ATS American Thoracic Society | capc Center to Advance Palliative Care

Communication in Serious Respiratory Illness

Worsening Illness Severity

Mr. Jackson is 79 years old with progressive breathlessness and fatigue. He undergoes a thorough workup and is diagnosed with idiopathic pulmonary fibrosis. He presents to respiratory clinic with his spouse for guidance and treatment.

- Assess illness understanding and prognosis
- Introduce Advance Care Planning concepts and provide information
- Begin values-based discussions about preferences and wishes/goals of care
- Document these preferences
- Name surrogate decision maker/proxy
- Implement primary palliative care

Mr. Jackson is initiated on antifibrotics and cough medications, supplemental oxygen, and pulmonary rehabilitation. Despite these, he experiences progressively debilitating breathlessness.

- Review and confirm preferences and goals for current and future care. Continue to document any changes to plan and discussions about values and wishes for care
- Re-introduce palliative care and refer to specialist palliative care team
- Discuss hospice

A few months later, Mr. Jackson is admitted to the hospital for acute hypoxemic respiratory failure. He is started on high flow nasal cannula.

- Review and confirm preferences and goals for current and future care
- Continue to document any changes to plan and discussions about values and wishes for end of life care
- Assess capacity
- Confirm surrogate
- Document code status (decision aid, code status)

He continues to deteriorate, and the ICU team has further discussions about his goals. He is ultimately intubated.

- Confirm surrogate decision makers, review prior documentation on goals of care, and proactively engage in a family meeting
- Discuss time limited trials
- Resources: Family meetings | Best case/worst case
- Prepare treatment plan for end of life

After developing a complete understanding of his prognosis, as well as likelihood for recovery, Mr. Jackson's family honors his wishes and elects to focus on his comfort and for extubation. He passes away peacefully in the ICU surrounded by his family.

- Enact treatment plan for end of life based on preferences
- Coordinate plans with care team for grief and bereavement

POLICY STATEMENT
(link)