

Building consensus around treatment decisions

A consensus building approach to end of life decision-making that considers the patient's best interests as paramount is recommended where the patient lacks the capacity to determine his or her own care. This collaborative process aims to draw on the family and treating team's knowledge and understanding of the patient's personal values and medical condition. A consensus is sought within the treating team, and between the treating team and family about a plan of care that is as consistent with the patient's wishes and values as possible, and which also supports the family in the degree of involvement they wish to have.

Shared decision-making is recommended as sole decision-making by any one party, either the senior treating clinician or the family, may fail to achieve the best possible treatment decision. A consensus approach with appropriate involvement from both treating team and family:

- avoids placing a senior treating clinician in a position of guessing at a patient's wishes concerning end of life treatment without the participation of others, or precipitously withholding or withdrawing treatment
- is consistent with a desire by many patients for their family to be involved in end of life decisions when they are not able
- avoids imposing possibly additional stress on a family who may perceive that they carry the burden of decision-making and which may later contribute to feelings of guilt
- minimises inappropriate input to decisions where concerns arise about conflict of interest within a family or a family's inability to understand medical aspects of care.

The treating team, and the senior treating clinician in particular, should therefore not merely outline treatment options then delegate decision-making responsibility to families, but rather they should make recommendations for management based on their understanding of the patient's medical condition and prognosis and allow time for discussion and reflection, while continuing to work with and support the family to reach a consensus decision.

Families should be provided with a contact point for appropriate members of the treating team, hospital or community-based staff after the patient's death to discuss unanswered questions, as this may be beneficial in allaying guilt or uncertainties.

References:

- *NSW Health Guidelines – End of Life Care and Decision Making* (March 2005)
http://www0.health.nsw.gov.au/policies/gl/2005/pdf/GL2005_057.pdf

Resources:

- [MJA Clinical Practice Guidelines Communicating Prognosis and End of Life Issues](#)
- [Vital Talk](#)