Goals of Care Conversations with High-Risk Patients

For Physicians, APRNs, and PAs

Before the Conversation

- If in question, determine capacity to make decisions about life-sustaining treatment; identify authorized surrogate.
- Review health record and any documents reflecting the patient’s wishes.
- Ensure patient/surrogate understands medical condition/prognosis and has had time to adjust, if possible.
- Arrange a meeting – who, where, when, explain why.

During the Conversation

- Explain the purpose of the conversation – to understand the patient’s priorities and make sure the treatment plan matches.
- Confirm understanding of medical condition/prognosis. Reframe if necessary: I think we’re in a different place than before.
- Expect emotion, and respond with empathy. Some questions or statements indicate strong emotion, rather than a desire to discuss facts: “I don’t understand why I’m not getting better!” Respond with empathy rather than facts. I can’t imagine how hard this must be.

VA National Center for Ethics in Health Care Updated January 2017

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- If talking to the patient, identify **authorized surrogate**.  
  **IMPORTANT:** The highest ranking person in the VA surrogate hierarchy is the patient’s authorized surrogate:  
  1. Health care agent named in advance directive.  
  2. Guardian.  
  If the patient wants to name a different surrogate, tell them they MUST fill out an advance directive.  

- If talking to the surrogate, review documents reflecting patient’s wishes (e.g., advance directive)  

- Elicit patient’s values and goals of care.  
  **What matters to you most, under the circumstances?**  
  **What do you want to accomplish with your health care?**  
  **Is there anything you want to avoid?**  
  If the stated goal is not possible to achieve, use an “I wish” statement. *I wish your cancer could be cured, too.*  

- Establish a plan, including a discussion of life-sustaining treatments that would or would not support the patient’s goals. Ensure understanding, including risks and odds of success, before making recommendations. Talk about CPR last, after discussing treatments relevant as illness progresses (e.g., feeding tubes, dialysis, mechanical ventilation, transfers to the hospital or ICU).  

- Summarize, obtain oral consent, and review next steps. Offer state-authorized portable order, if available.  

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