



Structured Family Meetings: Dealing with Conflict

1. Preparation

Agenda: establish an agenda with the key clinicians: (a) **Invitees:** who should come, including extended family, the family priest, or ward chaplain? The primary nurse or other nurse familiar with the patient is essential, but don't forget the social worker or chaplain, as well as students and other house officers. Interpreter? Optimal Care Committee, perhaps to run the meeting? (b) **The Facts:** agree on the details of the assessment, management options, and prognosis, insofar as possible. (c) **Goals:** what are the hoped-for outcomes of the meeting? (d) **Leadership:** who will start and facilitate the meeting? Other roles in the meeting?

Setting: find a quiet, comfortable, private setting. Turn off beepers and avoid other interruptions. Try to sit closely, intermingled with the family, and avoid having big tables or desks separating participants. Everyone should be seated. Bring tissues.

2. Introduce the Participants, the Purpose of the Meeting, and the Structure.

Are there specific issues that need to be addressed? You may want to identify a desired outcome, such as decision about DNR status, but you generally should be neutral about outcomes. Consider setting "ground rules" about confidentiality, courtesy, letting everyone talk, interruptions, being mutually supportive in a difficult situation, etc. Identify the official proxy, if there is one, as well as who is going to communicate with family members or other important persons who are not present. Use empathic statements to support the family. Invite questions.

- *Lets make sure everyone gets a chance to give his or her view of things*
- *We need to go over the situation carefully now so everyone understands what our options are, and then make some decisions about future management*
- *We are about to face some difficult decisions, so we need to begin discussing them.*

3. Assess the Family's Understanding of the patient's medical condition, their preferences for information sharing and decision making, and views about ethical decision making. What are their best- and worse-case scenarios? Hopes and fears? Intra-family conflicts? Conflicts between staff and family? Note family dynamics. Listen carefully. Continue to invite questions.

- *Lets begin by making sure we are all on the same page. How are you seeing the medical situation at this point? What have you been told?*
- *What is your understanding about the likelihood of him getting well enough to return home?*
- *What do you see as the right way to make decisions if the patient cannot speak for himself? How do you see your role?*

4. Summarize briefly the patient's medical condition, particularly addressing issues that do not seem clear to the family, avoiding jargon. Beware of physicians' tendency to talk too much, give too much detail, lecture, and focus on technical matters, while not listening enough to how the family is responding. What are your views of the best- and worse-case scenarios? Functional status and independence? Benefits and burdens? Seek further questions.

- *What I would like to emphasize is that the cancer is progressing so that even if we are successful in getting her well enough to go home, we can also anticipate that she will get worse soon and have further complications that will lead to her death.*
- *What kinds of questions do you have now?*

5. What It Is Like For the Patient Now? Explore family beliefs. Ask the nurse.

- *Do you think he is suffering in any way? What are your concerns?*

- 6. Explore Family's Notions about What the Patient Would Want Under These Circumstances.** Begin with questions about what the patient is like. *Establish trust* and an alliance around an appreciation of this patient as a person. Perhaps with prompting, the family may recall conversations when the patient expressed attitudes about acceptable outcomes, including loss of function, dependency, death, and prolonged institutional care. When the patient lacks decisional capacity, clarify the family's role as surrogates for the patient: not simply as decision makers, but as consultants who can best identify "*substituted judgment.*"
- *Tell me about your mother. What is she like? How has she dealt with this illness?*
 - *You know your father best. The information we need from you is about what your father would really want if he could speak for himself now. If your father could talk, how do you think he would want us to take care of him? I know this may not be what you think is the right thing to do here or what you hope we would do, but we are not really asking you to make decisions for him, but rather to help us understand what your father would want?*
 - *Did your mother ever say anything about how she felt about herself or others being put on a ventilator when they would never get off the machine? Did this sort of situation ever come up in your family? Did you talk about similar stories in the newspaper or on TV?*
 - *I can see that there is some difference in opinion about what your mother would really want here. Let's talk more about what you think she meant when she said not to put her on the ventilator.*
- 7. Explore and Address Family Concerns and Questions** about the implications of various choices. Support their decisions, offer empathic statements, and offer support, including social service and chaplaincy. Reassure about our ability to prevent physical suffering:
- *How do you feel about your father's decision? What are your concerns?*
 - *I want to be sure you know that he won't choke or suffocate. We have excellent medication to control any disagreeable sensation of breathlessness, and will make sure he is comfortable.*
 - *This will be a peaceful, comfortable death where she drifts off to sleep and just never wakes up. So I am not worried about her. For you, watching someone you love pass away, it may be more difficult.*
- 8. Frame Recommendations** for the family based on what they have told you about the patient, and what is known about the medical circumstances. Consider gradual steps and time trials. How will they know whether progress is being made? Identify milestones and other clinical events that define success or failure and a reasonable time frame for assessment. Negotiate over differences in opinion. Remember: we never withdraw "care." But do not feel you need to identify every imaginable option, and **do not offer treatment options that are inappropriate**
- *We want to do the right thing by your father, and it seems that he would not want us trying to prolong his life or cause any suffering by trying to feed him where he is not going to be able to recover and enjoy himself or have decent interaction with the people he loves. I know you wish he could get better, but this is a respectful, brave, and loving decision. I will write orders now about adjusting his medication to assure his comfort, and we will not start up any intravenous feeding for him.*
 - *At this point we are quite uncertain about the future, but we think it should be fairly clear in a few days with this new treatment. If he shows significant improvement, we will suggest continuing the treatment. But if the trial does not lead to improvement, we should stop.*
 - *Who else can help you with these difficult decisions?*
- 9. Plan** for follow-up. Assure that you and the team are accessible. Set up future meetings.
- *Let's meet again in two days when we have a sense of how this trial of therapy is working.*
 - *I am sure you will have lots of questions later. Here is how to reach me.*
- 10. Discuss and document.** Get constructive feedback. What were the challenges, what went well, what might one try another time? Document the key decisions in the chart where everyone can see them, and convey the content directly to staff who were not present.