

# Prognostication

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# Learning objectives

- Research around prognosis
- Getting 'comfortable' with being asked prognosis!
- Discuss steps involved with:
  - Answering difficult questions
- Point you in the right direction!



# Prognostic tools

## Oncology

- These are changing all the time



## Palliative

- Increasing CRP and decreasing Albumin
- PiPs prognosticator (UCL)
  - **PiPS-B survival risk categories have been found to be as accurate as an agreed multi-professional estimate (between a doctor and a nurse) at predicting whether patients will survive for “days”, “weeks” or “months+”.**

How do people die from cancer?

# How do people die from cancer?

- ....gradual deterioration
- ... saddle embolus
- ... terminal bleed / blockage (late event)
- ... immunotherapy complications

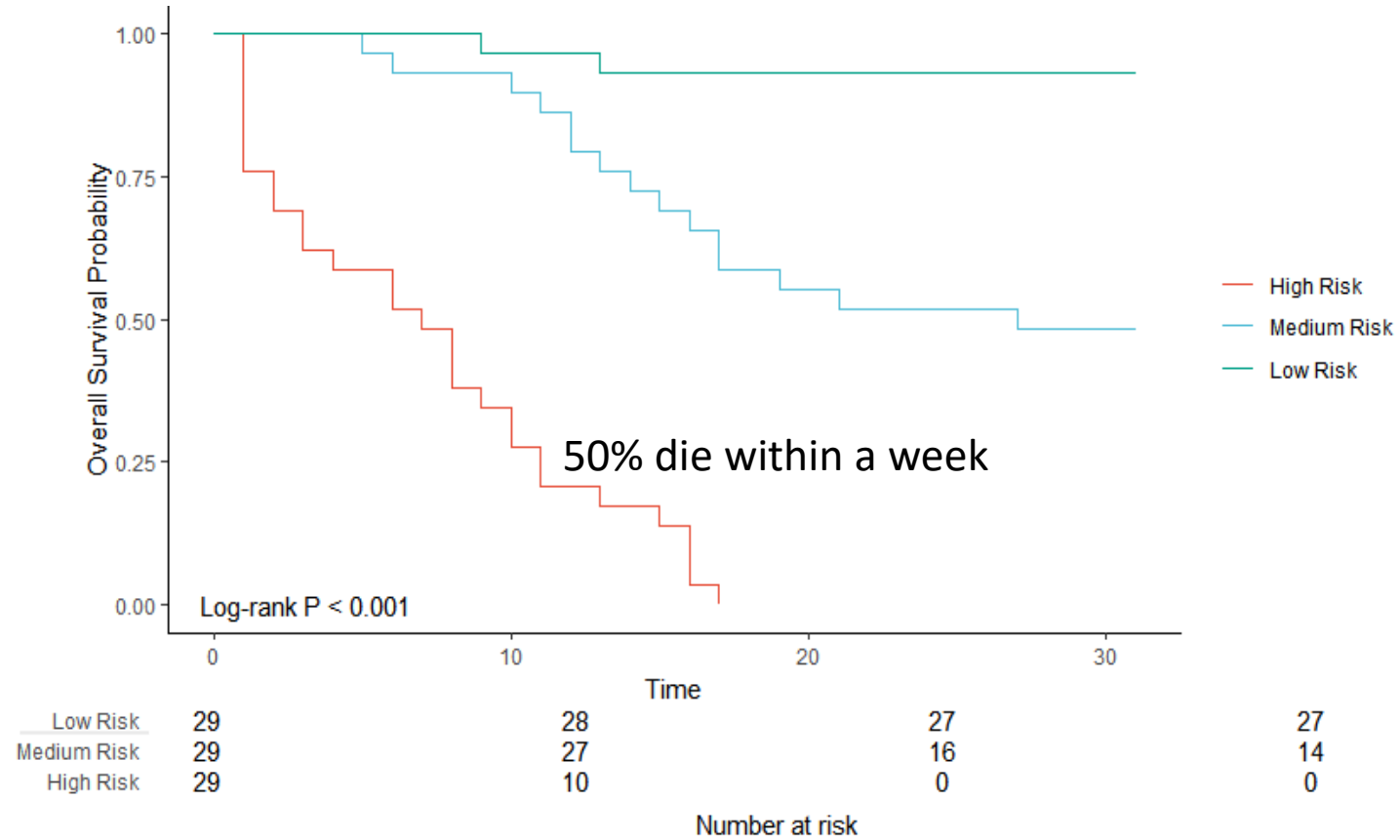
My research ...

Given the common features shared in patients dying from cancer

- a "dying process" has been proposed
- but has not yet been described.

