PALLIATIVE CARE CASE OF THE MONTH

"How to Talk about Time Limited Trials"

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Case: Mr. Smith is a 75-year-old man with COPD and CAD, who was admitted from a nursing home with pneumonia that quickly progressed to acute hypoxemic respiratory failure, sepsis, and acute kidney injury. Despite the use of two vasopressors and broad spectrum antibiotics, he did not improve over the first five days of his ICU stay, and he began to have decreased urinary output unresponsive to furosemide with signs of pulmonary edema. The question of hemodialysis was being considered, and palliative care was consulted to speak with his wife and three children. The MICU intern wondered if we should offer a time-limited trial of dialysis

Discussion: A time-limited trial is an agreement between clinicians and a patient/family to use certain medical therapies over a defined period to see if the patient improves or deteriorates according to pre-specified clinical outcomes. If the patient improves, disease-directed therapy likely would continue. If the patient deteriorates, treatment goals would be re-evaluated, often to focus more on comfort. If significant clinical uncertainty remains, another TLT might be renegotiated [1]. Examples of TLTs include a nasogastric tube after stroke and short-term dialysis in a patient with AKI due to a reversible disease.

TLTs are typically offered when the outcome or potential benefit of aggressive interventions is unclear and more data is needed to inform complex treatment decisions. It also is offered to give the family more time to psychologically understand a patient's prognosis or to experience the impact of a specific treatment. There are no data regarding the frequency of nor the outcomes of TLTs

How do you talk to a patient or family about a time-limited trial? [1,3]

1. Acknowledge the uncertainty and difficulty of the decision. Respond to the underlying emotion in what may be the most difficult time of the patient/surrogate's life. "I cannot imagine how difficult it is to see your dad so sick and not know what the future might bring."
2. Explore patient goals, values and priorities. Clarify which outcomes might be considered to be acceptable. "Given this situation, what would be most important to your dad?" It also is important to begin to talk about what would be unacceptable to the patient. "Given this situation, what would your dad want to avoid?"
3. Suggest a TLT of a specific intervention. Suggest a TLT to meet a patient's specific goals (i.e. life prolongation, improved function/mental status, allowing a peaceful death) (3, 5). "It may be helpful to try dialysis and see if that gives him the support he needs to be able get out of the ICU."
4. Negotiate clinical markers of improvement or decline. Definitions of success should be negotiated with the patient or family based on their values and the intervention being considered (i.e. if offering medically administered nutrition/hydration by gastric tube, families may define success differently, such as the patient being more interactive, living longer, or having fewer hospitalizations) (1). These outcomes should be identifiable to the patient and family and should be communicated clearly, enabling all involved to know what to watch for and what determines improvement (i.e. more awake or functional) or decline/burden (i.e. more sleepy or in pain). "It sounds like being independent is important to your dad and that he would want to be able to care for himself. On the other hand, he would never want to be kept alive on machines. I know you are optimistic that, with a couple more days of antibiotics and the dialysis, his infection will get better, and we will be able to get him off the breathing machine. I worry that if he has another complication or his lungs are not getting better, we would be talking about a trach and weeks-months of intensive care, which he said would not be ok. Does that sound right?"
5. Negotiate a specific and medically reasonable time frame to evaluate the effect of the treatment. Often, the optimal durations of therapies are unknown and depend on the underlying disease and the specific presentation (2). For example, the optimal time of a TLT for mechanical ventilation may be 3-5 days for hypoxic ischemic encephalopathy, compared to 7-14 days for severe stroke. While there are not good evidence-based guidelines for TLT, resources are available that offer reasonable TLTs based on expert opinion for commonly encountered scenarios, such as mechanical ventilation after a stroke, critical care for patients with cancer, or dialysis trials for the frail (2,3,5). It is critical for the clinical time to meet together to come up with a reasonable timeframe to discuss with the patient/family.
6. Arrange a follow-up family meeting for the middle and/or end of the trial to discuss progress or failure and next steps (5). This provides opportunities for clinicians and patients or their families to talk about how things are going, and which, if any, changes should be made. "I would expect some progress of strength and weight gain after 2 weeks of tube feeds. What do you think about us meeting in two weeks to see how he is doing? If something new happens, we will talk earlier."
7. Negotiate potential actions at the end of a time-limited trial. Define next steps such as continuation or cessation of a therapy based on defined goals.

Personal details in the case published have been altered to protect patient privacy.
**For palliative care consultations please contact the Supportive and Palliative Care *programs at PUH/MUH, 412-647-7243, pager # 8511, Shadyside, 412-647-7243, pager # 8513, Perioperative/ Trauma Pain, 412-647-7243, pager # 7246, UPCI Cancer Pain Service, pager 412-644-1724, Magee Women's Hospital, pager 412-647-7243 pager # 8510, VA Palliative Care Program, 412-688-6178, pager # 296. Hillman Outpatient: 412-692-4724. For ethics consultations at UPMC Presbyterian-Montefiore and Children's pager 412-456-1518*
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Discussion Continued

Time during a trial is valuable not just for information on treatment benefit, but it also can allow families or patients an opportunity to process difficult information or prepare themselves for cessation of life-sustaining therapies applicable to the situation. "You've said that Dad would define an acceptable quality of life as being independent at home, and he wouldn't want tubes attached to him for the rest of his life. I hope the dialysis will help him to get stronger and get to his goal. But if we don't make progress, I wonder if we can think about what the next step should be?"

8. Document the discussion: Who was present? Which information was discussed? What was the reason for the time-trial? What was negotiated regarding standards for success, the length of the trial, and the potential actions at the end of the trial? Documenting this information in the "Goals of care" section of Cerner will ensure that other clinicians know what was negotiated if transitions or hand-offs in care occur.

Re-evaluating a time-limited trial: First, assess the patient/family's perspective of success or failure of the TLT. "It has been a few weeks. How do you think your dad is doing? We said that success was defined as him being able to get off the ventilator and the infection getting better. What have other clinicians said about how those things are going?" If there is disagreement among clinicians and patient/family on the clinical progress, further discussion is necessary before any continuation, cessation, or change in treatment should be pursued. If all agree that the patient is improving, the intervention likely would be continued or transitioned to the next recommended treatment. If the situation has not changed significantly, or if it has worsened, then a new plan would need to be developed with strong consideration of discontinuation of the life-prolonging intervention and pursuit of the best comfort-focused treatment options.

Conclusion: In meeting with the family, they were clear that the patient would not be willing to have a trach or long term nutritional support. A son from out-of-town was pushing for dialysis, as he was on his way to visit. The plan was to try it for a week, as the son was travelling from Germany. They also agreed that, should he get worse, we should not add more medicine, have surgery, or escalate treatments. Sadly the patient coded two days later and died.

Modified from a Fast Fact and Concepts #401, 2020

References:

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4. Quill TE, Arnold R, Back AL. Discussing treatment preferences with patients who want "everything". Ann Intern Med. 2009;151(5):345-9.
5. Schell JO, Cohen RA. A communication framework for dialysis decision-making for frail elderly patients. Clin J Am Soc Nephrol. 2014;9(11):2014-21.

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