# 10-minute Goals of Care Procedure

## AAEM Palliative Care Interest Group

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## Rule #1: Rephrase decisions in terms of outcomes, not treatments

- Doctors care about treatments because that determines our course of action. Patients care about functional outcomes because that determines how they're going to live. Instead of discussing specifics of resuscitative interventions (e.g. painful breathing tube, break ribs), ask about the patient's desired quality of life and then relate whether your care will help meet those goals.

## Rule #2: You have 2 ears and 1 mouth: use them proportionally

- How much your patients trust you, or value your care, does not correlate with how knowledgeable you are.
- Silence is powerful.

## Rule #3: Treat these conversations as you would an airway

- They are similarly a matter of life and death. Therefore, mentally prepare your technique beforehand: word choice and structure.

| Minutes 1-3: Exploration | Common Pitfalls | Minutes 4-7: Reframing | Common Pitfalls |
|---|---|---|---|
| • Launch point: prior notes, POLST, advance directives<br>• Elicit understanding of illness<br>• Explore patient's values and quality of life [hearing their own words] | We need to discuss code status.<br>[Expertise ≠ Information Giving]<br>**Better phrasing**<br>What was she like before she became ill?<br>How has this illness affected her quality of life? | • Break bad news about acute change<br>• Frame treatment options in terms of functional outcomes<br>• Continually re-center on patient (not family's) wishes and values | I don't believe resuscitation would be successful. It is highly unlikely that she would ever get off these life support machines.<br>**Better phrasing**<br>It seems like this illness has already taken many of her joys away from her. From what I see today, I do not think she would be able to return to that quality of life that is meaningful to her, not even to her current state. This is the natural course of her disease, and she is now dying. |

| Minutes 8-10: Recommendation | Common Pitfalls | Minutes 8-10: Recommendation | Common Pitfalls |
|---|---|---|---|
| • Not paid to be impartial<br>• Avoid "take-out menu"<br>• Coordinate interdisciplinary ED support | Do you want us to do everything?<br>Would she want heroic measures?<br>Do you want us to push on her chest or put in a breathing tube?<br>**Better phrasing**<br>Based on what you have told me about your mother, do you think she would want to die a natural death? | • Not paid to be impartial<br>• Avoid "take-out menu"<br>• Coordinate interdisciplinary ED support | There is nothing more we can do.<br>**Better phrasing**<br>I wish things were different. I suggest that we shift our focus now to keeping her comfortable, and aggressively use medications to reduce any distress she may feel. |

*Caveat: Some families will require more time and cannot change goals in the ED. Only 2% of patients and surrogates trust physicians at face value. Many hold strongly onto ideas of hope as strength, illusory superiority, distrust, and miracles/faith.*