Clinician Follow Up Reference for Supportive Care Treatment or Care Concerns –

"YES" to "I want help discussing, with my family and friends, my treatment options and what is important to me."

Start With asking patient the below questions

Whom do you need communication help with?

What specific areas would you want help communicating?

Examples:

- -Struggling with side effects of treatment affecting quality of life.
- -Wanting to focus more on quality of life than quantity of life.

Approach

Explore and define the whom:

- e.g., partner, children, other family members, work or friends Explore any barriers
- E.g., anxiety, confusion, family conflict
- Those who would provide support and advocacy

In addition to discussion, ask if they have documented their wishes in a written document?

- Healthcare Power of Attorney Form and/or
- POLST (if relevant)

Give a brief description of both Heal thcare Power of Attorney (naming someone you trust to make medical decisions for you, if you are unable to make medical decisions for yourself) and POLST (documents your wishes for your care in critical medical situations)

Communicate the above answers in referral or notes for Next Step

Next Step

Timing

Refer to Physician/APC if patient is unclear about treatment options.

Refer to SW or Psych if patient has barriers to having treatment conversations with loved ones.

Schedule family meeting with patient and loved ones (determine who they want present, including team members)

- Provide online reference to: <u>The Stanford Letter Project</u>
- IMPORTANT:
 - Explore their wishes
 - Document patient's wishes about priorities, worries, tradeoffs related to treatment in patient's records

See Reference links below for additional information

Share Patient Links and Handouts as appropriate

Routine - within 1

week

Notes

Stages I-III: All adults, including early-stage cancer patients benefit from advance care planning discussions and designation of medical power of attorney. However, these discussions tend not to occur with curative-intent patients because physicians fear it will cause patients to worry. National guidelines tend to focus on disease understanding and advance care planning for incurable patients.

Stage IV: Consider Palliative Care Referral if the primary team is not able to carry out these discussions. It is essential that a patient's disease understanding, values, and needs are assessed.

Geriatric: Having health care proxy and a family member present at all appointments if possible, especially if there are any cognitive issues. Concerns or questions of the primary caregiver are just as important to be addressed if patient has a hard time understanding. Geriatric patients may be more comfortable asking questions of a social worker than an oncologist as compared to a patient of a younger generation. Address polypharmacy (multiple medication use) and possible reduction of medications for better quality of life.

Patient Links and Handouts:

- NCI Support for People with Cancer, Taking Time
- > Cancer.Net. Advanced Cancer
- > American Cancer Society. Advance Directives
- > NIH. Advance Directives
- > POLST Illinois
- > Illinois Guardianship and Advocacy Commission
- > The Conversation Project

CSOC Patient Handout can be accessed at: http://cancer-help.me/decisions

References:

- POLST & Advance Directives
- Goals of Care Discussion. How Hard It Can Be JAMA Intern Med. Kirkpatrick, J.N., 2015;175(4):557-558. doi:10.1001/jamainternmed.2014.7740
- Online Clinical Training Courses For All Clinicians clinician communication skills training.
- CPAC. Center to Advance Palliative Care ™ clinician tools, training, tech assis. For those caring for people with a serious illness

