



# ***Osteopathic EPEC***

**Education for Osteopathic Physicians on End-of-Life Care**

*Based on The EPEC Project, created by the American Medical Association and supported by the Robert Wood Johnson Foundation. Adapted by the American Osteopathic Association for educational use.*



AMERICAN OSTEOPATHIC ASSOCIATION

**American Osteopathic Association**  
**AOA: Treating our Family and Yours**

# **Module 3**

# **Whole Patient Assessment**



# Objectives

Know how to identify, assess

- Disease history
- Physical symptoms
- *Osteopathic structural exam*
- Psychological symptoms
- Decision-making capacity
- Information sharing
- Social
- Spiritual
- Practical
- Anticipatory planning for death



# Why skill at assessment is important

- Patients expect relief of suffering
- Key diagnostic tool
- Coordinates team of health professionals
- Can have therapeutic effects
- Develops the physician-patient relationship
- *Applying osteopathic principles provides additional diagnostic and therapeutic tools*



# The physician's role

- Listen
- Acknowledge
- Analyze
- Offer information, practical suggestions
- Introduce sources of support



# 9 dimensions of assessment

1. Illness /  
treatment  
summary
2. Physical
3. Psychological
4. Decision making
5. Communication
6. Social
7. Spiritual
8. Practical
9. Anticipatory  
planning for  
death



# **Illness / treatment summary**

- **Primary diagnosis**
- **Secondary concurrent illnesses**
- **Treatment summary**



# Physical assessment

- Symptoms
- Physical function, impairments
- Physical examination, *including osteopathic structural exam*
- Minimize tests



# Common symptoms

- Pain
- Weakness / fatigue
- Breathlessness
- Insomnia
- Weight loss
- Confusion
- Constipation
- Anxiety
- Nausea / vomiting
- Depression



# Symptoms - causes

## Multiple causes

- the primary illness
- an effect of therapy
- psychological, social, spiritual, practical issues
- another medical condition



# **Pain as a model for symptom assessment**

- **High prevalence**
- **Can be well controlled**
- **Often undertreated**
- **Adequate treatment requires adequate assessment**
- **Gateway to other assessments**



# Pain assessment

- Location (1°, referral pattern)
- Quality
- Timing
- Severity
- Radiation
- Modifying factors
- Impact on function
- Effect of treatments
- Patient perspectives



# Function

- *Relationship between structure and function*
- **Motor function**
- **Sensory function**
- **Effect on activities**
- **Effect on relationships**
- **Patient perspectives**



# Psychological assessment . . .

- **Cognition**
  - Delirium, dementia
- **Affect**
  - Anxiety, depression
- **Emotions prompted by the life-threatening illness**



# **. . . Psychological assessment**

- **Coping responses**
  - **Suicidal ideation**
- **Fears**
  - **Loss of control, burden, abandonment, indignity**
- **Unresolved issues**



# Emotional responses to illness

- Avoidance, denial
- Fear, anger
- Lability, irritability
- Intellectualization
- Grief
- Acceptance, spiritual peace



# Fears

- **Loss of control, dignity**
- **Loss of relationships**
- **Being a burden**
- **Physical suffering**



# Unresolved issues

- **Old feuds**
- **Last visits**
- **Lifetime project, piece of work**



# Decision-making assessment

- Capacity / competence
- Goals of care
- Advance care planning (including clarification/documentation of “code” status)
- Informed consent



# Decision-making capacity

- **Global incompetence**
- **Decision-specific capacity**



# Decision-specific capacity

- Understand authorization role
- Rational use of information, including risk, uncertainty
- Insight into consequences
- Non-coerced



# Communication assessment . . .

- Is there someone to share fears with? talk to? plan with?
- Is the information clear? understandable?
- What the patient wants to know
  - Child's parents



# **. . . Communication assessment**

- **Who else to talk to**
- **Limits of confidentiality**
- **Is language an issue?**



# **Social assessment**

- **Family, family dynamics**
- **Community**
- **Environment**
- **Financial**



# Community

- Culture
- Sources of assistance
- Religious
- Disease groups
- Local



# Financial

- **Spending down**
- **Medical bills**
- **Family sacrifice**



# Spiritual assessment

- Meaning, value - personal, of the illness
  - Burden, control, independence, dignity
- Faith
- Religious life, spiritual life
- Spiritual leader



# Meaning of illness

- **Fears and concerns**
- **Illness**
- **Death & dying**
- **Changes and losses**
- **Family / self / role**
- **Control**



# Spiritual activities

- Religious denomination (past or present)
- Activity level
- Prayer / scriptural resources



# Spiritual leaders

- From community
- From health system (chaplain)



# Rituals

- **Special prayers, actions**
- **Last prayers, declarations**



# **Spiritual crises . . .**

- **Search for meaning or purpose in one's life**
- **Loss of a sense of connection**
- **Feelings of guilt or unworthiness**



## . . . Spiritual crises

- Questioning of faith
- Desire for forgiveness
- Sense of abandonment by God



# Approach to spiritual assessment

- Suspect spiritual pain
- Establish a conducive atmosphere
- Express interest, ask specific questions
- Listen for broader meanings
- Be aware of own beliefs, biases



# Practical assessment

- **Caregivers**
- **Domestic needs**
- **Dependents**



# Caregiver

- Who?
- At what sacrifice?
- Comfortable relationship?
- Unmet needs?



# Domestic needs

- Chores of day-to-day living
  - Cooking
  - Cleaning
  - Shopping
  - Banking
  - Bill payment
- Transportation



# Family

- **Dependents**
- **Children**
- **Elders**
- **Infirm**
- **Pets**



# Anticipatory planning for death

- **Current losses**
- **Anticipated losses**
- **Advance care planning**
- **Advance planning for last hours and after death**



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# **Whole Patient Assessment Summary**



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