Promoting Personhood and Perspective: Pediatric neuropalliative medicine and the importance of prognostic awareness

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MSRGN Virtual Conference Nov 2023

Disclosures

 I have no relevant financial relationships to disclose and I do not intend to discuss off-label investigative use of a drug / device / product.



Learning Objectives

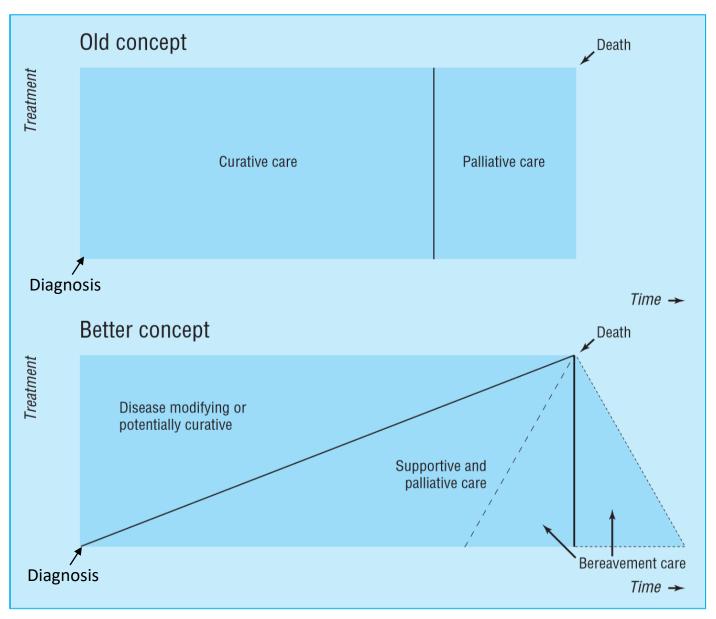
Upon completion of this session, participants will improve their competence and performance by being able to:

- Characterize elements of serious illness family narrative specific to pediatric neurogenetic diseases
- Distinguish mismatch between technological advances and lagging humanistic considerations
- Integrate new tools for serious illness communication

It's not hospice.



Why the stigma?



Murray, SA et al. BMJ 2005; 336: 958-959

What is special about pediatrics?

Goal-concordant medical care

- Adult palliative medicine:
 - Lived values and experience → principles for future decisions

Highest utilizers: Oncology → Neuro dx

- Pediatric palliative medicine:
 - Much less lived experience → expectations for the future
 - Proxy decision making
 - Parental "best interest standard"

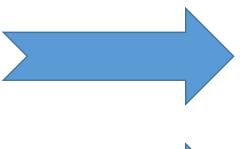
• Consideration of family unit Highest utilizers: Neuro dx \rightarrow Oncology (~20%) Parents as caregivers!

What is special about neurogenetic conditions?

- Neurological disease
 - Higher rates of disability
 - Multi-system sequelae
 - Prevalence of uncertainty
 - Impact on personhood
 - Existential implications

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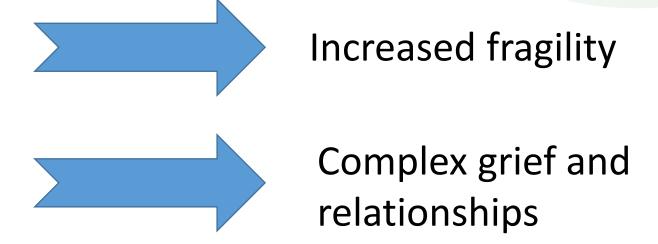
Increased fragility



Complex grief and relationships

What is special about neurogenetic conditions?

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Pediatric neuropalliative care is about helping children with serious neurological conditions live as well as possible for as long as possible, AND requires acknowledgement of the impacts of these unique features on families.

Caring for children with neurogenetic diseases requires tools to acknowledge and manage:

- Uncertainty
- Chronic fragility
- Personhood
- Caregiver exhaustion

Tool: characterize the mindset

Initial Phase Chronic phase Peace phase Live well **Prolong Life** Focus of Care Cure Attitude Live now Beat it Fight it Unpleasantness Low Very high High tolerance High **Emphasis on QOL** Moderate Low

Lived Experience → **Prognostic Awareness**

Tool: characterize the mindset

Initial Phase Chronic phase Peace phase Live well **Prolong Life** Focus of Care Cure Attitude Live now Fight it Beat it Unpleasantness Very high Low High tolerance ≠ suffering (necessarily) High **Emphasis on QOL** Moderate Low Can be mistakenly viewed as "giving up"

Caveats:

- Do not misperceive moral weighting
- Do not misjudge hope

Tool: characterize the mindset

	Initial Phase	Chronic phase	Peace phase
Focus of Care	Cure	Prolong Life	Live well
Attitude	Beat it	Fight it	Live now
Unpleasantness tolerance	Very high	High	Low
Emphasis on QOL	Low	Moderate	High

Clinicians have influence & responsibility here, but not control

- Call out what you're seeing in an affirming manner ("It seems like you're doing X so that Y")
- Characterize how likely you think the "payoff" might be ("I'm worried that...")

What would a "good parent" do?

- Parents have an internal definition that can be conscious or subconscious
 - Duty to protect, provide, promote, support, guide, etc.
 - Informed by personal experiences, perceptions of others
 - Awareness of these concepts can be important in decision making

	Initial Phase	Chronic phase	Peace phase
Focus of Care	Cure	Prolong Life	Live well
Attitude	Beat it	Fight it	Live now
Unpleasantness tolerance	Very high	High	Low
Emphasis on QOL	Low	Moderate	High
Risk of "Good Paren Failure	t" High	Moderate	Less

Tool: Ask about "Good Parent" narratives

Applications of the concepts

- Prognostic Awareness
 - Impact of early diagnosis via genetic testing
 - Allows for tailored interventions, connection to resources & other families
 - Generally accompanied by reduced prognostic awareness by families
 - Heightened emotional reaction to news about a difficult future
 - Implications for pre-test counseling

Suggested reading:

Demarest et al, J Child Neurology, Feb 2022

PMID 35196159

Applications of the concepts

- Prognostic Awareness
 - Trajectory of illness matters in decision making
 - Progressive illnesses -> parental choices are more comfort-focused
 - Static vulnerabilities ("chronic fragility") -> parents request continued rescue

Applications of the concepts

- Considerations for genetic diseases
 - Decision making about novel therapeutics
 - Weight on families is immense
 - Shared decision making can include a recommendation
 - Parents ask us to share in their burden

Making a path forward

 Attending to the person is just as important as attending to the body!

- Medical community must develop our skills to help manage:
 - Uncertainty
 - Chronic fragility
 - Personhood
 - Caregiver exhaustion

	New Dx Phase	Chronic Phase	Peace Phase
Focus of Care	Cure	Prolong Life	Live well
Attitude	Beat it	Fight it	Live now
Unpleasantness tolerance	Very high	High	Low
Emphasis on QOL	Low	Moderate	High



- Skill building resources are available
 - Delivering serious news
 - Communicating prognosis
 - Managing uncertainty
 - Shared decision making











Masters of Science in Palliative Care

Pediatric neuropalliative medicine:

Take-aways

- Goal: help people with serious illness live as well as possible for as long as possible, reframe hope over time
- Medical community plays a crucial role in helping build perspective
 - Building prognostic awareness
 - Managing uncertainty
 - Sharing in decision making
- As medicine / technology advances, so too must our human-level interventions

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