

## Module: Sharing Prognosis

### Learning Objectives

#### Attitudes

- Understand the Principles of Palliative Care Prognosis and be able to explain the role of prognosis within palliative care, emphasizing quality of life, patient-centered goals, and symptom management over curative approaches when appropriate.

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#### Knowledge

- Recognize the Importance of Patient-Centered Communication.

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#### Skills

- Develop Skills to Convey Prognosis with Empathy and Clarity.
- Address Uncertainty and Emotional Responses in Prognosis Conversations.

## Module: Sharing Prognosis

Sharing prognosis is a very important component of communication to families in all fields of medicine. Surgeons often need to share prognosis to balance hope with realism and communicate the severity and expected trajectory of critically ill patients. These conversations may take place in clinic following a new cancer diagnosis or in the ICU following a motor vehicle collision. It is critical to answer patients' questions regarding prognosis, as it is often one of the first questions they may ask. Here we will explore key strategies for sharing a prognosis with patients and families from a palliative care perspective, emphasizing empathy, clarity, and aligning treatment plans with the patient's goals.

### Understanding the Palliative Care Perspective on Prognosis

From a palliative care perspective, discussing prognosis involves focusing on the patient's quality of life and providing holistic care while focusing on treating symptoms rather than cure. This perspective requires understanding each patient's definition of a meaningful life, which may include comfort, independence, or time with loved ones. Focusing on the patient's goals are important when discussing a terminal condition, when there is a shift from curative to comfort oriented care. For surgeons, this means balancing discussions around potential surgical trajectory and outcomes with realistic expectations, and how that would fit in with their goals of life. In both surgical and palliative specialties, prognosis needs to be framed within broader context of patient-oriented care.

Surgeons working within this framework must also address the inherent uncertainties of prognosis. Palliative care encourages transparency and honesty about likely outcomes, even when these include difficult possibilities. Rather than focusing only on curative or life-prolonging measures, surgeons can guide patients through options that are consistent with their desired quality of life, including symptom management, comfort measures, and psychological support. This conversation should be had in all conditions as curative treatment may not be within the patient's goals of care even if not a terminal diagnosis. Integrating principles from palliative care empowers surgeons to provide compassionate, individualized care, fostering trust and helping patients feel supported in making deeply personal choices.

### Techniques for Sharing Prognosis Compassionately

Before sharing prognosis, one should choose a private, quiet space and include key family/ support members. After gauging the patient's current understanding and preferences for detail, the surgeon can explain the prognosis using straightforward, non-technical language, and provide information in manageable segments. Based on the prognosis, people may express grief, fear and confusion in multitude of ways. When sharing prognosis compassionately, surgeons can use structured techniques that facilitate understanding while remaining sensitive to the patient's emotional needs, such as SPIKES protocol (Setting, Perception, Invitation, Knowledge, Empathy, and Strategy) discussed in other sections.

Another valuable approach is the Ask-Tell-Ask method, which emphasizes engaging patients and families as active participants in the conversation. This involves first asking the patient or family what they know or expect about the condition, followed by telling them the essential information about prognosis in a compassionate and direct manner, and finishing by asking again to address any new concerns or questions. This technique invites a dialogue rather than a one-way exchange, making space for emotions and questions to surface naturally. Visual aids, such as a timeline of possible scenarios, can also be helpful in illustrating the likely course of illness, whether the patient is considering aggressive treatment or comfort-focused care. By using these techniques, surgeons not only provide clarity but also foster trust and help patients navigate difficult decisions with greater confidence.

## Aligning Prognosis with Patient-Centered Goals

Aligning prognosis with patient-centered goals requires understanding each patient's values and preferences to guide decisions that honor what matters most to them. These conversations involve exploring what quality of life means to the patient—whether it's maintaining independence, spending meaningful time with family, or prioritizing comfort over prolonged interventions. Early in the conversation, one can ask open-ended questions that invite the patient to share their goals and what they hope to achieve through treatment. Open-ended questions help the surgeon frame treatment options and prognosis in a way that resonates personally. By engaging patients in discussions about their values, the surgeon supports a collaborative decision-making process that emphasizes quality of life and respect for individual wishes.

Once patient goals are clear, you can then contextualize the prognosis and possible interventions within these goals. For example, if a patient values independence and minimal hospital time, the surgeon might suggest treatments that balance effectiveness with shorter recovery periods or fewer side effects. Similarly, for patients who prioritize comfort over aggressive measures, the surgeon can discuss palliative options that manage symptoms without prolonging hospitalizations or invasive procedures. This approach ensures that each recommendation aligns with the patient's personal definitions of well-being and dignity. It is still key to frame these interventions within realistic outcomes; if a patient is on a ventilator but the family would like them to die at home, additional framing and conversations will be needed to set more realistic expectations. By making the patient's values central to the discussion, surgeons foster a more meaningful, compassionate approach to treatment that respects medical realities and supports each patient in achieving the outcomes they truly value.

