



[Print](#) :: [Close](#)

FAST FACTS AND CONCEPTS #16 (PDF)

Author(s): Bruce Ambuel PhD and David E Weissman MD

Background 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, what is important in her or his life, 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 with a Decisional Patient**
 - Ask the 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 with a Non-Decisional Patient**
 - Ask each family member in turn What do you believe the patient would choose if the patient could speak for him or herself?
 - 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: What would the patient say if they could speak? Ask: Have you ever discussed with the patient what he or she would want in a situation like this?
 - If you, as a clinician, have a firm opinion about the best plan of care, recommend it simply and explicitly, and explain why.

- 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 related *Fast Facts*: Delivering Bad News (#6, 11); Responding to Patient Emotion (#29); Dealing with Anger (#59), Conflict Resolution (#183, 184).

References

1. Ambuel, B. Conducting a family conference. In: Weissman DE, Ambuel B, Hallenbeck J, eds. Improving End-of-Life Care: A resource guide for physician education. 3rd Ed. Milwaukee, WI: The Medical College of Wisconsin; 2001.
2. Quill TE. Initiating end-of-life discussions with seriously ill patients. *JAMA*. 2000; 284: 2502-2507.
3. Baile WF et al. Discussing disease progression and end-of-life decisions. *Oncology*. 1999; 13: 1021-1028.
4. Weissman DE. Decision making at a time of crisis near the end of life. *JAMA*. 2004; 292: 1738-1743.

Fast Facts and Concepts are edited by Drew A. Rosielle MD, Palliative Care Center, Medical College of Wisconsin. For more information write to: drosiell@mcw.edu. More information, as well as the complete set of Fast Facts, are available at EPERC: www.eperc.mcw.edu.

Version History: This Fast Fact was originally edited by David E Weissman MD. 2nd Edition published August 2005. Current version re-copy-edited March 2009.

Copyright/Referencing Information: Users are free to download and distribute Fast Facts for educational purposes only. Ambuel B and Weissman DE. Moderating an end-of-life family conference, 2nd Edition. Fast Facts and Concepts. August 2005; 16. Available at: http://www.eperc.mcw.edu/fastfact/ff_016.htm.

Disclaimer: Fast Facts and Concepts provide educational information. This information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some Fast Facts cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.

ACGME Competencies: Interpersonal and Communication Skills, Patient Care

Keyword(s): Communication

© 2008 Medical College of Wisconsin

Medical College of Wisconsin

8701 Watertown Plank Road, Milwaukee, WI 53226

www.mcw.edu | 414.456.8296

[Print](#) :: [Close](#)