

Palliative Context for DNAR Discussion

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Learning Goals

- Identify key elements in PC approach to goals of care discussion.
- Identify 4 elements of a successful DNAR discussion.
- Understand the barriers to patient or family choices regarding DNAR
- Deepen understanding of patient-centered conversations.



PC Approaches to Conversations

- Discussion is in context of goals of care conversations.
- Some PC starter questions:
 - What is your current understanding of your dx, complications?
 - What have your current physicians discussed with you during this admission?
 - What do you expect in your future?



PC Approaches to Conversations

- Review the patient's or family's understanding of the current medical dxs, etc.
- Can you help me understand why you feel, think that way or fear those things?
- Listen carefully and recap what you heard the patient say ...
 - ... so what you're saying is, you want to receive treatments that will help your current symptoms, but when the time comes, you want to die peacefully....



Discussing Options

- Don't ask if they want "everything done"...
- Don't discuss in technical terms
- DO
 - ...when you die naturally, do you want us to attempt reviving you or to allow you to die naturally with comfort?
- Pt agrees to A.N.D.
- Pt asks for more aggressive therapies, including CPR



Discussion of DNAR Options

- Pt wants aggressive therapies ..
 - Ask questions that help the patient articulate clearly what they mean by aggressive therapies
 - Counsel them about the effectiveness, or lack of effectiveness for various therapies
 - Assure them that they will not be abandoned
 - Assure them that you are not “giving up” or that this is not hopeless.



Discussion of DNAR Options

- Pt opts for DNAR and active treatments
 - Understands that DNAR/A.N.D. is one treatment and that although they want DNAR, they also want usual treatments for their disease.
- Pt opts for DNAR/Comfort measures
 - Chooses DNAR and A.N.D.
 - Chooses to have aggressive palliative treatments
 - May choose hospice at this time.



Barriers

- Inaccurate information re: CPR, etc
- Hopes, fears and guilt
- Distrust of the medical system
- “What do you expect to happen if we administer CPR?”
- ...”it seems from what you said that you have some fears or distrust, can you share more with me?”



Further points ...

- Persistent requests for CPR
 - Agree to offer CPR, but continue the discussion over time
 - If you think it is truly futile ...
 - Transfer care to another physician
 - Ask the patient for guidance, let them know that they most likely will not recover function, awareness.
 - Need guidelines from patient as to when it is o.k. to withdraw from vent, dialysis, etc.



Further Points ...

- Respond appropriately to emotions of family, pts, others, yourself
- Establish plan of care for now and in the future
 - Discuss level of aggressiveness of care
 - Discuss what the patient will set as limits in presence of family
 - Discuss palliative treatments during aggressive or usual care and in EOL treatments



Patient-Centered Conversations

- Patient is focus of discussion
- Gently advise others in room to allow the patient to speak, be patient as they may need time to find the “right” words they want to share
- Allow for family to share their concerns and for patient to respond to concerns first, then the PC consultant



Discussion/Questions