## Cultural Variations in Communication of Prognosis

Every family, support system and culture have a different setup, and every patient wants to discuss prognosis with different variations of methods mentioned previously. Occasionally, a request may be made from patients or families not to share the prognosis with patients. If this request is given directly from a patient, their request should be honored. Discussions surrounding prognosis will be with their surrogate decision maker. If this request is made by a family or support system, the provider should confirm this request with the patient. If the patient disagrees and wants to hear about their prognosis and take part in

their decision making, then that takes precedence. Our obligation is to the patient first, and the family second.

## Addressing Challenges in Prognosis Communication

Addressing challenges in prognosis communication involves navigating both the inherent uncertainties of medical outcomes and the emotional responses of patients and families. One of the primary challenges is balancing honesty with empathy when discussing potential outcomes that may be difficult for patients to hear. Another challenge lies in recognizing and addressing the emotional impact of prognosis discussions on both patients and their families. Conversations about life-limiting conditions or poor prognoses can lead to fear, sadness, or even denial. Surgeons should approach these responses with compassion and patience. Techniques like empathetic listening, validating emotions, and offering psychological support can help patients process difficult news. Another challenge is that prognosis and expected trajectory are rarely a matter of absolute certainty; rather, it involves a range of possibilities that depend on various medical and individual factors. Surgeons can address this uncertainty by using best-case and worst-case scenarios to help patients understand both the potential outcomes and the limitations of medical prediction. Best case/worst case supports informed decision-making while managing expectations, allowing patients and families to prepare for different possibilities without feeling overwhelmed or misled. Finally, there may be conflicting opinions among family members on what treatment should be pursued. One can facilitate family consensus and mediating conflict with open dialogue. Sometimes allowing the family to have time to discuss the information and options and revisiting the conversation another day can be successful.

Surgeons may also collaborate with a multidisciplinary team—including palliative care providers, social workers, and chaplains—to offer holistic support and address the family's broader emotional and practical needs. By approaching prognosis communication with clarity and compassion, surgeons can help patients and families feel understood and supported, even in the face of challenging realities.

## Conclusion

It is important to use clarity and empathy when having discussions with your patients. It is helpful to have conversations beforehand to learn what patients value to help align their treatment of goals of care. Surgeons have a unique opportunity to offer compassionate, honest communication that not only informs but supports patients and families through difficult decisions.

## Module: Sharing Prognosis

### Pre/Post Test

#### Questions

1. When discussing prognosis and treatment options with a patient and their family, which communication strategy should surgeons prioritize?
  - A) Using detailed medical jargon to ensure accuracy
  - B) Balancing optimism with realism, focusing on the patient's understanding of outcomes
  - C) Reassuring the family that everything will be done to cure the patient
  - D) Encouraging the patient to leave decisions entirely to the medical team

#### Answers

1. B) Balancing optimism with realism, focusing on the patient's understanding of outcomes

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### Bibliography

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## Module: Sharing Prognosis

### Case Scenario

Dr. Shep, a thoracic surgeon, is meeting with Mr. Thompson, a 68-year-old patient recently found to have stage IV lung cancer, to discuss his prognosis and next steps. Using the Ask-Tell-Ask method, Dr. Shep begins by inviting Mr. Thompson to share what he understands about his condition. Mr. Thompson explains that he knows the cancer is advanced but is unclear on what this means for his life expectancy and options. Dr. Shep then asks what specific questions or concerns Mr. Thompson has, to ensure the conversation is aligned with what he most wants to know.

Next, Dr. Shep moves to the "Tell" step, clearly and compassionately explaining the prognosis. He conveys that stage IV lung cancer is not curable but that there are treatments focused on symptom management and possibly slowing disease progression. Throughout the explanation, he pauses frequently to check in with Mr. Thompson's understanding and emotional state. After delivering this information, Dr. Shep transitions back to the "Ask" step, inviting Mr. Thompson to share his thoughts and reactions. Mr. Thompson expresses concern about pain and asks about what life might look like in the coming months. Dr. Shep takes the time to address these concerns, focusing on Mr. Thompson's goals for comfort and quality of life, and offers to involve the palliative care team to support him. This patient-centered approach ensures that Mr. Thompson's needs and values are at the forefront of the prognosis discussion.