
ESSAY/PERSONAL REFLECTIONS

The family meeting

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The family room located on the third floor is known for its old, yet quasi-comfortable velvet couches.

Their faded condition is witness to the agony and pain they have seen over time. The zigzag creases are a reflection of the many family meetings that have occurred in this room.

In the middle lies a rusty, oval-shaped carpet with trussed edges, further testimony to what has transpired here.

The single oversized lamp, as ancient as the couches, adds a soft hue. Floral tissue boxes are placed strategically around the edges.

“Thank you for coming,” I start. The multiple conversations come to a halt.

“Let’s begin by discussing our objectives for today,” I say. Consultation with the team before the family meeting is important in gathering the facts and focusing on a unified agenda.

Half an hour later, there is a knock at the door. A woman walks in with a few family members. “It’s good to see you, Mrs. Cooper. Thank you for coming,” I politely say while shaking her hand.

A hand gesture ushers them to the most comfortable couch in the room, the one with the fewest creases.

Once everyone settles in, we commence the family meeting with brief introductions.

There are a few new faces, all close family members, invited by Mrs. Cooper. The tracks of tears on their faces mirror their emotional state.

I only wish that Mr. Cooper could participate in this meeting. Unfortunately, he is fighting for his life, intubated and sedated after a major ischemic stroke. He had asked Mrs. Cooper to make a decision for him if such a situation ever arose.

“Mrs. Cooper, can you please update us on your husband’s condition?” I ask humbly. This helps me

gauge her understanding of the gravity of the situation and reflects on her coping strategy.

She missed a few key medical updates, and the medical resident tactfully fills the gaps.

Tears begin to flow. We halt the conversation.

Our nurse, Pat, instinctively knows what to do. She reaches out to touch Mrs. Cooper. Often, a soft touch is worth a thousand words, if carried out at the proper time.

“Can you tell us what you are thinking?” I have learned to ask open-ended questions. The tears seem to have somewhat subsided.

“Will he ever be the same?” his daughter asks

“No,” I answer directly, making eye contact with family members.

I have learned to be honest and direct in these meetings. It’s often the only way forward and helps with future decision making.

More tears flow, and the flowery tissue box once again bounces to life.

“Will he be able to survive off the machine?” his son chimes in.

“No,” I add firmly, “he will not. He had a massive stroke, and I’m afraid that he will not recover from it.”

I let that information sink in. There is a moment of silence.

I break the silence: “I can’t imagine how difficult this is for the family.” I have learned that honesty has always been and continues to be the best policy.

“Is he in pain?” his daughter queries.

“No. He is sedated, and we will ensure that he remains free of pain,” Pat calmly replies. Her voice is soothing. I am glad she’s here today. She knows the family better than any of us.

“Our goal is to focus on Mr. Cooper’s quality of life, his wishes, and dying with dignity and respect,” I say. I try to shift the conversation to the goals of care for Mr. Cooper.

“Mrs. Cooper,” Pat adds firmly, pressing her hand, “You have to tell us what your husband would want done in this unfortunate situation.”

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She sobs, tears rolling onto her chiffon blouse. "I don't want him to suffer . . . he would not want that."

"He did not want to be on those machines . . . but I feel guilty letting him go," she adds while clutching the handkerchief bearing Mr. Cooper's initials even more tightly.

"We are here to help you," Pat replies, handing her another tissue. Her honesty and empathy once again remarkably displayed.

Mrs. Cooper asks for some time to discuss things with her children.

"Let's plan on meeting tomorrow morning," I add. I know there will be more questions as the family comes to terms with Mr. Cooper's nonreversible condition.

We summarize the meeting, again sharing Mr. Cooper's grim prognosis and expected poor outcome.

"Let's all try and think of Mr. Cooper's quality of life as we make decisions for him," I say at the very end.

The chaplain volunteers to pray and offers spiritual healing.

Pat makes sure that the family has a way to contact us with questions.

As we leave, I look back at the family, hoping that tomorrow they will have an answer on terminally ex-tubating Mr. Cooper. This is what I would want done for my loved one.

As we organize ourselves for inpatient rounds, I sincerely thank the palliative care team for a job well done.

These family meetings would be redundant without the team. As we walk along the cluttered corridors, I wonder if each individual team member truly realizes how important they are.