

Choices and Values Exercise

Leader's Guide

I.

Distribute the exercise. As each participant reads to themselves we recommend that the leader take the time to read the description out loud. Instruct the group to take a few minutes to answer the questions on page 2. Remind the participants that the exercise is to be done individually at first, and they should not confer with each other.

As the group is working, decide whether and how to divide it up into smaller groups. Six seems to be a good size for encouraging discussion. It is often easy to get people to turn in their chairs without moving much. If people seem to be clustered together with people they know or with people in the same job description, you might want to separate them by having them count off (1,2,1,2... or 1,2,3,1,2,3..., etc), then have them move into the 1 group, the 2 group, etc. In very large groups you can have people turn to their neighbor and have a brief one-on-one discussion instead of using groups.

When most of the group has finished, offer the following instructions:

We now will divide you into smaller groups to discuss your answers. As you discuss the situation, it is important to speak in the first person: "I am a 78-year-old woman..." or "I am a 78-year-old man, and I have decided to get the pacemaker because...."

As you interact with each other, please be respectful. You wouldn't blurt out to one of your residents, "That's crazy, why would you want to do that?" It's important even in this exercise to create a safe and accepting environment. It is okay to be curious about someone's choices, of course. Probing and clarifying why and how people made their choices is one of the objectives. Getting our residents or our loved ones to articulate their thinking processes can help them, as well as deepen our understanding.

When the groups seem to have discussed the questions, including some of the values in question 3, then bring them back together. Ask, "Were you surprised by any of the choices that people made in your group?" You may want to remind people to speak in the first person, as the 78-year-old.

Ask for a show of hands of the people who chose to get the pacemaker, for those who chose not to get it, and for those who weren't sure. In some groups a majority will have chosen to get the pacemaker, and in some a majority will have chosen not to get it.

“For those of you who chose the pacemaker, how many of you checked quality of life as an extremely important value? For those of you who chose not to get the pacemaker, how many of you checked quality of life as an extremely important value?” Then explore the values/choices connection: “How is it that all of you who raised your hands had the same value, yet made very different choices?”

You may want to explore this with another value as well, asking how many who chose the pacemaker checked family as extremely important, etc. Obviously, people who have similar values can make different choices. We see this among brothers and sisters raised in the same family. We cannot assume, therefore, that we know what an individual’s choices will be, just because we feel that we know what that individual is like and what his or her underlying values are.

Doing this exercise before presenting material about facilitating end-of-life decision-making helps remind people how difficult and complex this decision-making can be. When asked what we want in end-of-life care, we often want to say, “It depends.” That is, we know that our desire for an intervention can depend on a multitude of other factors, such as our independence, our cognitive abilities, and the quality of our relationships.

If time permits later in the session, it is interesting to explore two more scenarios.

II.

First, ask all members of the group to imagine that they have chosen to get the pacemaker. “The procedure is scheduled for next Tuesday. But this week, on Tuesday, the nursing staff notices that you are coughing during meals. The nurse gets an order for a swallowing evaluation. On Wednesday the speech therapist does the evaluation and finds significant dysphagia. On Thursday morning the physician does an evaluation, finds no new problems except the dysphagia, and concludes that you have had a small stroke that has affected only your swallowing. The physician and speech therapist decide that the only way to be safe and avoid aspiration is to have you eat pureed food. It is unlikely that your swallowing will ever improve. Does this change your decision to get the pacemaker?” Explore why the swallowing problem does or does not change their decision.

III.

Finally, ask the group to become themselves again, in their professional roles. “If this is a resident in your facility, with a pacemaker insertion scheduled for next Tuesday, but a new diagnosis of dysphagia from a small stroke on Thursday morning, how would this problem be handled? Would there be discussion at the care-planning meeting? Who would sit down with the resident to find out if the resident’s thinking had changed? Who should sit down with the resident? How would that staff person help facilitate the resident’s decision-making?”