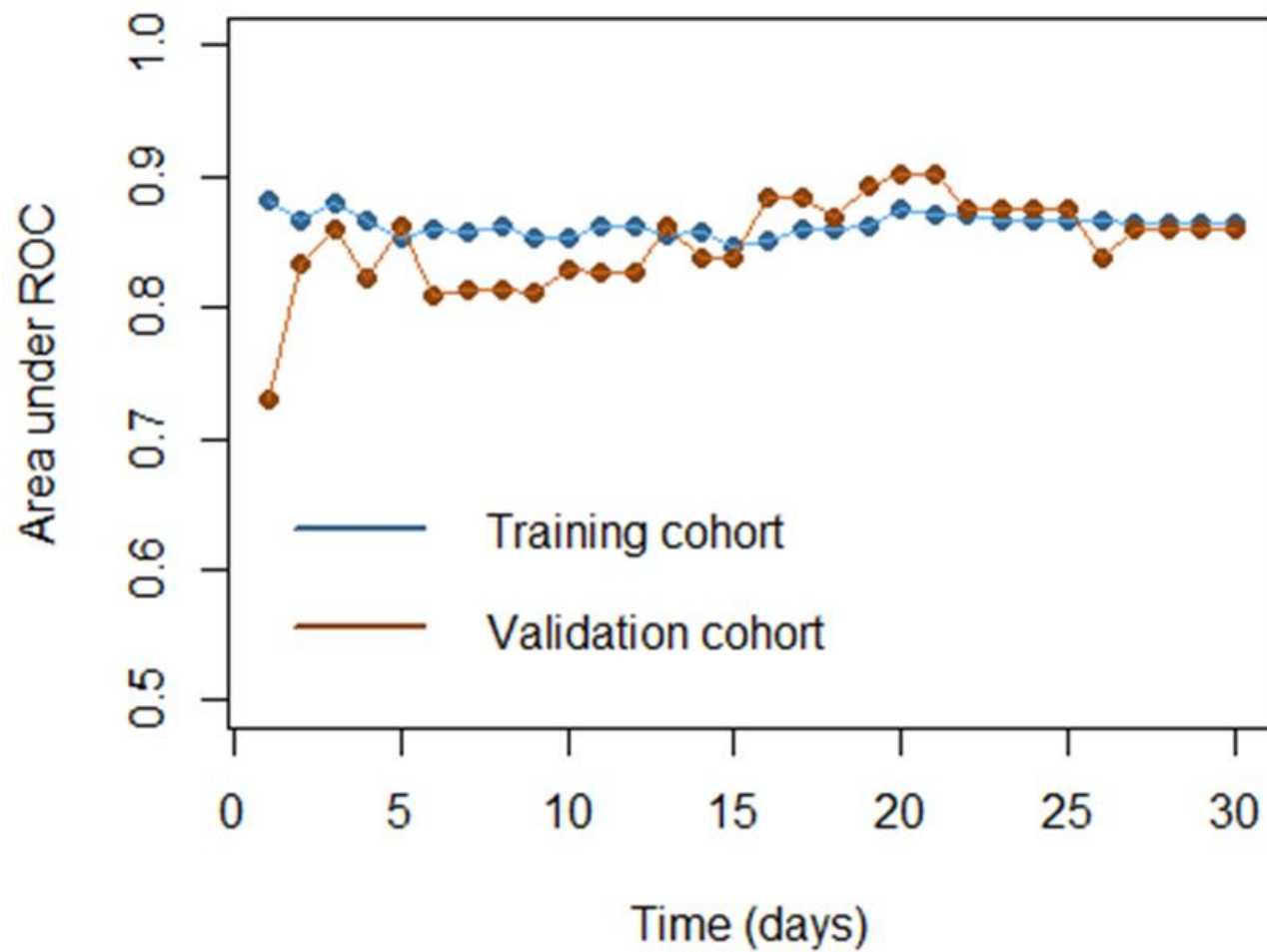
# Metabolite models can predict dying

## Kaplan-Meier Survival curve





## Time Dependent AUC



Training n = 112  
Validation n = 49

BE  
IF YOU'RE  
GOING TO  
BE ANYTHING,  
BE GENUINE.

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Group work

What conversations/questions do you  
find challenging?

# Myth

- Difficult conversations take too much time
- They SAVE you (and everyone else) time
- Difficult conversations done badly take up everyone's time for a long time

Talking about prognostication

# Handling Difficult Questions

Clarify question

Acknowledge importance of question -

Check why question is asked

Does person want an answer now?



*Warning Shot/Answer - Pause*



Answer - avoid false reassurance

Allow expression of concerns



Invite further questions

Assure continuity of care

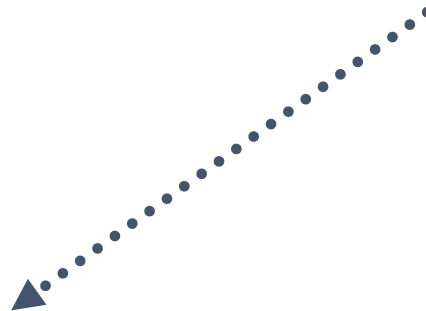


Follow up



***Patient not ready...***

***Assure presence/answer  
to future questions***



# In general ..

- *If you see yourself going down month by month then I think in terms of months, week by week, day by day*
- *You are unwell enough to die*
- *We will hope for the best but we need to plan for the worst*
- *I wouldn't be doing my job properly if I didn't*
- It's the gentle truth – not the brutal truth

## 2 scenarios

- Being asked by the patient
- Needing to bring it up with the patient



# Being asked by the patient



- *So that I know how to answer your question properly ...  
Can I ask why you are asking me the question?*



“Do you think I will make a wedding next month?  
Great, I don’t want to know any more.”



