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Tagline

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New Care Guidelines Encourage Shared Decision Making between Doctors, Patients, and Families

Recently, there has been a large push in the medical community for doctors to give patients and families a bigger role in making decisions about care and treatment. This cooperation, known as shared decision making, opens the doors for improved care and greater patient education about illness and treatment options, especially at the end of life.

Despite this effort, a study published in the *New England Journal of Medicine* notes that “less than 10% of decisions” made during office visits “met the minimum standards for informed decision making.” This leaves many patients receiving care that does not reflect their health preferences.

Researchers point out that when patients do not take an active role in making decisions about their care, they are less likely to follow a care plan or keep up with therapies prescribed by the doctor. However, a review of 86 medical studies shows that when patients and families are informed and included, they have a better understanding of risks and less internal conflict about certain care decisions, like when to



enroll in hospice. There is also a larger chance that patients will receive care that is in line with their values.

As a patient or family member, it can be hard becoming involved in a decision process that is often complicated and overwhelming. Under the Affordable Care Act, support tools like videos, pamphlets, and other materials are being made available to help explain options to those facing difficult medical and end-of-life decisions.

Additionally, a report published in the *Annals of Family Medicine* notes that shared decision making should not be a one-time event. “A recent national survey estimated that in a two-year span, 82% of people older than 40 years will face at least one [major health care decision], and 56% will face more than one,” notes the author. He suggests that shared decision making should be treated like learning a new skill, and that “each decision presents an opportunity to deepen patients’ experience and understanding.” This gives patients and families more empowerment and independence.

Shared decision making is “consistent with promoting patients’ higher-level goals,” the author concludes. “[It is] not what happens to a specific body part, but achieving...autonomy, empowerment, and functioning.”

Tips for Successful Shared Decision Making in End-of-Life Care

Both the doctor and patient should:

- Acknowledge that a decision is needed.
- Know and understand up-to-date and reliable evidence about the risks and benefits of every option.
- Consider the doctor’s recommendation as well as the patient’s values and preferences.

Adapted from Knowledge Translation in Health Care: Moving from Evidence to Practice

End-of-Life Care News Briefs for Patients and Families

National Hospice and Palliative Care Month Highlights Benefits of Hospice Care

With November approaching, health providers are getting ready to celebrate National Hospice and Palliative Care Month. Backed by the National Hospice and Palliative Care Organization (NHPCO), the focus of the month is on educating patients and families about the benefits of hospice.

Fears or misconceptions about hospice care often keep patients and their loved ones from the improved end-of-life experience that hospice offers. In the press release about National Hospice and Palliative Care Month, the NHPCO lists six important points about hospice care to remember:

- 1. Hospice care can be provided wherever the patient calls home.**
- 2. Anyone with a life-limiting illness can use hospice care.**
- 3. Medicare, Medicaid, and most private insurance plans all cover hospice care.**
- 4. Hospice does not have to be restricted to only six months of care.**
- 5. The focus of hospice is on comfort care instead of finding a cure, but this does not mean “giving up” on yourself or your loved one.**
- 6. You can contact hospice directly — you don’t have to wait for your doctor to call.**

“Hospice makes sure that people receive comfort, love, and respect during one of life’s most significant experiences — the journey at life’s end,” says J. Donald Schumacher, president of NHPCO. He also stresses that hospice is not “brink-of-death” care, but care that is best delivered in the months leading up to the death.

One of the only regrets expressed by many families is that they didn’t contact hospice sooner. Call your local hospice today for more information on whether their services are right for you or a loved one.

Changing the Way We Approach Conversations about Death

While death can be easy to discuss as an event that’s in the far-distant future, dealing with the realities of dying as they happen is much different. Unfortunately, many people at the end of life find themselves unprepared for dying, and decisions about health care become much harder to make.

A report published by the National Institute of Health explains that only 25% of deaths happen at home, despite many people expressing the wish to die peacefully at home with their families. More often, patients die in hospitals.

“While many of these situations are unavoidable, many more are by default,” says Dr. Mary F. Mulcahy for *The Huffington Post*, “because simply stating that one wants to die at home does not constitute an actual plan.”

Dr. Mulcahy suggests that patients should have specific conversations and documentation about how they want to be treated at the end of life. Issues such as life support and do-not-resuscitate orders are hard to face, but they become harder when the burden is on families or friends to make such serious decisions without guidance.

Ultimately, the goal of end-of-life care is to make sure all treatments are in agreement with what the patient wants. Advance directives, along with frequent and informal conversations with family members and friends about dying, can relieve some of the burden that comes with making medical decisions for a loved one. Facing the reality of death helps break down barriers that prevent a patient from getting the care that he or she wants.

“The only bad plan in end-of-life care is no plan at all,” Dr. Mulcahy states.

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Hospice Name

Street

City, State, ZIP

Phone

www.website.com