

Importance of Advance Care Planning & End of Life Communications with Cancer Patients in Global COVID-19 Pandemic: Practical Tips for Oncology Advanced Practice Providers

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Background

Cancer patients can have altruistic goals including feeling free to express themselves using unrestrained and honest talk, especially towards the end of life. Advance care planning discussions ensures patients' values and goals of care, including patient's freedom to choose their place of death are respected.

Advance Care Planning, including end of life care discussions are often delayed, and are not initiated early in patients' cancer trajectory. As a result, patient's wishes often remains unknown until the last phase of their life.

Problem

Without an advance care planning & end of life care discussions, patients' wishes remains unknown, resulting in cancer patients inappropriately receiving aggressive treatment near the end-of-life, which does lead to higher resource utilization, decreased quality of life, and increased cost of care.

In addition, the novel corona virus disease 2019 (COVID-19) pandemic is challenging health care systems worldwide and raising important ethical issues, especially the potential need for rationing health care in the context of scarce resources & crisis capacity.

Methods-Lit. Search

A comprehensive literature search was conducted using the key words: Advance care planning discussions, end of life care, end of life communications, advanced practice providers, COVID-19 and cancer, COVID-19 and Advance Care Planning.

Search Engines: CINAHL, Medline, Pub Med, Google Scholar

Trigger communication in the outpatient setting before a crisis

Develop as criteria with appropriate timing

- Disease progression
- Treatment change
- Toxicity from treatment
- Increased symptoms burden

Schedule separate visit

Educate patients and families

- Initiate discussion before decisions are required
- Provide appropriate information about prognosis based on information preferences
- Focus on goals and values about care
- Encourage discussion of non-medical goals
- Encourage families and patients to reflect on and clarify their wishes through discussion on an ongoing basis

Identify patient at risk

Patients with progressive disease
Patients with no next of kin, lives alone



Improve communication of critical information in the Electronic Medical Record

- Designate a site in EMR for a 'single source of truth' for recording and retrieving of patient's values, goals and preferences of care as well as other key information
- Health care proxy
- Medical order for life sustaining treatments
- Code status

Use checklist conversation guide

Understanding

- What is your understanding about your illness?

Information Preferences

- How much information would you like from me about your illness?

Prognosis

- Share Prognosis tailored to information preferences

Goals

- What are your most important goals if your health situation worsens?

Fears/Worries

- What are your biggest fears and worries about the future with your health?

Function

- What abilities are so critical to your life that you can't imagine living without them?

Trade-offs

- If you become sicker, how much are you willing to go through for possibility of gaining more time?

Family

- How much does your family know about your priorities and wishes?

Non Verbal Strategies

Create an appropriate environment To help patient feel safe and comfortable

- Ensure Privacy
- Prevent interruptions (silencing call bells, electronic device, Television)
- Ensure adequate time
- Remove physical barriers

Make appropriate eye contact This denotes emotional connection Helps patient engage

- Gently touch arms, hands or shoulders
- Watch for cues if patient is uncomfortable patient starts crying
- move closer to them, offer a tissue and gently touch them (if they are comfortable with touch and closeness)

Maintain a relaxed and non-hurried open posture

To pay undivided attention to the patient and families, conveys a sense of caring & respect for patients' personal space

- Sit down and face the patient at eye level, place hands on your lap or on the arms of the chair
- Do not fidget or multi-task

Observe and provide patient's comfort & use appropriate touch

- Watch for cues suggesting a patient is uncomfortable with eye contact (e.g., gazing away).

Active Listening

Listen without interrupting This allows patient to respond at their pace Be comfortable with silence

- Lean in towards the patient
- Nod
- Say hmmm or uh-huh

Speak slowly and clearly using simple everyday language This helps patient to understand and digest what is being said

Use short words and sentences

- Use a friendly and comforting tone
- Use patient's preferable language (with language translator)

Speak honestly in a straight forward manner Patients value open and honest information

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Paraphrase what you have heard This shows that the clinician was listening and provides patient to clarify any misunderstanding and /or provide further information

Respond to emotions by verbalizing empathy This conveys respect and compassion

Avoid medical jargon As it causes confusion Use open ended questions

Avoid use of 'if' or 'but' As it causes fear and causes confusion

Verbal Strategies

Summarize and end the conversation Ensures a mutual understanding of what has been discussed

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Recommendations

- Oncology APPs have the potential to initiate advance care planning & end of life discussions.
- Following the practical tips on verbal & non-verbal communication, APPs can ensure the delivery of high quality patient care.
- Ensure patients receive the care they want & align the care that is delivered based on patients' values and goals.