



The Importance of Advance Care Planning for Palliative Procedures

Ashley L. Sweet^{1*}, Karen J. Brasel², and Tera E. Cushman³

¹Department of Surgery, Oregon Health & Science University, Portland, Oregon

²Department of Surgery, Division of Trauma, Critical Care and Acute Care Surgery, Oregon Health & Science University, Portland, Oregon

³Department of Anesthesiology and Perioperative Medicine Oregon Health & Science University, Portland, Oregon

Abstract

Palliative interventions for patients facing life-limiting illness can dramatically improve quality of life but also have the potential to engender further suffering. Providers across disciplines must set aside time for advance care planning with patients and their surrogate decision makers prior to any palliative procedure. These discussions should thoroughly explore patient expectations and hopes for surgery, address the possibility and acceptability of postoperative life-sustaining treatments, clarify perioperative code status, help surrogates prepare for their role, and be documented in a central, accessible location in the medical record. Together, these components will maximize our ability to reduce conflict, surrogate burden, and provide goal-concordant care for patients in the last stages of illness.

*Corresponding author: Ashley L. Sweet, Department of Surgery, Oregon Health & Science University, Portland, Oregon, Tel: (503) 494-7758; E-mail: sweetas@ohsu.edu

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an important focus of these preoperative discussions should be whether patients have strong preferences about postoperative treatments they wish to avoid, or whether they are willing to endure some burdensome postoperative treatments in order to achieve their desired outcomes. In these latter situations, it is helpful to elicit which health states and valued life activities are most important to patients, such as communicating with loved ones, being free from pain, or being able to take part in social activities. By clarifying and documenting these values preoperatively, providers and families may be more easily able to place a proposed postoperative life-sustaining treatment in a value-based context; the burdens of any proposed life-sustaining treatment can be weighed against the likelihood that it may help achieve a previously identified acceptable postoperative health state.

Identify and Invite a Surrogate

Given the risk of cognitive decline and loss of decision-making capacity in the postoperative period, patients seeking a palliative procedure should identify a surrogate decision maker and be given the opportunity to have them present for these important goals of care discussions. If unable to be present, patients should be encouraged to discuss their treatment preferences with their surrogates. By participating in a patient's advance care planning, surrogates are more likely to understand a patient's treatment preferences and make informed, value-based decisions about their loved one's care when needed. By preparing surrogates for this role, the burden of decision-making can be lifted and they more likely to experience less decisional conflict, greater satisfaction, and higher consolation in end-of-life settings [3].

Update and Supplement Documentation

In order to be clinically useful throughout the perioperative period, these goals of care discussions must be documented consistently and clearly in an accessible location in the medical record, including the preferred surrogate decision maker and any updated advance directives.

Thorough sound documentation, patient goals and preferences can be reviewed when needed in the perioperative period by the many providers involved in their care. Inadequate documentation could lead to unwanted postoperative treatment and conflict between providers or surrogate decision-makers, especially if there are inconsistencies between a patient's stated treatment preferences around the time of surgery and an existing advance directive.

Engage a Multidisciplinary Team

Surgeons are uniquely positioned to lead these advance care planning discussions. One study has found that the majority of patients prefer to have these discussions with their surgeon when contemplating

an operation [4]. However, usual workflows are not designed to accommodate the complex palliative care needs of patients with end-stage illness seeking palliative procedures. If a patient is not already under the care of a palliative care clinician, a palliative care referral should be strongly considered prior to any intervention. Palliative care is underutilized by surgical patients with serious illness [5]. Dedicated attention by a palliative care specialist will ensure that these patients receive optimal perioperative care, including complex symptom and pain management, assistance with clarifying treatment goals, family support, and expert transitions of care at the end-of-life. Indeed, wide engagement of a multidisciplinary team consisting of surgeons, palliative care physicians, anesthesiologists, perioperative medicine clinicians, primary care providers, and other medical specialists will optimize planning for patients undergoing a palliative procedure.

Surgical interventions for patients facing life-limiting disease can dramatically improve quality of life but also have the potential to engender further suffering. Providers across disciplines must set aside time for advance care planning and goals of care discussions prior to any palliative intervention. These discussions should thoroughly explore patient expectations and hopes for surgery and the health states and valued life activities that are most important to patients.

They should include an explanation of possible complications and specifically address the possibility and acceptability to the patient of postoperative life-sustaining treatment. Perioperative code status must be clarified and communicated with members of the perioperative team. Existing advance directives should be leveraged to guide these discussions and steps taken to help surrogates prepare for their role. All advance care planning must also be documented in a central, accessible location in the medical record. Taken together, these components will maximize our ability to reduce conflict, surrogate burden, and provide goal-concordant care for patients in the last stages of illness.

References