

Appendix H: Tips for Conducting a Family Conference

After the Pre-conference, proceeds either to 2 **or 3.

1. Pre-conference:

- a. Clarify conference goals and roles with the health-care team.
- b. Identify participants (health-care team, individual and family).
- c. Organize date, time and location (private space when available).

2. Conference with individual capable to make decisions and family if desired:

- a. Introduce self and others.
- b. Review meeting goals; clarify if specific decisions need to be made.
- c. Determine urgency of decision-making.
 - Establish ground rules: Each person will have an opportunity to ask questions and express views without interruption; a legal decision-maker will be identified; and the importance of supportive decision-making will be described.
- d. Review health status:
 - i. Determine what the patient and their family already know: “Tell us what you understand about your current situation.”
 - ii. Review current health status.

- iii. Ask individual and family members if they have any questions about the current situation.
- e. Clarify expectations
- f. Clarify beliefs and values to determine what goals are most important to avoid or achieve.
- g. Discuss practical implications of preferences and expectations (i.e. are goals realistic and achievable?).
- h. Allow time for private discussion.
- i. Review and/or set goals of care.

3. Conference with substitute decision-maker(s) and others as identified:

- a. Introduce self and others.
- b. Clarify role of substitute decision-maker(s) and confirm willingness to participate in decision-making.
- c. Review meeting goals; clarify if specific decisions need to be made.
- d. Determine the urgency of decision-making.
- e. Establish ground rules: Each person will have an opportunity to ask questions and express views without interruption; a legal decision-maker will be identified; and the importance of supportive decision-making will be described.
- f. Review health status.
 - i. Determine what the substitute decision-maker(s)/family already know: “Tell us what you understand about the individual’s current situation.”
 - ii. Review current health status.
 - iii. Ask the substitute decision-maker(s) and family members if they have any questions about the current situation.
- g. Clarify expectations:
 - i. Ask substitute decision-maker(s): “What do you believe the individual would choose if he/she could speak for him or herself?”
 - ii. Based on what the substitute decision-maker(s) understand about what the individual would have wanted, ask he/she: “What do you think should be done?”
- h. Clarify beliefs and values to determine what goals are most important to avoid or achieve.
- i. Discuss practical implications of preferences and expectations (i.e. are goals realistic and achievable?).
- j. Allow time for private discussion.
- k. Review and/or set goals of care.

4. Wrap-up:

- a. Summarize consensus, disagreements, decisions and goals of care.
- b. Caution against unexpected outcomes.
- c. Identify family spokesperson for ongoing communication.
- d. Document in the health care record: who was present, goals of care, what decisions were made, follow-up plan.
- e. Maintain contact with individual, substitute decision-maker(s), family and health-care team.
- f. Schedule follow-up meetings as needed.

N.B. When there is no consensus:

- Determine unmet needs for information and support.
- Assist the individual/substitute decision-maker(s) to access resources to address unmet needs.
- Reinforce role of substitute decision-maker if applicable.
- Schedule a follow-up conference.

Adapted from 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