

## **Journal Watch**

### **Discussing Treatment Preferences With Patients Who Want “Everything.”**

Presented by Dr. Doreen Oneschuk, December 1, 2009 at the Grey Nuns Tertiary Palliative Care Unit.

Reference: Quill, TE, Arnold R, Back AL. *Annals of Internal Medicine* 2009; 151; 345-349.

Abstract:

When asked about setting limits on medical treatment in the face of severe illness, patients and their families often respond that they want “everything.” Clinicians should not take this request at face value, but should instead use it as the basis for a broader discussion about what ‘doing everything’ means to the patient. The discussion might include questions about what balances of treatment burden, and benefit the patient can tolerate and about emotional, cognitive, spiritual, and family factors that underlie the request. After this initial exploration, the clinician can propose a philosophy of treatment and make recommendations that capture the patient’s values and preferences in light of the medical condition. Clinicians should respond to emotional reactions, directly negotiate disagreements, and use harm-reduction strategies for the relatively infrequent instances in which patients continue to request burdensome therapy that is unlikely to help. By using this approach, patients, families, and clinicians will be better able to understand each other and join together to develop a treatment approach that best respects patient and family values in light of what is medically achievable.

In place of a research study this paper was presented as it is felt to provide a practical framework in how to approach patients who request “everything.” This is often an area that is emotionally challenging to address for health care providers, notably physicians. The paper identifies 6 steps that include understanding what “doing everything” means to the patient; proposing a philosophy of treatment; recommending a plan of treatment; supporting emotional responses; negotiating disagreements; and using a harm-reduction strategy for continued requests for burdensome treatments that are very unlikely to work. At the end of the paper, a case is provided that utilizes these steps.