End-of-Life Issues

Assumption

The student understands that interpersonal and communication skills as well as professionalism are essential for end-of-life situations on a surgical service.

Goals

The student will be aware of the psychological, social, cultural, ethnic, religious, spiritual, and legal issues involved in end-of-life situations and decision-making; will recognize the emotional stresses on the health care team as well as the patient and family; and will appreciate the support provided by the chaplains, faith-appropriate clergy, counselors, and social workers as well as the palliative care service and hospital employee assistance programs. The student will know that palliative care involves psychological comfort and freedom from physical pain while palliative procedures may involve an operation for relief of pain or other symptoms but not necessarily for cure.

Objectives

By the end of the clerkship the student will be able to:

1. Verbalize the most common psychological, social, cultural, ethnic, religious, and spiritual issues involved in end-of-life situations.
2. Describe the role of the family in a situation wherein the patient becomes unable to express their wishes and the role of cultural understanding.
3. Discuss legal aspects of end-of-life situations such as: surgical-complication death (death within 30 days of an operative procedure); assignment of authority (surrogate) for end-of-life decision-making; difficulties experienced by couples not in a legal-marriage relationship including, in some states, gay and lesbian couples.
4. Describe the services provided by chaplains, faith-appropriate clergy, counselors, translators, and social workers.
5. Correctly use the terms “advance directives,” “palliative care,” “hospice,” “comfort care,” “transition (not withdrawal) of care,” and “euthanasia.”
6. Explain the benefit of hospice services, both in-home or in a hospice institution.
7. Define brain death and cardiac death (Resource: Wahlster S, Wijdicks EFM, Patel PV, Greer DM, Hemphill, III JC, Carone M, Mateen FJ. Brain death declaration; Practices and perceptions worldwide. Neurology. 2015 May 5; 84(18): 1870–1879).
8. Describe the organ donation request process.
9. List the recurring topics that arise during decision-making conferences involving the family, the responsible surgeon, and other members of the health care team (possibly palliative care).
10. Describe the financial implications and resource usage during end of life care (Resource: Nicholas LH, Langa KM, Iwashyna TJ, David R. Weir. Regional variation in the association between advance directives and end-of-life Medicare expenditures. JAMA. 2011 Oct 5; 306(13): 1447–1453).

Problems

For each of the following problems, answer the following questions:

1. What further data should be obtained from the patient’s history?
2. Are advance directives documented and what persons have the legal right to make medical decisions if the patient is unable to do so?
3. Should the palliative care team be consulted?

4. What course of action would you recommend?

Problems (continued)

1. Following a car accident 12 days ago, a 25-year-old, previously healthy, medical student has never woken up during his 10-day SICU stay after transfer from an outside hospital. He suffered a ruptured spleen and a closed head injury.
2. A 65-year-old woman in a same-sex relationship presents with end-stage ovarian cancer. Her partner of 25 years and a son and daughter from her 1970s marriage are by the bedside.
3. A 2-year-old child received a kidney transplant 3 months ago that her body is now rejecting. She and her family emigrated from Laos a year ago and none of the family is fluent in English.

Skills

1. Conduct H & P with an emphasis on the social history, possibly from a family member
2. Demonstrate empathetic listening.
3. Be tolerant of ethnic, cultural, or religious rituals.
4. Know the protocol for requesting a professional translator when no one on the health care team is able to communicate with a patient and/or the family (Resource: Prentice J, Nelson A, Baillie J, Osborn H, Noble S. 'Don't blame the middle man': an exploratory qualitative study to explore the experiences of translators breaking bad news. J R Soc Med. 2014 Jul; 107(7): 271–276).
5. Request a hospital chaplaincy consult when appropriate.
6. Know when and how to request a palliative care consult.
7. Understand the organ donation request protocol (Resource: Radunz S, Benkö T, Stern S, Saner FH, Paul A, Kaiser GM. Medical students' education on organ donation and its evaluation during six consecutive years: results of a voluntary, anonymous educational intervention study. Eur J Med Res. 2015; 20(1): 23).

