



# The Art of the Family Meeting

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# Conflict of Interest

- I have no conflicts of interest to declare.

# The Family Meeting

- Families don't ask for family meetings. We the medical providers ask for a family meeting.
- When do we decide a family meeting is a good idea?
  - Decisionally compromised patient or surrogate
  - Things aren't going so well
  - Patient or surrogate is not accepting medical advice

# What is a good meeting?\*

- Issues require face-to-face.
  - There are more than one components to the decision to be made.
  - There are different possible outcomes for the decision.
  - Conclusion is not forgone.
  - Every participant feels they have been heard.
  - A decision is made.
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- \*Hudson P, Quinn K, O'Hanlon B, Aranda S. Family meetings in palliative care: multidisciplinary clinical practice guidelines. BMC Palliative Care 2008;7:12

# The stages of a meeting\*

- 1. Preparation
- 2. Conducting the meeting
- 3. Concluding the meeting

○ Sharma and Dy, AJHPM 2001



# It's not always about death

- Dementia
- Functional decline
- Independence
- Driving



# Useful Tools\*

- Sharma K, Dy SM. Cross-cultural communication and use of the family meeting in palliative care. *AJHPM* 2011;28:437.
- **SPIKES**: **S**etting up, **P**erceptions (knowledge elicited from family/patient), **I**nvitation from patient, **K**nowledge disclosed to patient/family, **E**motions **E**mpathy, **S**trategy **S**ummary (Baile et al 2000)
- **VALUE** (Buckman 1984)
- **ABCDE** (Rabow&McPhee 1999)

# What is the Agenda

- There is a moderator identified.
- Introductions include relationship to the patient.
- Statement of purpose or goal of the meeting.
- Summary and documentation of the meeting provided to patient/family.



# “Breaking bad news” format

- Ask: “Tell us how you think things have been going.” = What do you know?
- Tell: “We’ve asked Dr. X from Y and Dr. W from Z to tell us how things have been going from their experience taking care of patients like your...family member.” = The consensus of the treating team. No consensus, no meeting.
- Summarize: “So it seems as though we need to make some decisions about next steps.”

# Next

- Ask: Patient/Family do you have any questions?"
- Ask: "What are the next steps we could take? Dr X? Dr. Y?"
- Summarize: "These seem to be the options and most likely outcomes of each choice."

# Advance Directive: Formal and implied

- Ask Patient: Did you ever talk about what you would want in a situation like this?
- Ask Family: Did (your loved one) ever talk about what s/he would want in a situation like this? If not directly, how did s/he feel about a friend or family member who was in this situation?
- Formal: Let's review his/her advance directive for how it applies here and now.

# Consensus Building

- Is there a clear leader of the family? Y No
- Is there a power struggle or competing interests within the family? No Y
- Support the leader
- Separate the decision to be made from the existing disputes
- Identify the alliances
- Validate both sides



# Family dynamics: It's complicated.

- You always liked Cheryl best.
- Samantha is the oldest.
- Robert is the man of the house.
- Junior is just after the money.
- My mother and your father.
- My father and your mother.
- His fiancée. Her baby daddy.
- She is my BFF like a sister.
- We are closer than brothers.
- Always been like a grandma to me.
- Always been a friend to the family.



## Next: NO SHOW NO SAY

- Chaotic family: Establish yourself or another team member as the alpha
- Allow private time for family/patient to process. "I think that is a lot to think about for now."
- Decision does NOT have to happen at the close of the first meeting. "Have you decided or would you like to sleep on it?"
- HOWEVER: Nothing will happen after 45 minutes AND it does not take 3 meetings going over the same information
- Establish an expectation/deadline for a decision.
- "We'll get together tomorrow afternoon to decide the next steps."

# 10 Elements of the Deal

- Think big: Have a plan.
- Protect the downside:
  - Don't let the conversation get into rehashing old hurts and issues.
- Know your market:
  - Know your stuff, prognosis, what is/is not likely/possible.
- Use your leverage: You know more.
- Enhance your location:
  - Make it better than it was before you got there.
- Keep it positive.
- Fight back.
- Deliver the goods.
- Contain the costs.
- Remember it is not about you or them. It is about the patient.



Thank you and happy  
summer vacation

