May 16th, 1:45 PM

“Can’t You Just Say?” – Contrasting Communication Preferences between Surrogate Decision-Makers and Physicians during Outcome Prognostication in Critically-Ill Traumatic Brain Injury Patients

Thomas Quinn

University of Massachusetts Medical School

Jesse Moskowitz

University of Massachusetts Medical School

Muhammad Khan

University of Massachusetts Medical School

See next page for additional authors

Follow this and additional works at: https://escholarship.umassmed.edu/cts_retreat

Part of the Critical Care Commons, Health Communication Commons, Health Services Administration Commons, Nervous System Diseases Commons, Neurology Commons, Translational Medical Research Commons, and the Trauma Commons

Quinn, Thomas; Moskowitz, Jesse; Khan, Muhammad; Shutter, Lori; Goldberg, Robert J.; Col, Nananda; Mazor, Kathleen M.; and Muehlschlegel, Susanne, "’Can’t You Just Say?’ – Contrasting Communication Preferences between Surrogate Decision-Makers and Physicians during Outcome Prognostication in Critically-Ill Traumatic Brain Injury Patients" (2017). UMass Center for Clinical and Translational Science Research Retreat. 66.

https://escholarship.umassmed.edu/cts_retreat/2017/posters/66

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Presenter Information
Thomas Quinn, Jesse Moskowitz, Muhammad Khan, Lori Shutter, Robert J. Goldberg, Nananda Col, Kathleen M. Mazor, and Susanne Muehlschlegel

Keywords
traumatic brain injury, communication, communication preferences, surrogate decision-makers

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.

This poster abstract is available at eScholarship@UMMS: https://escholarship.umassmed.edu/cts_retreat/2017/posters/66
“CAN’T YOU JUST SAY?” – CONTRASTING COMMUNICATION PREFERENCES BETWEEN SURROGATE DECISION-MAKERS AND PHYSICIANS DURING OUTCOME PROGNOSTICATION IN CRITICALLY-ILL TRAUMATIC BRAIN INJURY PATIENTS

Thomas Quinn, BS¹; Jesse Moskowitz, BS¹; Muhammad W. Khan, MBBS¹; Lori Shutter, MD²; Robert Goldberg, PhD²; Nananda Col, MD, MPP, MPH⁴; Kathleen M. Mazor, EdD⁵, ⁶; Susanne Muehlschlegel, MD, MPH¹,⁷,⁸

¹Department of Neurology (Neurocritical Care), ²Departments of Critical Care Medicine and Neurology, University of Pittsburgh School of Medicine, ³Department of Quantitative Health Sciences, ⁴Shared Decision Making Resources, Georgetown, ME, ⁵Meyers Primary Care Institute, ⁶Internal Medicine, ⁷Anesthesiology/Critical Care and ⁸Surgery, University of Massachusetts Medical School

Objective: Surrogate decision-makers (“surrogates”) and physicians of incapacitated patients have different views of prognosis and how it should be communicated, but this has not been investigated in neurocritically-ill patients. We examined communication preferences in surrogates and physician practices during the outcome prognostication for critically-ill traumatic brain injury (ciTBI) patients in neuroICUs.

Design: Qualitative study using in-person semi-structured interviews with surrogates of ciTBI patients and physicians with expertise in TBI.

Setting: Two neuroICUs at two level-1 trauma centers (surrogates); seven academic U.S. medical centers (physicians).

Subjects: Sixteen surrogates for 15 ciTBI patients and 20 attending physicians from neurocritical care, neurosurgery, trauma and palliative care.

Interventions: Not applicable.

Measurements and Main Results: We used qualitative content analysis and descriptive statistics of transcribed interviews to identify themes in surrogates and physicians. The majority of surrogates (82%) preferred numeric estimates describing the patient’s prognosis, as they felt it would limit prognostic uncertainty, which, in turn, surrogates perceived as frustrating. On the other hand, 75% of the physicians reported intentionally omitting numeric estimates during prognostication meetings due to low confidence in family members’ abilities to appropriately interpret probabilities, worry about creating false hope, and distrust in the accuracy and data quality of existing TBI outcome models. Physicians felt that TBI outcome models are for research only and should not be applied to individual patients. Surrogates valued compassion during prognostication discussions, and acceptance of their goals-of-care decision by clinicians. Physicians and surrogates agreed on avoiding false hope.

Conclusions: We identified fundamental differences in preferences for the communication of prognostic information between surrogates of ciTBI patients and physicians during goals-of-care discussions. A decision aid could potentially bridge this chasm by providing surrogates consistent and patient-centered information, however, with qualitative rather than quantitative estimates of ciTBI prognosis and an open disclosure of uncertainty.

Contact:
Thomas Quinn
Medical Student, Class of 2019
University of Massachusetts Medical School
Thomas.Quinn@umassmed.edu