

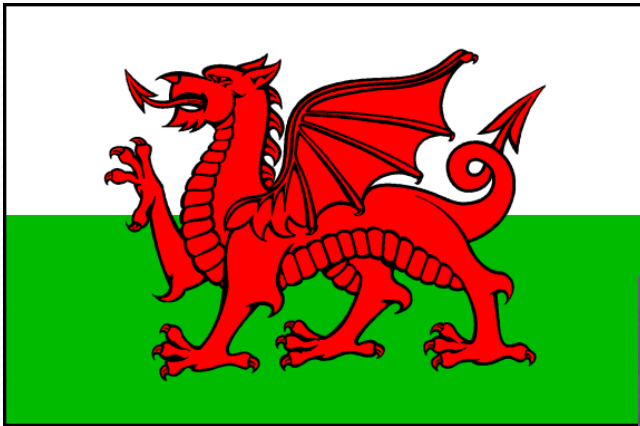
Decision making for feeding : Let's keep it simple

Dr Heulwen Sheldrick (PhD)

This session....

- A bit about me...and the way I see the world...
- Decision Making process for feeding
- Context and Influences
- What we should ask ourselves?
- How we should do it?
- How can we keep it simple?

A bit about me...



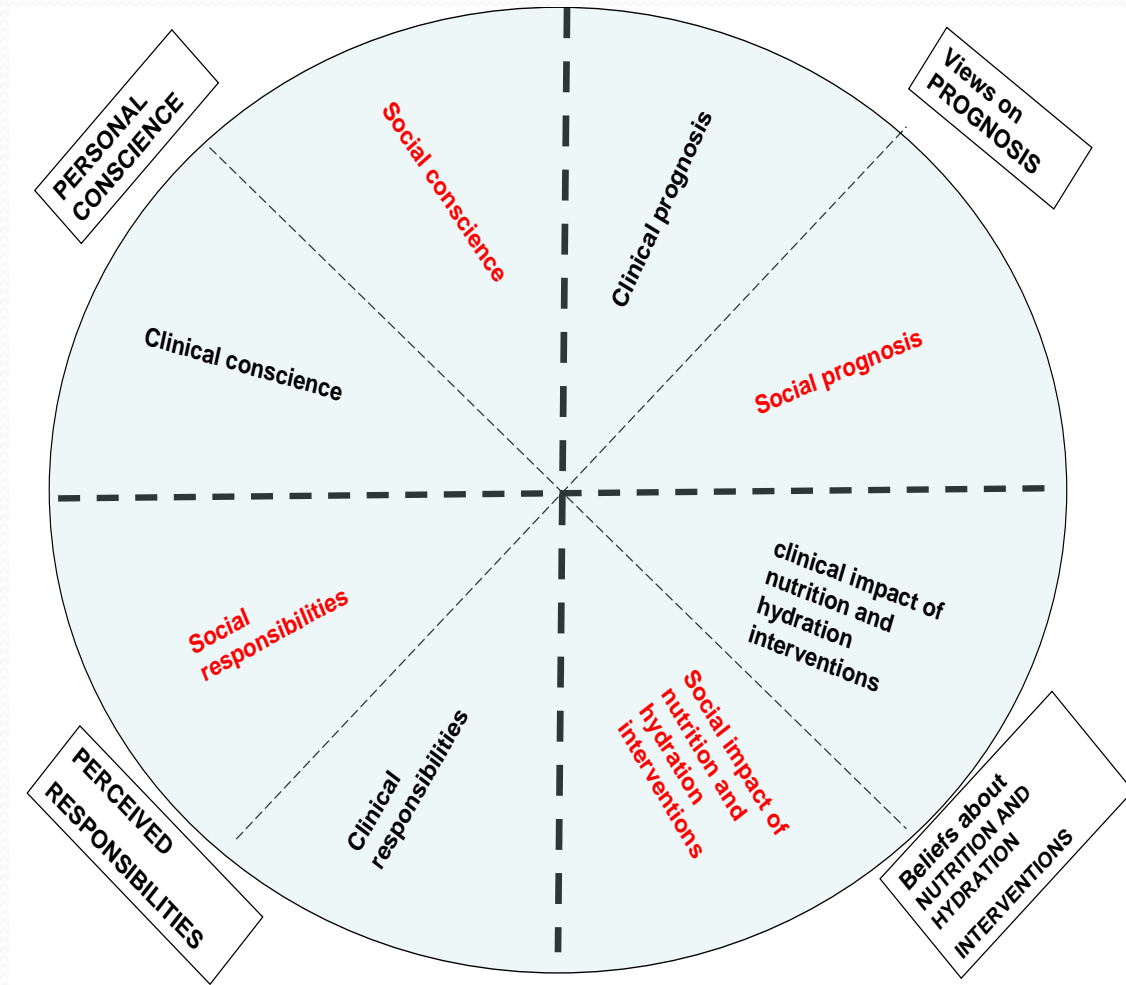
What Impostor Syndrome Feels Like



In the beginner's mind there are many possibilities, but in the expert's there are few.

