatment plan...</b> Implicate the patient in the decision making process: <b>As you know, it is very important for us to hear your opinions and preferences, in order to take the best decisions together. Do you agree?</b> ( <i>Clinical practices must be shared and consensual</i> )	ESSENTIAL			
9	Inform the patient about which diagnostic and treatment options will/could be available from now on, and which will not. ( <i>Care plane should identify all the available strategies to assure patient's comfort according to his autonomy</i> )				0 1 3
10	Ask the patient which kind of care would he like, considering the present situation/diagnosis/circumstances. ( <i>Discuss risks, benefits and consequences for patient and caregivers</i> )				0 1 3
11	If relevant: ask the patient where would he/she like to be cared for from now on (home care, palliative care unit, institution, etc.), ( <i>It's important discuss this aspects with patient and caregivers, in order to understand the sustainability of care plane</i> )				0 1 5

12	Give time for questions from the patient's side				0 1 3
13	If stipulated by the national legislation, inform about the possibility of stating his/her preferences of care in a written document (advanced directives) to be used in case he/she no longer can express his views or desires (for instance, concerning his choice about DNR orders, or ICU admission) <i>(In this way there will be all the guarantees about the respects of patient will and there will be a solid argument to negotiate with caregivers in case of diversity perspectives)</i>	ESSENTIAL			
14	Give time, even in silence, if necessary. Ask the patient if he/she would like more time to think about it or to consult these issues with other family members. Pay attention to continuous communication (keep eye contact, show empathy, comprehension and respect towards the patient's needs or views)				0 1 3
15	Ask the patient if he/she would like you to share the information with someone else (for instance, someone who is not yet in the room)				0 1 5
16	Show disposition for any further enquiry, and inform the patient as to how to contact with you again. The patient must perceive continuity of care. <i>(Care plan could be changed in every time if required by the patient, health care professional are available to redefine strategies if these are not respondent to the current patient wishes)</i>				0 1 3
17	Recapitulate the most important issues concerning the patient's future care plan. He must see that the situation is managed seriously and professionally. <i>(Uncertainty and complexity of clinical circumstances are managed in a consistent way)</i>				0 1 5
18	Evaluate emotional status after the interview: <b>How do you feel now?</b> Ask again if the patient has any final questions or worries. <i>(If so, discuss all those aspects are producing worries or anxiety and propose a strategy to manage them)</i>				0 1 5
19	Take leave amiably.				0 1 3
<b>Total score: 60</b>		<input type="radio"/>			%
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		<input type="radio"/>			%

Legend:  – unfulfilled criterion;  – partially fulfilled criterion;  – completely fulfilled criterion

(score according to column P)

#### Selective references

1. Thomas K, Lobo B. Advance care planning in end of life care. Oxford University Press, 2010
2. Randall F, Downie R. End of life choices. Oxford University Press, 2009