FAST FACT AND CONCEPT #16
MODERATING AN END-OF-LIFE FAMILY CONFERENCE
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At some point during the course of a terminal illness, a meeting between health care professionals and the patient/family is usually necessary to review the disease course and develop end-of-life goals of care. Learning the process steps of a Family Conference are an important skill for physicians, nurses and others who are in a position to help patients and families reach consensus on end-of-life planning.

Family Conference Process Steps

1. Why are you meeting?: Clarify conference goals in your own mind. What do you hope to accomplish?
2. Where: A room with comfort, privacy and circular seating.
3. Who: Patient (if capable to participating); legal decision maker/health care power of attorney; family members; social support; key health care professionals.
4. Introduction and Relationship Building
   - Introduce self & others; Review meeting goals; clarify if specific decisions need to be made
   - Establish ground rules: Each person will have a chance to ask questions and express views; No interruptions; Identify legal decision maker, and describe importance of supportive decision making.
   - If you are new to the patient/family, spend time seeking to know the “person”—ask about hobbies, family, etc.
5. Determine what the patient/family already knows: tell me your understanding of the current medical condition; ask everyone in the room to speak. Also ask about the past 1-6 months—what has changed in terms of functional decline, weight loss, etc.
6. Review medical status
   - Review current status, prognosis and treatment options.
   - Ask each family member in turn if they have any questions about current status, plan & prognosis
   - Defer discussion of decision making until the next step
   - Respond to emotional reactions (See Fast Facts #29, 59)
7. Family Discussion w/ Decisional Patient
   - Ask patient What decision(s) are you considering?
   - Ask each family member Do you have questions or concerns about the treatment plan? How can you support the patient.
8. Family Discussion w/ Non-Decisional Patient
   - Ask each family member in turn What do you believe the patient would choose if they could speak for themselves?
   - Ask each family member What do you think should be done?
   - Ask if the family would like you to leave room to let family discuss alone.
   - If there is consensus, go to 10; if no consensus, go to 9.
9. When there is no consensus:
   - Re-state goal: What would the patient say if they could speak?
   - Use time as ally: Schedule a follow-up conference the next day.
   - Try further discussion: What values is your decision based upon? How will the decision affect you and other family members.
   - Identify other resources: Minister/priest; other physicians; ethics committee.
10. Wrap-up:
    - Summarize consensus, disagreements, decisions & plan
    - Caution against unexpected outcomes
    - Identify family spokesperson for ongoing communication
    - Document in the chart-- who was present, what decisions were made, follow-up plan
• **Don’t turf** discontinuation of treatment to nursing  
• **Continuity:** Maintain contact with family and medical team. Schedule follow-up meetings as needed

See Fast Facts: See related Fast Facts: Delivering Bad News (#6, 11); Responding to Patient Emotion (#29); Dealing with Anger (#59).

**References**
Quill TE. Initiating end-of-life discussions with seriously ill patients. JAMA 2000; 284:2502-2507.

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