Journal Club:
Discussing Prognosis with Frail Elderly

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Discussing Prognosis

- Impacts clinical decisions and management
- Impacts patient decisions
- Previous research generally shows that frail elderly want to know their prognosis
- Less research on clinician attitudes
Study Purpose

- Identify the factors that influence clinician decisions to discuss or not to discuss prognosis with frail older patients
- Explore short (<1 yr and 3-month) and long (<5 years) prognosis
- Role of culture
Qualitative Critique

Appropriate study design to explore and understand the subject and reach data ‘saturation’
Study Design and Data Analysis

- Semi-structured in-person interviews
- Common interview guide modified to clarify topics of interest
- Interviews analyzed with software, constant comparative analysis
- Multidisciplinary research team coded transcripts to a codebook, reviewed themes to reach saturation
Qualitative Critique: Sampling

- 20 participants
- Varied backgrounds and ethnicities
- Mostly Female
- Appropriate patient population
- May be selection bias
Is it trustworthy?

- Procedural Rigor - adequate analysis
- Theoretical connections meaningful
- Triangulation from multiple sources reduces systematic bias
- Conclusions consistent with the data
Qualitative Critique

- Overall trustworthy results that added a new dynamic of clinician perspective to the field
Think of patients with whom you’ve recently discussed their prognosis
Why do you most commonly discuss prognosis with your patient?

a) Patient or family prompts the conversation
b) To promote informed decision making and autonomy regarding screening and medical management
c) The patient is declining and has a poor short-term prognosis
d) To allow the patient time to prepare for end of life.
e) Other
“If they have cancer, end-stage liver disease, or kidney disease, and you see them declining more and more, then we start talking about prognosis.”
“I typically ask permission to talk to their children or proxy decision-makers because I’ve found that even when my patient does not want to hear prognosis, they have a loved one who does want the information to make informed medical decisions”
Why do you most commonly NOT discuss prognosis with your patient?

a) Patient is not able to understand their prognosis
b) Prognosis would not be useful to their decision-making
c) Maintain their hope and avoid anxiety
d) Out of respect for their cultural values
e) Other
“They may know, but they don’t necessarily want to hear me say it as their doctor. Because sometimes it feels like my job is to prolong life for them. They’re worried that my saying that might mean, ‘She’s throwing in the towel.’”
“I imagine that most would not be able to grasp a 5-year prognosis. I’m not sure that I would know how that would help me figure out what to do with my life.”
## When do patients want to discuss prognosis?

<table>
<thead>
<tr>
<th>Patient’s believing they had</th>
<th>% wanted to discuss prognosis</th>
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</thead>
<tbody>
<tr>
<td>&lt; 1 year to live</td>
<td>83%</td>
</tr>
<tr>
<td>1-2 years to live</td>
<td>79%</td>
</tr>
<tr>
<td>2-5 years to live</td>
<td>53%</td>
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<tr>
<td>&lt;5 years to live</td>
<td>50%</td>
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</tbody>
</table>

Clinician reported saying that the patient could die of the underlying disease, but the patient reported no such discussion:

a) 72%
b) 46%
c) 29%
d) 20%

46%: Clinician reported saying that the patient could die of the underlying disease, but the patient reported no such discussion.

- 20% agreed communication took place
- 29% agreed communication had not taken place
- 75% of the time, patient has not received prognostic information
Conclusions

- Prognosis usually brought up in specific situations, not as a general discussion
- Important to communicate uncertainty
- Important to have the patient’s permission
- Do no make cultural assumptions

- Future research in discordance between clinician and patient’s perception of prognosis conversation
- Future research on outcomes of prognosis discussion