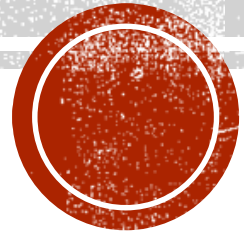
RSC SYMPOSIUM



SHARED DECISION MAKING

What is it?

- Clinician and pt jointly participate in making a health decision
- Discuss options, benefits and harms
- Consider pts values, preferences and circumstances

BENEFITS

- Enabling evidence & pts preferences to be incorporated
- Improving pts knowledge, risk perception, accuracy and patient clinical communication
- Reducing conflict, feeling uninformed
- Reducing inappropriate use of tests and treatments

- We typically overestimate the benefits and underestimate the harms of interventions
- Shared decision making can provide the opportunity to clarify the benefits and harms of an intervention thus reducing aggressive investigation and treatment

TIME POINTS

- Renal replacement therapy vs non dialysis/ conservative pathway
- Advance care planning
- End of life care

CONSERVATIVE MANAGEMENT

- Aim to discuss pathway early, good symptom control
- Establish rapport
- Remain part of an active programme ideally a renal supportive care service
- Combine holistic and palliative care principles to address symptom burden and QOL
- Non abandonment – continue to receive usual nephrology care and RSC support

NON ABANDONMENT

- Continuity of care regardless of decision to commence dialysis or not
- Open minded about patients values and goals
- Advocate and care for patients through their disease progression to end of life

PROGNOSIS

- Age >75 with two or more comorbidities, at least one of which is CHF/IHD – no statistically significant survival difference between dialysis vs supportive care
- 1/3 of pts survive > 12mths once eGFR<10
- Survival advantage of choosing RRT was lost in patients ages >80 years old and patients ages >70 years old with poor performance status

EFFECTS ON QOL

- Elderly hemodialysis patients spend up to 50% of their time (including dialysis) in hospital vs 4% of time in hospital in the conservative care group

- In one study up to 61% of dialysis patients regretted starting dialysis

COMMUNICATION SKILLS

Discussing serious news

S - Set up

P - Perception

I - Invitation

K - Knowledge

E - Empathy & Emotions

S - Summary and Strategy

SET UP

- Prepare for the discussion and gather information
- Ensure privacy
- Introduce yourself and involve important family members
- Sit down and avoid physical barriers
- Minimise interruptions and ensure you have sufficient time
- Develop rapport

PERCEPTION

- Find out with the patient already knows

INVITATION

- Find out how the patient prefers receiving information
- ? Why don't they want to talk now

KNOWLEDGE

- Give a warning, keep language and facts brief

EMPATHY and EMOTIONS

- NNURSES

SUMMARY& STRATEGY

- Check understanding and invite questions
- Summarise and provide pt with a plan

RESPONDING WITH EMOTION AND EMPATHY

Notice – notice emotions

Name - name the emotion

Understand - show the patient that you are trying to understand

Respect and Reassure - often shown non verbally; statements must be genuine!

Support - offer support to avoid feelings of abandonment

Explore- clarify pt's thoughts and emotions

Silence – give the pt time to think about what is happening

RESPONDING WITH EMOTION AND EMPATHY

Notice

Name – 'You seem anxious'

'It sounds like this has been very frustrating for you'

Understand – 'It sounds like things have been really tough for you'

Respect and Reassure – 'You have done an amazing job managing at home until now'

Support – 'We'll do everything we can to support you through this'

Explore – 'Tell me more'

'What is the hardest thing for you?'

Silence

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