

Do No Harm – The Importance of Timely Goals of Care Discussions

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Story From the Front Lines

An older man presented for a diagnostic bronchoscopy after a lung mass was found on imaging. The patient had a history of chronic obstructive pulmonary disease, chronic kidney disease, and dementia. Despite his previously diagnosed cognitive dysfunction, the patient lived alone and was able to navigate his activities of daily living (ADLs) independently. He underwent successful bronchoscopy with endo- and transbronchial biopsies. His post-procedural course was complicated by arrhythmia, as well as acute kidney injury and severe delirium with a prolonged hospital course. Pathology returned with squamous cell carcinoma of the lung. The patient did not have prior advanced directives and had not discussed his wishes regarding end-of-life with his family. The patient's delirium improved, but his baseline cognitive impairment limited his ability to grasp his diagnosis and participate in discussions regarding treatment. After involvement of the patient's family and Palliative Care services the patient was discharged to home hospice given his previous wishes to maintain his autonomy.

Teachable Moment

With each new complication that this patient sustained after a traditionally outpatient procedure, the team found ourselves wondering whether this prolonged hospitalization could have been prevented. The patient's cognitive impairment was one of the most salient features that prolonged his hospitalization and determination regarding management of his newly diagnosed malignancy. Those with dementia are known to be at higher risk for delirium, and multiple animal studies have shown that there is a significant decline in functional status following an episode of delirium.¹ In this patient, it was clear that he valued his independence given his previously-stated reluctance to live in a nursing facility to the person who ultimately served as his healthcare proxy.

The patient's delirium and inability to participate in goals of care discussions highlights the importance of identification of a reliable surrogate decision maker. A study by Zaros et al. found that 79% of hospitalized cancer patients were deemed to have capacity at admission but 40% lost capacity through the admission, further underscoring the importance of this role.² However, if a frank discussion had taken place with the patient and his family prior to the decision to proceed with the diagnostic procedure, it may have elucidated the patient's goals of care while he was more lucid and even possibly halted the procedure. A study by Mack et al. found that discussions surrounding end of life occurred a median of 33 days before death in patients with metastatic lung or colorectal cancer, despite recommendations that these discussions begin early in the disease process.³ A different qualitative study identified several factors explaining why physicians were reluctant to have these discussions surrounding end of life planning, including prognostic uncertainty, fear of the impact on patients, navigating patient readiness, and feeling inadequately trained for these discussions.⁴ Overall, this case serves as a reminder to providers to make patient-centered decisions and consider the patient's goals of care as early as possible.

References

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