# Needing to bring it up with the patient

*I haven't met you before (so I need to know more about you)*

- *Are you the type of person who ...*
  - *likes to know everything?*
  - *Like to know a bit? Prefer that I speak with your family?*
  - *Likes to leave it up to the doctor?*
- *If time was short, have you thought about what is important to you?*

*I apologise I need to ask you some difficult questions but I wouldn't be doing my job (taking care of you) properly if I didn't ask*

*The team are concerned time short*

- **Its actually often easier to have these conversations when you meet with people for the FIRST time!**

# Helping them see they are deteriorating ...

The journey over time ...



- How were they at Christmas / Halloween / summer / major birthdays / Easter ... events a few months apart
- Make them 'tell' you they are deteriorating
- .. Break bad news (warning shot) ... and tell them they are deteriorating

# I don't want to know my prognosis

- ..... I don't know if I am going to die next week
- True, maybe a Stroke or a heart attack – something that you are always at risk of – but not from cancer.
- *Is there a reason you don't want to know? Ask?*

# Communication – Eliciting Concerns

# Eliciting concerns

- Eliciting concerns is not a luxury but is part of good patient care.
- How can you address patients / families issues if you don't know what they are?



# Dealing with Emotions

- **Recognition** Non verbal/Verbal
- **Acknowledgement** *"I can see you're..."*
- **Permission** *"It's ok to be ...."*
- **Understanding** *"I want to find out what's making you...."*
- **Empathy accept.** *"I can see why you're .....because....."*
- *I realise this is not the news you wanted to hear / this is very difficult for you*

# Dealing with Anger

- Recognise / acknowledge
- Listen to story to get as much as much information as possible
- Focus on person's stress / feelings
- Reasons – explore reasons
  - Non judgmental
  - Non defensively





# Anger cont..

- Apologise (if appropriate)
- Negotiate a solution
- Look for a transition – sadness , guilt
- If anger escalates – set limits – if limits refused = withdraw!

# Closing down a conversation ... while maintaining trust

Summarise, Summarise, Summarise



# Serious Illness Conversation Guide

## CONVERSATION FLOW

## PATIENT-TESTED LANGUAGE

### 1. *Set up the conversation*

- Introduce purpose
- Prepare for future decisions
- Ask permission

"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"

### 2. *Assess understanding and preferences*

"What is your **understanding** now of where you are with your illness?"

"How much **information** about what is likely to be ahead with your illness would you like from me?"

### 3. *Share prognosis*

- Share prognosis
- Frame as a "wish...worry", "hope...worry" statement
- Allow silence, explore emotion

"I want to share with you **my understanding** of where things are with your illness..."

*Uncertain:* "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."

OR

*Time:* "I **wish** we were not in this situation, but I am **worried** that time may be as short as \_\_\_\_ (*express as a range, e.g. days to weeks, weeks to months, months to a year*)."

OR

*Function:* "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

### 4. *Explore key topics*

- Goals
- Fears and worries
- Sources of strength
- Critical abilities
- Tradeoffs
- Family

"What are your most important **goals** if your health situation worsens?"

"What are your biggest **fears and worries** about the future with your health?"

"What gives you **strength** as you think about the future with your illness?"

"What **abilities** are so critical to your life that you can't imagine living without them?"

"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"

"How much does your **family** know about your priorities and wishes?"

### 5. *Close the conversation*

- Summarize
- Make a recommendation
- Check in with patient
- Affirm commitment

"I've heard you say that \_\_\_\_ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we \_\_\_\_\_. This will help us make sure that your treatment plans reflect what's important to you."

"How does this plan seem to you?"

"I will do everything I can to help you through this."

### 6. *Document your conversation*

### 7. *Communicate with key clinicians*

**This Issue**

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## Special Communication

December 2014

# Communication About Serious Illness Care Goals

## A Review and Synthesis of Best Practices

Rachelle E. Bernacki, MD, MS<sup>1,2,3,4</sup>; Susan D. Block, MD<sup>1,2,4,5</sup>; for the American College of Physicians High Value Care Task Force

» [Author Affiliations](#)

*JAMA Intern Med.* 2014;174(12):1994-2003. doi:10.1001/jamainternmed.2014.5271

## Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers

Josephine M Clayton, Karen M Hancock, Phyllis N Butow, Martin H N Tattersall and David C Currow

Med J Aust 2007; 186 (12): S77. || doi: 10.5694/j.1326-5377.2007.tb01100.x

Published online: 18 June 2007

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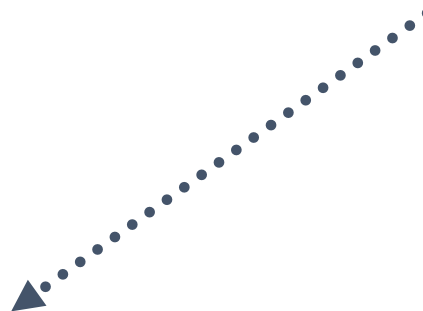
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