Teaching Skills

1. Present a case (preferably from your M&M) in which the surgeon is pressured by family members to perform a surgical procedure on a patient when the surgeon believes an operation is a futile gesture (Resources: Nabozny MJ, Kruser JM, Steffens NM, Brasel KJ, Campbell TC, Gaines ME, Schwarze ML. Constructing high-stakes surgical decisions: it's better to die trying. Ann Surg. 2016 Jan; 263(1): 64–70.);Fredriksen-Goldsen KI, Hoy-Ellis CP, Goldsen J, Emlet CA, Hooyman NR. Creating a vision for the future: key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. J Gerontol Soc Work. 2014; 57(0): 80–107;Hudson PL, Girgis A, Mitchell GK, Philip J, Parker D, Currow D, Liew D, Thomas K, Le B, Moran J, Brand C.. Benefits and resource implications of family meetings for hospitalized palliative care patients: research protocol. BMC Palliat Care. 2015; 14: 73; Shinall MC, Ehrenfeld JM, Guillamondegui OD. Religiously affiliated intensive care unit patients receive more aggressive end-of-life care. Journal of Surgical Research, 2014 Aug 1;190(2)623-627).
2. If Schwartz Rounds are held at your hospital, encourage the students to attend when the topic relates to end-of-life issues (Resource: Aldridge MD, Hasselaar J, Garralda E, van der Eerden M, Stevenson D, McKendrick K, Centeno C, Meier DE. Education, implementation, and policy barriers to

greater integration of palliative care: A literature review. Palliat Med. 2016 Mar;30(3):224-39).

3. Encourage students to attend M&M. If only physicians are permitted at M&M, try to get an exception for students on the surgical rotation (Resource: Wall AE, Tarpley MJ, Heitman E. M&M conferences provide forum for discussion of ethical issues. Bull Am Coll Surg. 2018 Aug; 103(8)).
4. Have students take advantage of every opportunity to observe decision-making conferences involving the family and the responsible surgeon and other members of the health care team (possibly palliative care) (Resource: ACS Statement of Principles of Palliative Care "Palliative care aims to relieve physical pain and psychological, social, and spiritual suffering while supporting the patient's treatment goals and respecting the patient's racial, ethnic, religious, and cultural values. Like all good patient care, palliative care is based on the fundamental ethical principles of autonomy, beneficence, nonmaleficence, justice, and duty" https://www.facs.org/about-acs/statements/50-palliative-care)
5. Assign a PubMed literature search on "end-of-life issues, surgery" articles and ask the student to choose one to review (Resource: Nicholas LH, Langa KM, Iwashyna TJ, David R. Weir. Regional variation in the association between advance directives and end-of-life Medicare expenditures. JAMA. 2011 Oct 5; 306(13): 1447–1453).
6. Request that chaplains and the palliative care team allow interested students to "shadow" them for a day or two (Resource: Selman LE, Brighton LJ, Sinclair S, Karvinen I, Egan R, Speck P, Powell RA, Deskur-Smielecka E, Glajchen M, Adler S, Puchalski C, Hunter J, Gikaara N, Hope J, InSpirit Collaborative. Patients' and caregivers' needs, experiences, preferences and research priorities in spiritual care: A focus group study across nine countries. Palliat Med. 2018 Jan; 32(1): 216–230).
7. Using role play or standardized patients, create a scenario where the student explains to the wife that her husband is not responding to any of the medical interventions and suggests that perhaps it is time to consider transition to comfort care (Resource: Chavez G, Richman IB, Kaimal R, Bentley J, Yasukawa LA, Russ B. Altman RB, Periyakoil VS, Chen JH. Reversals and limitations on high-intensity, life-sustaining treatments. PLoS One. 2018; 13(2): e0190569).

Special Considerations:

1. Advanced pregnancy
2. Use of Ethics Committee, if present