

# Discussing Prognosis

A PATIENT CENTRED APPROACH

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# Content

- ▶ What
- ▶ When
- ▶ Who
- ▶ Why
- ▶ How

# Prognosis – what is it

- ▶ More than survival
- ▶ Includes:
  - ▶ Anticipated changes to quality of life
  - ▶ Functional abilities and activities
  - ▶ Possibility of unpredictable events
- ▶ It should include a conversation that includes understanding hopes, worries and expectations about the future (both the patient and family)

# Prognosis – when to discuss

- ▶ Ideally when patient is not acutely ill and is better able to process and understand information

# Prognosis – who should have the discussions

- ▶ Should be part of everyday medical care
- ▶ There is often a mismatch between patient and health professional expectations
- ▶ Those who want to have this information

# Asking permission to discuss prognosis

- ▶ Ask permission to discuss prognosis
- ▶ Respond appropriately to the patient's desire to discuss prognosis in a way that respects the patient's decision
- ▶ Leave the door open for future discussions

e.g.

“Many people have questions about prognosis, or what to expect in the future. I’m wondering if you have those questions?”

“Do you want to talk about what I think might happen in the future”

# Prognosis – why should it be discussed

Important in all clinical decision making. Critical component of informed shared decision-making.

Useful for planning assessments and treatments including surgery, preventative medications (e.g. statins) and cancer screening

To allow informed shared-decision making

For patients to make life choices (rather than medical decisions)

Gives opportunity to think about what is important to them

# How

(1) What is their median survival

- ▶ Survival tools
- ▶ E prognosis <https://eprognosis.ucsf.edu/>

(2) Ask-Tell-Ask while addressing emotion

# ASK-TELL-ASK

1. ASK – an open ended question about their understanding of the medical illness as well as needs and concerns
2. TELL – provide information based on the information provided in the ask component (i.e. address issues that do not seem clear to the patient and discuss any areas of misunderstanding)
3. ASK – what the patient understood using the ‘teach-back’ technique and whether this information has changed their own views of their illness or prognosis

# Addressing emotion

1. Notice patient expressing emotion (verbal or non-verbal)
2. Emotional continuer to prompt further exploration (NURSE)
  - ▶ Name
  - ▶ Understanding
  - ▶ Respecting
  - ▶ Supporting
  - ▶ Exploring

# Other considerations

- ▶ Understanding what is important to the person
- ▶ Making a recommendation based on these goals
- ▶ Addressing Uncertainty, variability and unpredictability
  - ▶ Single time frame does not acknowledge the variability of disease trajectories
  - ▶ Consider using a range (hours to days, days to weeks, short weeks, months to year, years)
  - ▶ “I wish we were not in this situation, but I am worried that time may be as short as months to a year for you, even though it could be longer or shorter than that”

# References

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