

Strategic Communication to Empower Informed Decision-Making: The PATH Guide

This guide provides clinicians with a structured approach to discussing serious illness and developing care plans. It emphasizes the importance of a shared understanding of a patient’s health conditions and prognosis. This, in turn, empowers patients (or their delegates) to make informed and personalized medical decisions grounded in realistic expectations of their health status.

STEP 1. PREPARE YOURSELF (collect important information)	
TASK	DESCRIPTION
Assemble the Story	<ul style="list-style-type: none"> • Before speaking with the patient, familiarize yourself with their complete medical history and timeline of events (know the story) • Understand the prognosis and potential treatments for each diagnosis, including life-limiting conditions like heart failure and dementia • Be informed about required tests and consultations, including the expected wait times for each • If necessary, call a specialist to understand what to expect
Consider the Patient’s Decision Making Capacity	<ul style="list-style-type: none"> • Consider the patient’s capacity to make medical decisions. Ask yourself: <ul style="list-style-type: none"> ○ Is there evidence of dementia? Is there delirium? ○ Can the patient describe their health issues and recall relevant information? ○ Is formal cognitive testing needed? • A substitute decision-maker, also known as a delegate, should be identified regardless of the patient’s cognitive status • If the patient lacks capacity, ask the delegate whether and when to involve the patient in discussions about medical decisions
Involve Family Members or Support Persons	<ul style="list-style-type: none"> • Arrange for a family member or support person to join the discussion. If they cannot be present in person, they can join by phone or through a confidential video platform.

STEP 2. START THE CONVERSATION (state intentions)

TASK	DESCRIPTION	STATEMENTS
Introduce Yourself and Your Role	The way you execute these first steps holds significance	<i>“Good morning, my name is [Dr. Paul]. I am a [doctor specializing in internal medicine]. I work with the Palliative and Therapeutic Harmonization (PATH) team. We help people make informed decisions about their health and care options based on a clear and realistic understanding of their conditions. To begin, I’ve carefully reviewed your medical records.”</i>
Clearly State the Purpose of the Conversation	Establish an honest, professional, and empathic tone	<i>“I’d like to talk to you about what I’ve learned about your health. This conversation will help you better understand your medical conditions, enabling you to make informed decisions about your current and future care.”</i>
Consider Asking the Patient to Describe Their Health Condition(s)	Based on the situation, the conversation can proceed in one of three ways: (1) ask the patient to explain their understanding of their medical conditions and potential treatments; (2) have the clinician review the medical issues; or (3) let the patient choose between options 1 and 2	<i>“Can you tell me what you understand about your health conditions?”</i> Or proceed to step 3

STEP 3. SHARE INFORMATION (build a common understanding)

TASK	DESCRIPTION	STATEMENTS
Clarify the Patient's Comfort Level for Receiving Information	<ul style="list-style-type: none"> • Understand the patient's preference for receiving information • Individuals making medical decisions need information, especially for complex choices. Thus, if a patient prefers not to receive information about their health status, a delegate should be identified to assist in decision making. 	<p><i>"To make the best decisions, we need accurate information. Are you comfortable hearing direct and honest information about your health, or would you prefer that I talk to someone else on your behalf?"</i></p> <p><i>"Do you want the big picture overview, or would you prefer all the details?"</i></p>
If Appropriate, Begin with a Warning Statement to Indicate Bad News	<ul style="list-style-type: none"> • Ensure the patient has supports present 	<p><i>"Some of the information that I will share may be difficult to hear, but it's important that we speak honestly. People often forget a significant portion of the complex health information provided by healthcare professionals. For that reason, I recommend having someone you trust present for this conversation."</i></p>
Provide Detailed Information About Medical Condition(s)	<p>Describe each health condition in detail, including how it might progress and the expected prognosis</p> <ul style="list-style-type: none"> • Focus on diagnoses that significantly impact health, function, and quality of life • Present the information in a narrative form • Avoid medical jargon to ensure the explanation is clear and accessible to everyone 	<p><i>"Your mother is frail and has a serious condition known as heart failure. This means her heart isn't pumping well, which causes her to become short of breath after minimal activity and explains why she has required frequent hospital admissions. An ultrasound showed that it only pumps at 20%, whereas a healthy heart pumps at 55 to 70%. While medications can alleviate symptoms, they cannot cure the condition, and heart failure is expected to worsen over time."</i></p> <p>Pause for responses and questions. Then explain:</p> <p><i>"At this late stage, heart failure is considered a terminal illness, similar to advanced cancer. We expect that it will eventually result in your mother's death."</i></p> <p>Describe the patient's other medical problems, then pause for responses and questions.</p> <p><i>"Given your mother's many medical problems, she is in the final chapter of her life. While I can't predict exactly how long this chapter will last, it is important to focus on comfort and provide the necessary support."</i></p>

<p>Give Information in Chunks and Assess Understanding</p>	<ul style="list-style-type: none"> • Pause frequently and ask for comments • Inquire about the patient’s (or delegate’s) comprehension • Use the answers to assess understanding and identify disparities between your perspective and that of the decision-maker • Avoid sympathy statements like "I'm sorry for you." Instead, say, <i>“This must be hard news to hear.”</i> 	<p><i>“Is this what you expected to hear?”</i> <i>“Is this information surprising to you?”</i> <i>“How do you feel about what I’ve said?”</i> <i>“What questions do you have for me?”</i> <i>“Are you ready to continue?”</i></p> <p>If the patient or family seems upset, you can say, <i>“Can you tell me what is most upsetting?”</i></p>
<p>Consider Frailty</p>	<p>If the patient is frail,¹ discuss the potential impact of frailty and the frailty cycle² (Figure 1)</p>	<p><i>“People who are frail need help with daily activities. As frailty progresses, they will require more support, and their health will gradually decline. After a health event like pneumonia or invasive treatments, someone who is frail often won’t fully recover, leading to increased frailty. We call that the frailty cycle. It’s important to consider this when planning for the future.”</i></p>

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1. Frailty can be understood by considering cognition, function, and mobility and reflects a person’s state of health and vulnerability [Rockwood K, et al. *CMAJ*, 2005; 173(5): 489–495.]
 2. The frailty cycle explains that when frail individuals experience a health crisis, which is the sudden worsening of an existing problem or the development of a new issue such as pneumonia, there is typically incomplete recovery and further frailty. This description helps the decision-maker understand future health, which is an essential consideration when making medical decisions.

