

Facilitating Patients'/Families' Decision Making through a *Values-Based Decision Making Model*

Rabbi David A. Teutsch
Levin-Lieber Program in Jewish Ethics
Reconstructionist Rabbinical College
Philadelphia, Pennsylvania

A values-based decision making (VBDM) model can effectively guide a patient or family in making sound healthcare decisions that are shaped both by scientific information and likely medical outcomes, and by the religious norms, values, and definitions held by the patient. A facilitator (physician, chaplain, social worker, etc.) serves as a coach and can help the patient/family reach appropriate decisions even when he or she is from a different faith tradition. This process can take place simply between the facilitator and the patient or DPAHC (Durable Power of Attorney for Health Care) designee, but it is usually more effective when key members of the family and care team are present. The decision maker(s) may be encouraged to think of key VBDM questions in advance.

VBDM is a process that involves seven steps:

- 1) Ascertain the facts, including the results of tests, the diagnoses, and prognosis.
- 2) Explore treatment options (including no treatment), their likelihood of success and potential burdens (physical, emotional and financial), and the likely condition of the patient at their conclusions.
- 3) Examine the patient's context, including family situation, religion, insurance and financial means, lifestyle and activities, friends and community, and sources of meaning and pleasure. Clarify the person's current hopes, fears, and goals.
- 4) Review the patient's religious and ethical definitions (for example: regarding discontinuation of treatment, what constitutes suicide; regarding a newborn with a painful and usually fatal condition, whether aggressive treatment is required) and norms (for example: Are feeding tube nutrients a required treatment, or does their use entail a medical decision based on the patient's good?). Make sure to distinguish between the beliefs of the patient, of the DPAHC designee, and of the patient's religious tradition, as they will often differ at critical junctures. Input from a chaplain about religious traditions here should be informational, not stifling of dialogue. If there are differences among the stakeholders, these should be explored.
- 5) Within the choices that are possible without violating the patient's norms, assemble and weigh relevant values, beliefs, and attitudes.
- 6) Formulate specific decision alternatives (which might involve subsequent reevaluation).
- 7) Discuss the alternatives, and ask the decision maker(s) to make a decision. This should then be communicated to everyone on the care team.