

# Florida Osteopathic Medical Association

Leonard Hock, DO, MACOI, CMD, FAAHPM  
Winter Park, FL  
561 714-1531

How long has he got?

# Nothing to report Full Disclaimer

I just think this stuff is important

# Goals and Objectives

- Improve your prognostication skills. Just short of claiming you have a crystal ball.
- Develop an understanding of prognosis that will equip you for improved communication options.
- Be better able to support your patients throughout their medical journey. Prognostic honesty provides planning opportunities. NOT, “Why didn’t anyone tell us?”

# How long has he got?

- Bad news and bad news
- What are the options?

# Prognosis

The likely course of disease,  
ailment or condition.

# Prognosis

- Usually attributed to length of life
- Can be used to prognosticate recovery
- Our overwhelming goal in medicine is to improve\* prognosis
- Improve\* could and probably should mean to cure or manage and comfort the disease or condition.

# Improving Prognosis

- Life span
  - 1922, 59 years
  - 1972, 71 years
  - 2022, 79 years
- Cancer as a Chronic Disease
- A lifetime of Diabetes without proteinuria



# Why are we living longer?

- Workplace safety: farming, mining, factories, building, child labor laws.
- Seatbelts and shoulder restraints, crossover barriers
- Personal behaviors: diet, exercise, tobacco, ETOH
- Medical science: Antibiotics, sterile technique, anesthetics, surgical techniques, Cancer tx, HTN and DM management, Vaccines....

# Physician Optimism

- Even with all the medical advances..
- Even with our physician knowledge, experience and skills...
- Life still happens.
- Doctors are optimistic and we keep trying.

# When we have done our job?

- Then what?
- How long does he have?
- How can we predict prognosis?
- “Doctor, you aren’t God.” (Kubler Ross, Denial)
- The closer to the end of life the easier it is.

# Predicting Prognosis

- Life insurance companies know
  - When will I die? Google
  - DeathTimer.com
  - Faithfulday.eu
  
- TIME OUT

# Medical Prognosis

- How long depends on How?
- How do we die?
- Several clinical tools regarding decline.
  - ECOG, Eastern Cooperative Oncology Group, 0-4, 0 being the best, fully active and healthy and 4 is the worst, disabled, bedfast. “Fixin’ to die” in the South.”
  - PPS, Palliative Performance Scale.

<b>PPS Level</b>	<b>Ambulation</b>	<b>Activity &amp; Evidence Of Disease</b>	<b>Self-Care</b>	<b>Intake</b>	<b>Conscious Level</b>
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort. Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work. Significant disease.	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work. Significant disease.	Occasional assistance necessary	Normal or reduced	Full or confusion
50%	Mainly Sit/lie	Unable to do any work. Extensive disease.	Considerable assistance required	Normal or reduced	Full or confusion
40%	Mainly in bed	Unable to do most activity. Extensive disease.	Mainly assistance	Normal or reduced	Full or Drowsy +/-confusion
30%	Totally Bed Bound	Unable to do any activity. Extensive disease.	Total care	Normal or reduced	Full or Drowsy +/-confusion
20%	Totally Bed Bound	Unable to do any activity. Extensive disease.	Total care	Minimal to sips	Full or Drowsy +/-confusion
10%	Totally Bed Bound	Unable to do any activity. Extensive disease.	Total care	Mouth care only	Drowsy or coma +/-confusion
0%	Death	-	-	-	-

# How I want to die

- Old age, extreme old age
- Active
- Doing what I love
- Surrounded by love
- Quick and peaceful

