

# Timing of discussion

## Recommendation

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- All patients with advanced progressive life-limiting illnesses should be given the opportunity to discuss prognosis (including life expectancy, how the illness may progress, future symptoms and effect on function) and end-of-life issues.
- Do not assume that the patient does not want to discuss the topic simply because he or she does not raise the issue or because of cultural background.
- Give the patient the option not to discuss it or defer the discussion to a later time.
- Consider raising/introducing the topic in the following circumstances:
  - With all patients and their caregivers once it is clear that the patient has a life-limiting advanced progressive illness; or if the doctor would not be surprised if the patient died within 6–12 months.
  - When there is a change in condition, or a perception (by patients, caregivers or clinical staff) of change.
  - When a treatment decision needs to be made.
  - If there are requests or expectations that are inconsistent with clinical judgement.
  - If disease-specific treatment is not working or there are complications from this treatment that limit its effectiveness.
  - At the time of referring the patient to specialist palliative care services.

*Clayton JM, Hancock KM, Butow PN, et al. Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers. Med J Aust 2007; 286(12): S79-S108. © Copyright 2007 The Medical Journal of Australia – reproduced with permission.*

