

# Making the Best Decisions at the End of Life

ASHLEY DIXON-ANDERSON MD MBA  
PALLIATIVE MEDICINE  
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

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## Disclosures

I have nothing to disclose.

But I will always have a good book recommendation.



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## Learning Objectives

- ▶ Explore Value-based goals of care vs Goals of Treatment
- ▶ How to evaluate goals
- ▶ Framework for End-of-Life decision making
- ▶ Review studies from clinicians and patients on what matters in the end
- ▶ Palliative Care peals on responding to patient language and hopes

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"Your days are numbered. Use them to throw open the windows of your soul to the sun. If you do not, the sun will soon set, and you with it."  
-Marcus Aurelius

**MEDITATIONS**  
*Marcus Aurelius*

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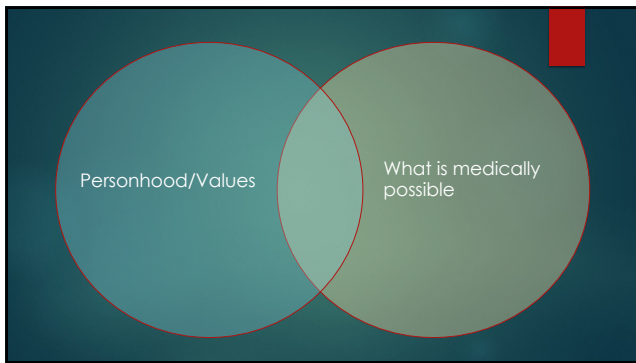
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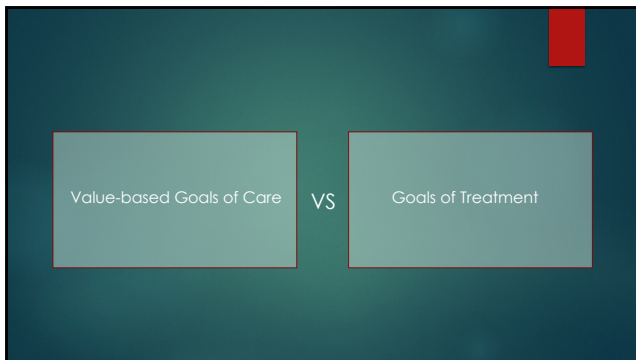
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**Goal Statements:**

**A1:** I want to do all I can to feel well and do the things that are important to me.

**A2:** I want to do all I can to feel well even if it means stopping the treatments for my cancer.

**A3:** I want to feel as well as possible even if it means I will stop treatment for my cancer and may not live as long.

**B1:** I want to receive treatment for my cancer rather than supportive care alone because treatment may help me feel better.

**B2:** I want to receive any treatment that might cure my cancer, no matter the side effects or risk of death from side effects.

**B3:** I want to receive treatment for my cancer rather than supportive care alone because treatment may help me live longer.

**B4:** I want to live as long as possible even if it means I will not feel as well due to side effects from my cancer treatment.

**C1:** I do not want to die connected to life-supporting machines.

**C2:** I do not want to die connected to life-supporting machines unless there is a realistic chance of recovery.

**C3:** I do not want to die to connected to life-supporting machines even if this means I will die sooner.

**C4:** I want to die at home with my family and friends.

The Goal Inventory:  
 An Innovative Digital Resource to Help  
 Patients Identify and Evaluate Their Goals  
[Journal of Pain and Symptom Management](#)  
 Cripe et. al. 7/2024

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**Factors considered important at the end of life by patients, family, physicians, and other care providers**

- Pain and symptom management
- Preparation for death
- Achieving a sense of completion about one's life
- Decisions about treatment preferences
- Being treated as a whole person
- Patient's relationships with health professionals

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**MAN'S SEARCH FOR MEANING**  
**VIKTOR E. FRANKL**

WITH A NEW FOREWORD BY HAROLD S. KUSHNER

MORE THAN 12 MILLION COPIES IN FIFTY COUNTRIES

"Ultimately, man should not ask **what** the meaning of his life is, but rather must recognize that it is he who is asked. In a word, each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible."  
 — Viktor E. Frankl

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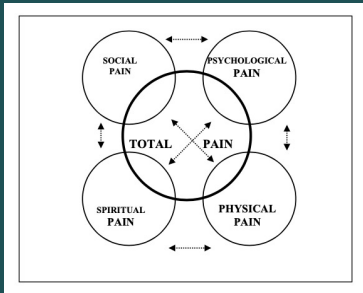
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<https://www.mypainnow.org/fact-fact/total/>

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from getty images

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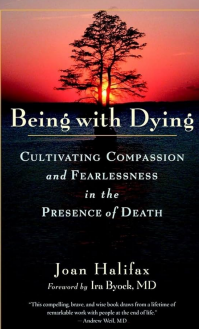
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"Denial of death runs rampant through our culture, leaving us woefully unprepared when it is our time to die, or our time to help others die. We often aren't available for those who need us, paralyzed as we are by anxiety and resistance—nor are we available for ourselves."  
— Joan Halifax

Joan Halifax  
Foreworded by Im Byeok, MD

"The compelling, heart and mind book from one of the most available work with people at the end of life."  
— Andrew Weil, MD

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Do everything request

Denial

Miracle speak

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NEW YORK TIMES BESTSELLER

*The*  
**Good Life**

LESSONS FROM THE WORLD'S LONGEST SCIENTIFIC STUDY OF HAPPINESS

CREATE A MORE MEANINGFUL AND SATISFYING LIFE

Robert Waldinger, MD  
and Marc Schulz, PhD

"Spoiler alert: The good life is a complicated life. For everybody. The good life is joyful... and challenging. Full of love, but also pain. And it never strictly happens; instead, the good life unfolds, through time. It is a process. It includes turmoil, calm, lightness, burdens, struggles, achievements, setbacks, leaps forward, and terrible falls. And of course, the good life always ends in death."  
— Robert Waldinger

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Active Learning Questions

1. Which of the following would be considered a Value-Based Goal of Care?

- To have more cancer-directed therapy
- To have symptoms well-controlled
- To prioritize time at home with family
- To engage in physical therapy to regain strength

2. In the Steinhauser study, which of these was **not** indicated as one of the most important attributes/goals of care at the end-of-life?

- Dying at home
- Achieving a sense of completion about one's life
- Being treated as a whole Person
- Patient's relationships with health professionals

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