# Drop like a rock

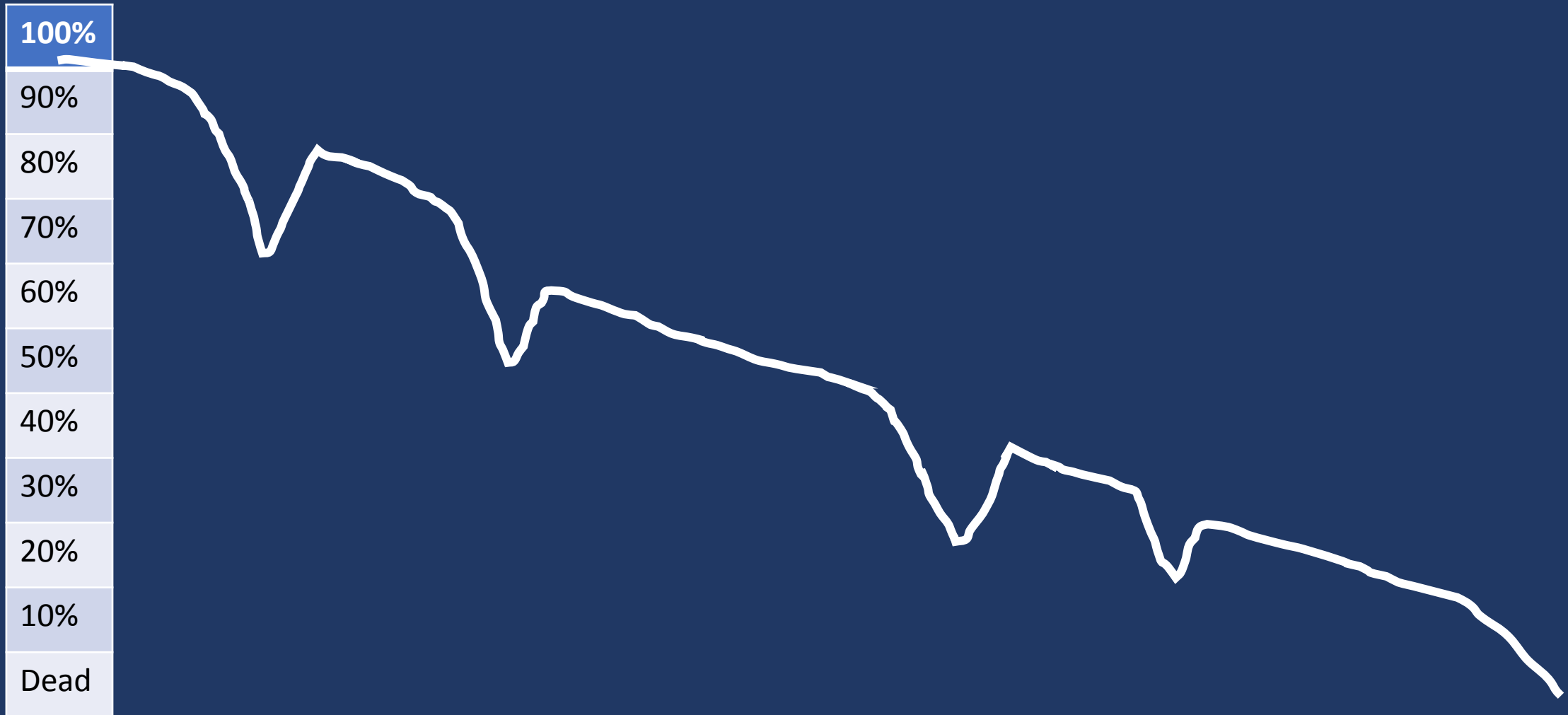




# Gradual and predictable



# The bouncers and fighters



# Prognosis

- Diagnosis
  - Cancer, Neurodegenerative,
  - Cardiovascular, lung, kidney (the failures)
- Frailty
  - Chronic decline
- Age
  - “He’s 98, what do you expect.” “But he’s so young.”
- “But, there’s no terminal diagnosis.”

# Tools

- C.A.R.I.N.G. in the Emergency Department
- C. Cancer, stage 4
- A. Admissions to ED or hospital, > 2 in a year.
- R. Resident of a nursing home
- I. ICU patient within the past 30 days
- N. Non cancer patient in hospice
- G. Guidelines

# Tools

- Intensive Care Unit
- New admission to ICU after 10 days in the hospital
- >80 years old with two or more system failures
- Cancer stage 4
- Status Post cardiac arrest
- Intracerebral bleed requiring ventilation

# Ask the patient or loved ones

- How were you this time last year? Last month?
- What do you think is happening here?
- If next week looked like the past week, what could happen?
- Are you seeing recovery or decline?
- This is a difficult time. How can I help?

# Thank you

- How can I help?
- Leonard Hock
- 561 714-1531

# References

- C.A.R.I.N.G. criteria, Fischer et al, Jour. Pain and Symptom, April 2006.
- Proactive Palliative Care in ICU, Norton et al, Crit. Care Med., 2007.
- Palliative Performance Score
- Eastern Cooperative Oncology Group