Goals and Objectives

• Learn and use prognostic indicators.
• Be able to communicate the prognosis with patient and loved ones.
• Use the principles of “The Breaking Bad News” conversation to achieve acceptance from patient and family.
• Be able to use the prognosis to develop options of care near the end of life.
Breaking Bad News

- You’re going to die.

- Someone you care about is going to die.
Dying in America

• 10% sudden death

• 90% have a dying process and predictable death
Missed Opportunities

• For 90% of people who will die, we have the chance to discuss their wishes and goals.

• Most get on the “Medical Assembly Line”
  • The most extensive and expensive care with the least positive outcome.
  • Do everything philosophy
The Problem with Prognosis

• A poor or terminal prognosis is unacceptable
• Scientific advances
• Second (maybe third) opinions
• Centers of excellence
• Medical miracles
The Problem with Prognosis

• We get it wrong
Prognostication

- 1563 predictions from 8 studies
- In 27% of cancer pts. survival was overestimated by 4 weeks.
- Only correct to within 1 week 25% of pts.

Glare P. et al. BMJ 2003;37
Prognostication

• Prospective cohort study:
• Only 20% of predictions are correct
• Survival was over estimated by a factor up to 5.3

Lamont & Christakis; Cancer. 2002;94
Prognostication

- Physicians are optimistic
- Over optimistic by a factor of 3
- Drs. predicted 6 weeks and pts. lived 2
- We are better very near the end of life

Christakis et al. BMJ 2000; 320
Prognosis

• Minutes to hours
• Hours to days
• Days to weeks
• Weeks to months
Minutes to Hours

• Decreased responsiveness
• Breathing pattern changes (Cheyne Stokes, Biots)
• Airway secretions (death rattle)
• Vasoconstriction (mottled)
• Hypo perfusion (pale, cold, clammy)
Hours to Days

- Delirium
- Debility
- Incontinence
- Poor airway protection, aspiration
- Sallow skin, decreased turgor
- Unstable vital signs, low oxygen sats.
Days to Weeks

- Weakness, muscle loss
- Exhaustion
- Cachexia, emaciation
- Loss of appetite
- Hyper somnolence
- Confusion, forgetfulness
Weeks to Months

- Emotional dynamics
- Second opinions
- Frequent medical visits and hospital admissions
- Weight, sleep, eating changes
- Polypharmacy, polydiagnostics
C.A.R.I.N.G.

- **C** Cancer stage IV
- **A** Admissions to hospital (2 in one year)
- **R** Resident of a nursing home
- **I** ICU admission, multi organ failure
- **N** Non cancer, already on hospice
- **G** Guidelines

Fisher et al; J of Pain and Symptom Man.; Vol 31, 2006
Admission to ICU

- Hospital stay > 10 days
- Age 80+ with two or more co morbidities
- Stage IV malignancy
- Status post cardiac arrest
- Hemorrhagic CVA requiring ventilation

Prognosis by Disease

• Cancer
  • Good at survival rates (per groups not per pt.)
  • Common to over estimate survival

• Non cancer
  • Very poor at prognosticating chronic disease
  • Dementia
  • End stage heart disease
  • Failure to thrive
Prognosis by Functional Status

- The less you can do, the worse you will do
Functional/Performance Status

• Karnofsky scale

• Palliative Performance scale
Trajectory of Decline

• Declining performance status
• Take a turn for the worse
• Dwindles
• Spiraling decline
• On the slippery slope
• One foot in the grave
• Circling the drain
Trajectory of Decline

- Dropped like a rock
  - 10% of deaths are sudden
  - Accidents, Asystole
- Steady decline
  - Metastatic cancer
  - Alzheimer's
- Good days and bad days
  - CHF, COPD, CVA
Gradual decline

Functional status

Time

Death
Variable decline

![Graph showing the decline of functional status over time, with a sharp decline towards death.](#)
Prognosis Markers

• Low lymphocyte count \(^1\)

• Low albumin \(^2\)

• Low Body mass index

1. Am Heart J 2001;142

2. Peralta, Pinsky, Medscape 2012
The Breaking Bad News Conversation

- Don’t be abrupt
  - It takes time

- Don’t use euphemisms
  - Your plane is about to crash
  - You’re about to buy the farm
  - She is going to kick the bucket
  - He is going to cross over
  - He is about to meet his maker
Breaking Bad News

• Plan the discussion
• Have decision makers engaged
• Quiet and comfortable if possible
• Sit down (eye level)
• Make eye contact
• Active listening
• Ask questions (ask, ask, ask, tell)
Options of Care

- Continue hospital care
- Home with family
- Home with Home Health Agency
- Long Term Care
- ILF, ALF, Skilled Care, Custodial Care
- Hospice (anywhere)
Thank you