- Shunryu Suzuki

My PhD – Feeding decisions



What influences decisions?

- **Views on Prognosis**
 - Clinical – eg Will they survive?
 - Social – eg What QoL?
- **Beliefs about the Interventions**
 - Clinical – what is the evidence about risk and benefit?
 - Social – what do the options look like/ limit/impact on?
- **Perceived responsibilities**
 - Clinical - professional / legal
 - Social – as a human being (for society, onlookers etc)
- **Personal Conscience**
 - Clinical – Being a good clinician
 - Social – Being a good person

The evidence conundrum

Absolute certainty?

- Nil by Mouth for 5 days....
- Use of Thickeners...
- Blended diets...
- Pathways (ie LCP, Feed at risk)



→ Evidence is ONE ingredient in the 'causal cake'.
What type of baker are you?

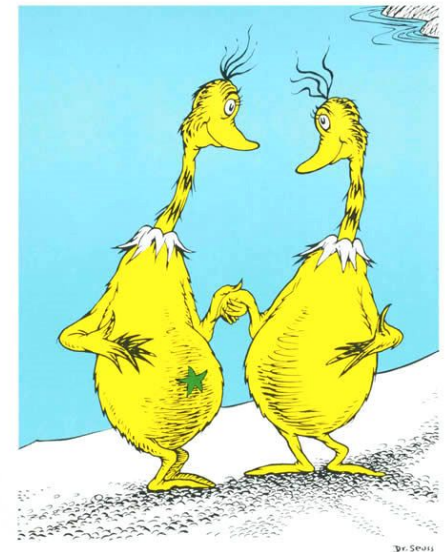
Start – listen to yourself....

- What are your views and biases about options?
- What are your assumptions about the person/family?
- What is your 'custom, practice, culture' as a team?
- What language do you use? ('framing')
- What mindset do you have? (Medical / social/ risk averse)
- What do you think should happen? Why?

YOU ARE YOU!
Now, isn't that pleasant?
- Dr. Seuss

Then, listen to the others....

- What matters **TO** the person – and why?
- What matters **FOR** the person – and why?
- What are the views of each of the MDT – and why?
- Enjoy your agreements and learn from your differences





Then, Question....not answer....

- Are they having nutrition now? If not, why not?
- What is the usual position – compared to now?
- Do you know enough about
 - the person (capacity, stated views) – and why
 - their situation (clinical and social) – and why
 - the views of others (family / MDT) – and why
 - the clinical and social prognosis
 - the options available
 - Actual distress/harm, likelihood of harm (trend) – not just risks
 - Actual enjoyment/ benefits & likelihood of benefits

