End-of-Life Communication: Interprofessional Perspectives and Biopsychosocial Training Needs

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Topic: The urgent need to improve the quality of death and dying in America is well documented. (1) These issues involve psychosocial as well as medical factors. Historically, training in related communication has been limited thus physicians have had to “learn” how to approach these emotionally charged topics on their own, often as senior medical students or residents. (2) Advance care planning (ACP) has been offered as a potential solution but without adequate training, physician communication about death and dying is not yet standard in terms of frequency or optimal in terms of quality (3). While the Centers for Medicare and Medicaid have recently approved financial reimbursement of ACP discussion, related education remains rare, highly variable, and institution-specific, causing some to warn the nation has put the proverbial cart before the horse (4). Others have prescribed better biopsychosocial integration as a potential solution (5).

Purpose: To help facilitate progress, a clinical geropsychologist-led interprofessional panel of medical educators will candidly address the emotionally challenging topic of death and dying. Specifically, members of the collaborative team (1 geropsychologist, 1 geriatrician, 1 medical resident, 3 medical students) will briefly share their own relevant educational experiences that highlight training gaps, barriers to change, and possible solutions to overcome them. Shared perspectives will encompass the entire medical training continuum (faculty, graduate and undergraduate education).

Session Outline:

Psychologist perspective: empathy shift, emotional support, and cynicism, (10 minutes)

Physician perspective: goals of care communication and futile treatment (10 minutes)

Resident perspective: perceived indifference and buffering burnout (10 minutes)

Student perspective: coping with depersonalization, mixed messages, and a culture of silence (15 minutes)

Moderated group discussion (15 minutes)

Potential Outcomes – The group's primary goal is to enhance future training efforts by facilitating candid yet sensitive discussion of the most psychologically challenging aspects of healthcare communication. Insights gleaned will ideally help shape curricula so that patients, families, trainees, and clinicians alike may benefit. Unprecedented life expectancy and growing incidence of incurable disease will continue to make open and skilled communication about death and dying a medical training imperative. Hopefully discussion will continue in an ongoing fashion and result in new communication-oriented scholarly collaborations across healthcare institutions and disciplines.

References:

AAMC Reporter– Having the talk: When treatment becomes end-of-life care.

Orlander JD, Graeme Fincke B, Hermanns D, Johnson GA. Medical residents' first clearly remembered experiences of giving bad news. *JGIM* 2002;17(11):825-40.

