

# Addressing Prognosis in Serious Illness



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## KEYWORDS

- Prognosis • Serious illness • Shared decision making • Communication
- Uncertainty • Goals of care

## HOSPITAL MEDICINE CLINICS CHECKLIST

1. Prognostic awareness in serious illness (e.g., advanced congestive heart failure, advanced dementia, advanced cancer) provides the foundation for:
  - a. Informed decision making
  - b. Determining realistic goals of care
  - c. Providing patient-centered care
2. Many patients with serious illness are unaware of their prognosis and likely outcomes of treatments, yet many want this information.
3. Hospitalists play a key role in helping hospitalized patients understand prognosis and developing realistic goals of care in the face of serious illness.
4. A “no” answer to the “surprise question” (“Would you be surprised if this patient died in the next year?”) helps to identify patients with serious illness who are at

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increased risk of death in the next year. Hospitalists should offer these patients information on prognosis.

5. Key elements for prognosis discussions in serious illness include the following:
  - a. Prepare for the discussion
  - b. Assess what the patient knows and what they want to know
  - c. Anticipate ambivalence
  - d. Provide information about prognosis that the patient or surrogate requests in a manner that is direct, honest and jargon free
  - e. Acknowledge uncertainty
  - f. Acknowledge emotions
  - g. Check for understanding—ask what the patient is taking home from the discussion
  - h. Wrap up with concrete next steps
6. High-quality documentation and handoffs by hospitalists about prognosis and goals of care discussions helps ensure that end-of-life care is aligned with patients' values and goals.

**DEFINITIONS***What is prognostication?*

Prognostication is a prediction of the future course of a patient's illness that is based on medical knowledge and experience. Prognosis includes estimates of survival, but also includes assessment of disease progression, relief of symptoms or functional outcomes. The 2 main components of prognostication are formulation ('foreseeing') and communication ('foretelling').<sup>1</sup>

*What is serious illness?*

Discussion of prognosis is most important for patients who have a serious illness. To identify patients who would benefit from palliative care, including discussion of prognosis, palliative care researchers and clinicians developed the following working definition:

*A serious illness is a condition that carries a high risk of mortality, negatively impacts quality of life and daily function, and/or is burdensome in symptoms, treatments, or caregiver stress.*<sup>2</sup>

Common serious illnesses encountered in the hospital setting include advanced congestive heart failure, advanced dementia, end-stage liver disease, advanced cancer, advanced chronic obstructive pulmonary disease, end-stage renal disease, multi-organ system failure, frailty, and multiple comorbid illnesses. Because providers often struggle with uncertainty in predicting whether a patient will die within a certain period, the "surprise question" ("Would you be surprised if this patient died in the next year?") is clinically useful in identifying patients at increased risk of dying who should be screened for palliative care needs, including discussion of prognosis.<sup>3-6</sup> If the provider would not be surprised by the patient's death in a year, prognostic discussion should be offered to the patient or family.

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