Title: Advanced Care Planning Perception Among Patients who are Physicians

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INTRO

There is a commonly held misconception that physicians who are patients choose less-aggressive care at the end of life for themselves.

CASE

A 90 year retired physician, presented after a motor vehicle collision with chest pain, left shoulder pain, forearm pain, left hip pain.

His past medical history includes myelodysplastic syndrome (requiring transfusions every 2 weeks), benign prostatic hyperplasia, hypertension, gastroesophageal reflux disease, and history of bilateral hip replacements.

He remained in the ICU throughout his hospital stay due to poor respiratory status and had limited mobility which were thought to be due to pain.

When approached regarding his code status and worsening state by the ICU team, the patient reported that he is full code. Further details of the discussion, such as what matters most, were not documented. He continued to decline and the team discussed his poor prognosis, and he reconfirmed his full code status.

The palliative and geriatrics teams were then consulted and engaged in a goals of care discussion with the patient that extended beyond code status alone. At that point the patient decided to transition to comfort care. The focus was then directed towards symptomatic management for pain, and he passed away comfortably two days later.

Medical providers may abbreviate explanations to patients who are in the medical field, such as physicians. We should never assume a patient's level of understanding and treat goal-of-care and treatment option discussions the same regardless of patient's professional background.

✓ **Poll the crowd: What are your thoughts on advanced care directives?**

	YES	NO
Have you ever discussed advanced directives with someone in the medical field?		
Have you ever done or thought about your own advanced directives?		

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DISCUSSION

Because the patient was a physician, providers originally falsely assumed that he understood all the available treatment options available to him

An initial, well-rounded goal of care discussion was not performed.

Providers often abbreviate explanations to patients who are physicians.

Older adult physicians may have less exposure and experience with palliative care/hospice since it is relatively a new field.

We should never assume a patient's level of understanding. These important goal-of-care and treatment option discussions should be approached the same regardless of patient's background.

✓ What have you found <u>most</u> challenging when conducting advanced care planning?	
Limited patient participation	
Cognitive/ Emotional barrier	
Patient's lack of readiness	
Difficulty starting conversation	