STEP 4. NAVIGATE DECISION MAKING (collaborate for informed decisions)

TASK	DESCRIPTION	STATEMENTS
<p>Guide Decisions by Considering Realistic Expectations and Trade-offs</p>	<p>Openly offer your expert opinion regarding realistic expectations and discuss trade-offs. For example, whether to:</p> <ul style="list-style-type: none"> • Accept potentially harmful treatments to maybe gain more time • Use antipsychotics to manage agitation while acknowledging the increased risk of falls, confusion, and sedation • Focus on a comfortable death rather than life extension <p>When relevant, patients can use predefined ‘PATH framing questions’ during medical interactions. This helps ensure that decisions align with their specific health situation.</p>	<p><i>"Here's a card with seven important questions to ask your healthcare provider during any clinical encounter. These questions will help you understand your medical condition(s) and treatment options."</i></p> <ol style="list-style-type: none"> 1. Which health conditions can be easily treated? Which cannot? 2. How might frailty impact the risks associated with treatment? 3. Will the proposed treatment improve or worsen function and memory? 4. Will the proposed treatment require time in the hospital? If so, for how long? 5. Will the treatment increase the number of good quality years, especially at home? 6. What can be done to promote comfort and dignity in the time left? 7. How will treatment impact living arrangements, supports required, and costs?
<p>When Appropriate, Make Recommendations</p>	<p>Discourage treatments that you expect would offer minimal or no benefit based on the patient’s health conditions, frailty, and function</p>	<p>Here’s an example discussion about cardiopulmonary resuscitation when a patient has advanced medical conditions or severe frailty.</p> <p><i>“Given your advanced medical conditions and level of frailty, it's important to have a plan in place. One option we need to consider is your 'code status,' which tells the medical team whether to perform cardiopulmonary resuscitation, also known as CPR, in the event your heart stops. CPR involves forcefully pressing down on the chest, sometimes along with inserting a tube into the lungs to assist with breathing or delivering an electric shock to the heart, known as defibrillation.</i></p> <p><i>In your situation, it's almost certain that CPR would not help. This is based on studies that show that for people with complex medical conditions and frailty, there is a very low rate of survival after CPR and an even smaller chance of survival without significant brain damage.¹ Instead, CPR would likely lead to a distressing end of life with increased disability and dependency. That's why I'm recommending a 'Do Not Resuscitate,' or DNR, code status. This means we would not perform CPR and instead focus on treatments we expect to provide you with the most comfort and support. How do you feel about this recommendation? Would you like to discuss it further?”</i></p>

	Encourage treatments that you expect would offer benefit based on the patient’s health conditions, frailty, and function	<p>In contrast, here’s an example of what to say when a person is healthy but might require intubation for a new, reversible illness: Describe the process of intubation and add:</p> <p><i>"In your case, since you don't have any underlying serious health conditions, I recommend that we proceed with intubation. This treatment is necessary to manage your current condition, and we expect that it would be a temporary and reversible measure. How do you feel about going ahead with intubation? Do you have any questions or concerns about this recommendation?"</i></p>
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1. Hamlyn J, Lowry C, Jackson TA, Welch C. Outcomes in adults living with frailty receiving cardiopulmonary resuscitation: A systematic review and meta-analysis. Resusc Plus. 2022;11:100266. Published 2022 Jul 1. doi:10.1016/j.resplu.2022.100266

STEP 5. ENABLE DECISIONS (identify key choices)	
TASK	DESCRIPTION
<p>Discuss Treatment Options and Help the Patient (or Their Delegate) Make Decisions That Align with Their Values and Goals</p>	<ul style="list-style-type: none"> Encourage the decision-maker to make healthcare decisions that are well-informed and aligned with their health status, preferences, and realistic goals For thorough care planning, use the PATH Decision-Making form (Supplement 1) for a structured outline to guide discussions on specific treatments and interventions Recognize that not all decisions can be made in advance If there is a decline in health status or the emergence of new symptoms, revisit and reassess previous decisions

STEP 6. CLOSE THE CONVERSATION (ensure understanding and documentation)

TASK	DESCRIPTION	STATEMENTS
<p style="text-align: center;">End the Conversation with Clarity and Collaboration</p>	<ul style="list-style-type: none"> • Summarize key points • Assess comprehension • Encourage final questions 	<p><i>“We have discussed important information about your heart and made specific decisions regarding your care. Can you summarize what we’ve discussed today so I can make sure we are on the same page?”</i></p> <p><i>“Do you have any questions?”</i></p>
	<p>If the patient lacks capacity to make medical decisions, ask the delegate what information should be disclosed to the patient</p>	
	<ul style="list-style-type: none"> • Conclude with an action statement • Emphasize the collaborative nature of the partnership, if applicable • Review subsequent steps, ensuring the patient or decision-maker understands what will happen next • Document decisions such as on the PATH decision-making form (Supplement 1) 	<p><i>“We have a plan. I’ll arrange appropriate follow-up with [relevant party]. I have documented your decisions on the PATH decision-making form. Here is a copy to show doctors and health professionals when you see them.”</i></p>