Keep it simple

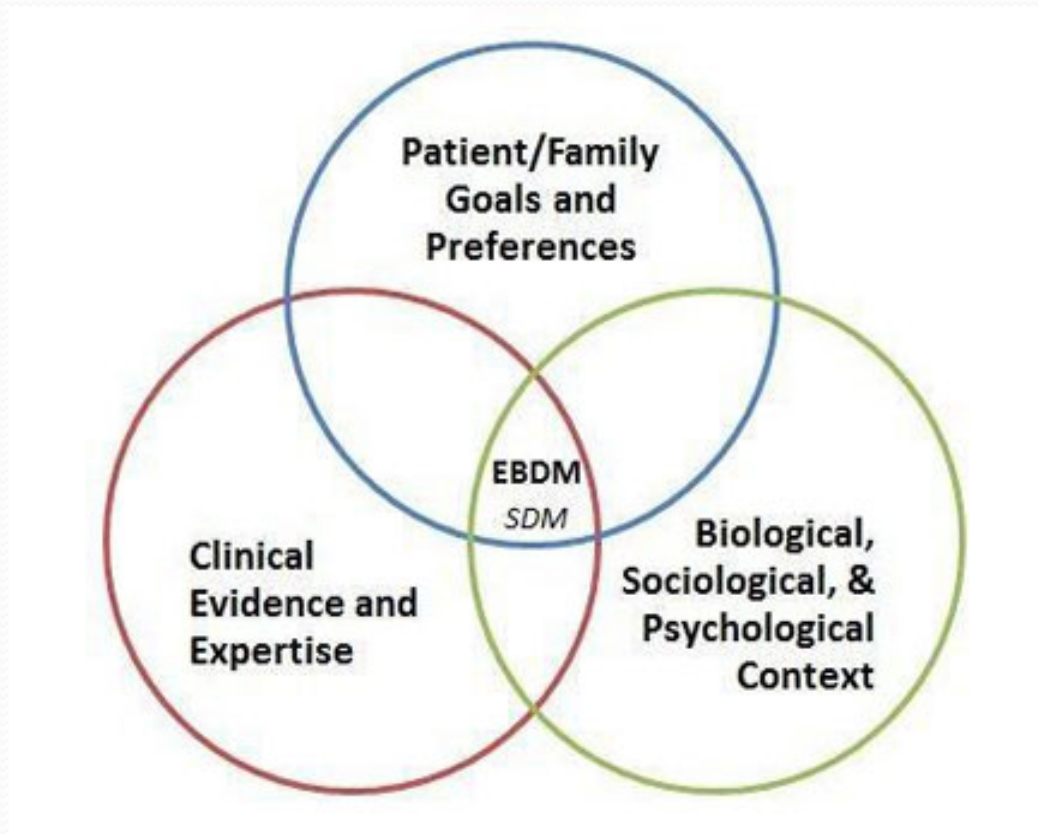


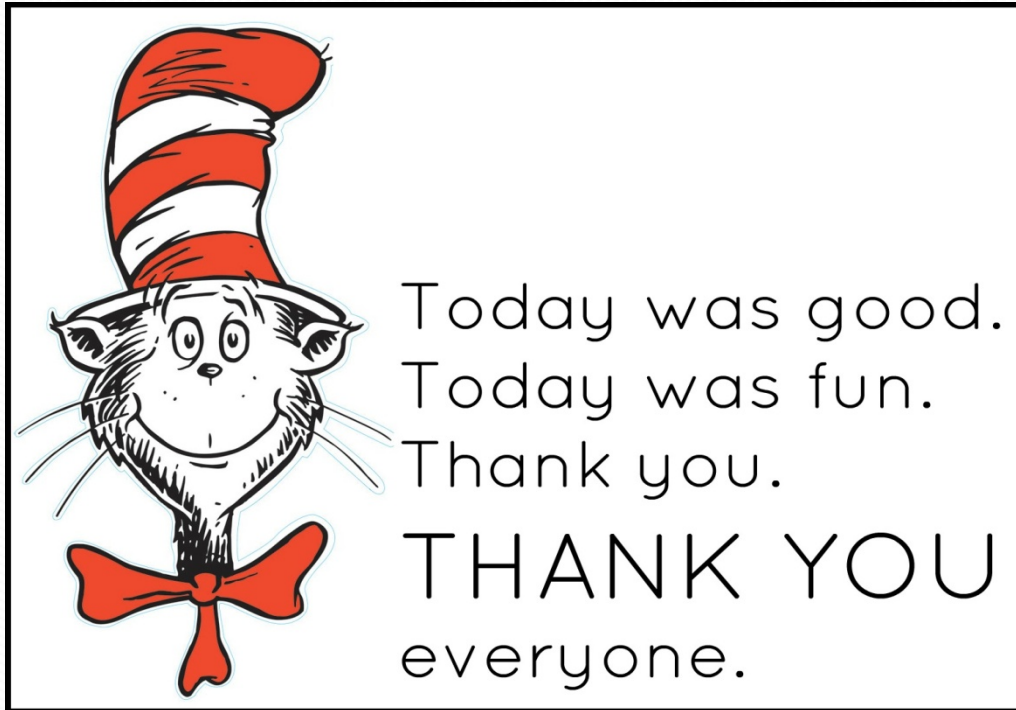
- Start by asking the person & their family
- Offer food / drink unless good reason not to
- Ask questions and observe – don't talk too much
- Establish trust – be authentic
- Do not medicalise – be a human first and foremost
- Mindset of togetherness – share the decision
- Work out loud....articulate your thoughts
- Explore dissensus – take time
- Document the process – not just the outcome
- Accept that no decision is for ever....

Sometimes the
questions are
complicated
and the
answers are
simple.



The decision is shared.....





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References & Reading

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- Cifu, Prasad (2015), Ending Medical Reversal; Improving Outcomes, saving lives
- DOH (2017) One Year on: The Government Response to the Review of Choice in End of Life Care
- Gawande, Atul (2014) Being Mortal – Medicine and what matters in the end
- Gropman and Hartzband (2011) Your Medical Mind; Penguin Books
- Sabbage, S (2015) The Cancer Whisperer

Papers

- **The Kings Fund (2013)** MAKING SHARED DECISION-MAKING A REALITY No decision about me, without me (Angela Coulter, Alf Collins)
- The evidence about Shared Decision Making
<http://www.health.org.uk/sites/default/files/HelpingPeopleShareDecisionMaking.pdf>