

section 2.1.2: the role of the family meeting

family meetings in palliative care settings

Family meetings have been identified as powerful clinical tools for communicating with patients and family members in palliative care settings.¹ They can be a tangible means of demonstrating a partnership of care that is founded on the understanding that the family plays a vital role in ensuring the health and well being of patients. These meetings present an opportunity to explore the needs of the patient and caregivers and to identify the strengths that they already possess.

purpose of the meeting

- information gathering:
 - allows for expression of fears, anxieties or uncertainties about current or future care
 - clarification of the patient, caregiver's and family's expectations
- information sharing with the patient and family including:
 - specific information about the disease process and prognosis
 - options for treatment
 - introduction of palliative care services and outlining of available supports
- means of identifying the patient's and family's strengths and needs
 - provides an opportunity for patient and family to express and share feelings
 - allows for identification of those caregivers potentially at risk in the bereavement period
 - care planning
 - exploring discharge options and plans with the purpose of defining the patient's and/or the family's wishes and goals of care

prior planning required

Ensure that the time is suitable for all key participants, including key family and caregivers (who may need to negotiate time away with their employer), and staff from the health care team and that a suitable quiet room or area is chosen. If conflict within families has been identified as likely then opportunities to talk with individual family members may be required prior to the meeting itself. In complex situations doing the groundwork prior to the meeting is essential.

acknowledged benefits in practice²

- client-centred – the patient's and the family's input is valued and this is evidenced by the willingness of the team to commit time to the meeting process
- allows clarity of communication
 - patient, family and team share the same information, at the same time
 - an opportunity for patients and family to express feelings and reactions which may include anxieties, anger³ and frustration
 - allows staff to outline what they are able to do, and perhaps more significantly *what they can't*
 - may include clarification regarding the hospital's policies of length of stay and access to particular treatments

- excellent investment in terms of time and cost efficiency
 - reduces the need for multiple meetings with varied disciplines
 - a designated length of time is allocated which allows clinicians to factor this into their working day
- shared goals – the treating health team have the opportunity to clarify and work cohesively towards identified goals
- coordinated approach
 - provides an opportunity for each staff member to give their individual assessment and information which relates to their specific discipline
 - allows the development of a tailored plan for the patient and the specific tasks related to treatment or discharge plans to be delegated to the most appropriate staff member
 - allows discussion of future plans and contingencies including bereavement follow-up requirements
- comprehensive documentation
 - the main elements of the discussion can be documented and the decision trail and specific elements of planning can be followed by other staff accessing the case notes at a later time

documentation

Following the meeting, a designated team member completes the documentation in the case notes, including the names of participants, a summary of the significant conversations or issues raised, decisions made, the plan that has been formulated and who is responsible for specific actions.

related resources and information:

Therapeutic Guidelines-Palliative Care - Version 2 - see Family meetings in Grief and bereavement section.

references

¹ Fineberg I (2005) Preparing professionals for family conferences in Palliative Care: Evaluation results of an Interdisciplinary Approach. *Journal of Palliative Medicine* 8(4) 857-866.

² Collated from stakeholder feedback following groups held in metropolitan Adelaide in 2006 to tailor the MAPCARE resource

³ Anger in palliative care: a clinical approach (2007) *Internal Medicine Journal*. Vol 37, 49-55.