

# Goals of Care Conversations in Hospital Medicine

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Updates in Hospital Medicine  
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Acknowledgements &  
Disclosures





## Why this topic?



Effective communication improves **patient level outcomes**.



- Most patients report being comfortable talking with clinicians about EOL wishes
- Effective conversations are associated with:
  - Fewer depressive symptoms
  - Improved quality of life
  - Improved spiritual well-being
  - Lower health care costs



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Communication skills are **teachable and learnable** with effective training.



- Self-rated preparedness for difficult conversations
- Application of key skills
- Ability to express empathy, attend to emotion
- Patient ratings of trust and satisfaction

Berns et al. J Palliat Med 2017  
Goelz et al. JCO 2011  
Sullivan et al. Ann Am Thorac Soc 2016  
Tulsky et al. Ann Intern Med 2011  
Boissy et al. JGIM 2016



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Multiple factors make navigating GOC conversations **challenging**.



- Lack of training
- Perceived lack of time
- Worry about upsetting patients



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IDEAS AND OPINIONS

Annals of Internal Medicine

Time Out Before Talking: Communication as a Medical Procedure

Joshua R. Lakin, MD; James A. Tulsky, MD; and Rachelle E. Bernacki, MD, MS

We frame communication as  
a **medical procedure**.



- Requires specialized skills
- Has component steps – we use an approach or road map
- Requires preparation
- Complications may arise

Lakin et al. Ann Intern Med 2021  
Widera et al. NEJM 2020



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## Objectives

Describe a **framework** for effective goals of care conversations (REMAP)

Apply the **framework** to a patient case

Reflect on how the **skills apply** to clinical practice.



Several  
frameworks exist  
in the literature.

Special Series: End-of-Life Ethics in Oncology | ORIGINAL CONTRIBUTION

### REMAP: A Framework for Goals of Care Conversations

*Julie W. Childers, Anthony L. Back, James A. Tulsky, and Robert M. Arnold*

*Journal of Oncology Practice* 2017 13:10, e844-e850



## REMAP

**REFRAME**  
the situation

**EXPECT EMOTION**  
respond empathetically

**MAP**  
out important values

**ALIGN**  
with the patient and family

**PLAN**  
Treatment to uphold values



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## REFRAME

the situation

*Acknowledge the illness is changing.*



Ask what they understand



Tell information  
*Use a headline*



Ask for permission to talk more



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## REFRAME

the situation



Ask what they understand

*Remind me, what have we discussed so far about where things are at with your lungs?*

*What have you heard from other doctors about what's going on here in the hospital?*



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## REFRAME

the situation



### Tell information

Use a headline

*Based on the CT scan and your time so far in the hospital, I'm concerned your lung disease, the fibrosis, has worsened in a way that we can't fix. I'm worried we are in a different place now with your lungs and your health overall.*



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## REFRAME

the situation



### Ask for permission to talk more

*I wonder if we could talk about where we go from here?*



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## REFRAME

the situation



Ask what they understand



Tell information  
*Use a headline*



Ask for permission to talk more



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## Clinical Bottom Line:

Ask about illness understanding to begin a goals of care conversations.

Share new information with a **headline**.





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Childers et al. *J Oncol Pract* 2017



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**EXPECT EMOTION**  
respond empathetically

**Naming**  
*This must be overwhelming.*

**Understanding**  
*I can only imagine how difficult this must be.*

**I wish...**  
*I wish things were different.*

**Tell me more...**  
*Tell me more about what's worrying you.*



## EXPECT EMOTION

respond empathetically

Some statements that sound like requests for information may be **expressions of emotion**.



Some questions may be emotional cues...

"There's got to be something else you can try to help my father?"

### COGNITIVE

"Well again, we've given him antibiotics, steroids, and breathing treatments, and still he's continued to get worse..."

"Maybe we need a second opinion... is there another specialist who should see him?"

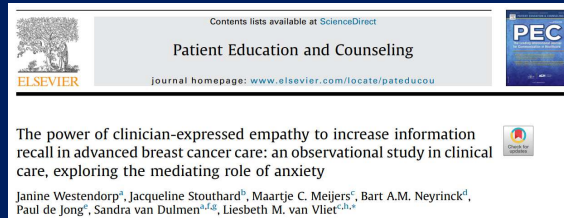
### EMPATHIC

"This is so difficult, and I can see how dedicated you are to making sure your father gets the very best care."

"I just wasn't expecting all this. And I'm not ready to lose him..."



## Evidence for Empathy



- 41 recorded oncology consultations
- **Clinician-expressed empathy** was associated with **greater recall of information** post-visit
- Empathy may be a “**powerful tool**” to support better information recall

Westendorp et al. *Patient Educ Couns.* 2021



## Clinical Bottom Line:

Respond to emotion with empathy throughout the conversation.

Some requests for information may be expressions of emotion.



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Childers et al. *J Oncol Pract* 2017



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MAP  
out important values

*Pause to discuss values  
before treatments.*

Ask about hopes and worries.

*Given what we have discussed,  
what feels important going forward?*

*As you think about the future, what  
worries do you have?*

What else?



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## **ALIGN** with the patient and family

*Summarize and reflect back  
what you heard.*

*From what I hear, it sounds like  
having good quality time at home is  
most important.*

*I also hear that you're worried about  
the breathing getting worse and  
how your family might handle  
seeing you getting sicker.*

*Do I have that right?*



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## **Clinical Bottom Line:**

Ask about values – hopes and worries – before discussing  
specific treatments.



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## PLAN

### Treatment to uphold values

*Make recommendations that integrate the patient's values and medical reality.*

*Given what you've told me about your goals to be at home, spend time with your family, and not feel short of breath, I'd **recommend** we talk about some home services that will help us achieve that for you.*



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## PLAN

### Treatment to uphold values

*Make recommendations that integrate the patient's values and medical reality.*

*Based on what you've told me about your dad, it sounds like he would do anything for the sake of more time. **Given this**, I'd **recommend** we try another 48 hours on the breathing machine, to see if he might improve. If he gets better, wonderful. If he's still struggling, we can talk more about how we might continue to care for him, even if he can't recover.*



## Clinical Bottom Line:

Frame the plan as a **medical recommendation** that integrates the patient's values and the medical reality.



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## Demo

Liz is a 68 yo woman with progressive stage 4 CKD due to polycystic kidney disease and hypertension. She also has marked COPD. She is meeting with her nephrology clinician to discuss her CKD.

At her last visit was 4 months ago, they discussed her worsening creatinine and the need to consider treatment options, including possibly dialysis.

Since that visit Liz has had a few more hospital admissions for COPD. She has also moved into an assisted living facility and is needing more help with ADLs. Creatinine today is 4.2, up from 3.8.

The clinician is hoping to discuss Liz's goals of care before deciding on treatments, including dialysis.

Liz is divorced and a retired newspaper reporter.



## What went well?





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Questions?



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Thank you!