

COUNSELING PATIENTS AND FAMILIES ON FORGOING LIFE PROLONGING THERAPY



DESCRIPTION:

Hospice and palliative care professionals specialize in counseling patients and families on continuing or forgoing life prolonging medical interventions, especially as those therapies become increasingly burdensome and impair quality of life, making hospice a reasonable alternative. While these conversations are often considered "difficult," they are critical to providing patients and families education and support that empower them to choose care that aligns with their wishes from an informed perspective. Join Kate Sims, RN, MBA, and Joseph Sacco, MD, BFM, ACQ-HPM from The Connecticut Hospice, the first hospice program in the United States, as they highlight effective and empathetic communication strategies using real-word examples.

PROGRAM DETAILS:

This presentation features experienced professionals offering their own expertise on the topic. On the screen, you will see the slide presentation and will be able to hear the experts talking and presenting. If you login for the live version of the program, you'll also have the opportunity to email or text the experts' questions that they will discuss and answer during the program's Q & A session.

LIVE DATE:	August 11, 2026
TIME:	Noon to 1:30pm ET
ON DEMAND:	Available for 6 months; until February 11, 2027
LENGTH:	90 minutes
CEs:	1.5 hours
CONTENT LEVEL:	The program is mainly for professionals already working in the field but is practical for all levels of education – entry level, intermediate or advanced.
TARGET AUDIENCE:	Health care clinicians, social service clinicians and others working in the hospice, palliative care, counseling, hospital, nursing home, funeral home, or faith community environments

This program will be live on the air date, recorded and made available for on demand viewing. The recorded program will be available approximately a day after the live event.

TECHNICAL REQUIREMENTS

To view the program, you will need a computer and screen, reliable internet access, and speakers.

TEST LINK for live program Audio and Video: <https://zoom.us/test>

Technical Questions? Please go to <https://zoom.us/> and click "support"

PROGRAM FEES/REGISTRATION:

Registration includes continuing education and on-demand viewing for 6 months from live date. Register directly online at: <https://www.hospicefoundation.org>

Registration Options

- Individual: Live and on-demand viewing for one person.
- Organization/company: Unlimited viewing for employees within a single location.
- Organization + community license: Unlimited viewing for employees and community members at up to 3 locations.

ADVANCE PURCHASE

- Individual Viewer — Member: FREE | Non-member: \$29.95
- Organizational Viewing — Member: FREE for up to 25 staff
- Organizational Viewing — Non-member: 1-12 staff – \$79.95 | 13-25 staff – \$135
- Organization + Community Access License: \$390

SAME DAY and ON-DEMAND PURCHASE

- Individual Viewer — Member: FREE | Non-member: \$39.95
 - Organizational Viewing — Member: FREE for up to 25 staff
 - Organizational Viewing — Non-member: 1-12 staff – \$89.95 | 13-25 staff – \$160.00
 - Organization + Community Access License: \$400
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LEARNING OBJECTIVES:

At the conclusion of this program, participants will be able to:

1. Examine why “The Difficult Conversation” matters and explain the role that various members of the IDT can play in these conversations
 2. Describe how family dynamics, caregiver readiness, and cultural beliefs impact issues around disclosure and decision making
 3. Define barriers to effective communication about care options in end stage disease and learn well-validated communication frameworks for discussion of EOL options
 4. Explain the impact of delayed goals-of-care discussions on patients and families, as well as the potential moral distress of clinicians
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PROGRAM OUTLINE:

- The importance of “The Difficult Conversation” (20 min)
 - Ethical aspects of empowering patients at the end of life
 - How these discussions improve clinical outcomes
 - Harms of not discussing options
 - Barriers to effective end of life communication (25 min)
 - Persistent, broad misunderstanding of palliative care by medical professionals and the public
 - Widespread overestimation of prognosis by clinicians at the end of life
 - Communication techniques for end-of-life conversations (25 min)
 - Such frameworks include SPIKES, the Serious Illness Conversation Guide (SICG), VitalTalk, PREPARED, and the Four Habits model
 - Clinicians are often not given formal training in their use
 - Question & Answer Session (20 min)
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CONTINUING EDUCATION (CE) CREDITS:

This program is valid for 1.5 continuing education contact hours. CE hours are available for 6 months, until February 11, 2027.

A complete list of board approvals for this program is posted to HFA’s website at www.hospicefoundation.org on the program’s registration page.

COURSE COMPLETION REQUIREMENTS:

Participants must attend the entire 1.5 hour program. Partial credit is not awarded. Participants must also complete the entire CE process online which includes a required evaluation form and exam. The exam must be completed at 80% or above (the exam may be re-taken, if necessary).

EXPERT PANELISTS:

Joseph Sacco, MD, ABFM, ACQ-HPM

Chief Medical Officer, Connecticut Hospice; Associate Professor of Medicine, Yale School of Medicine

Joseph Sacco has been the Chief Medical Officer at Connecticut Hospice since 2016, and is a board-certified hospice and palliative medicine physician with over 40 years of experience. He oversees clinical and operational activities for its 53-bed Joint Commission-certified hospital and home care services for 225–250 patients, managing a team of physicians and APRNs across inpatient and homecare offices. Previously, he founded and led the palliative medicine consultation and hospice inpatient service at Bronx Lebanon Hospital (2004–2016). Board-certified in Family Medicine (1986) and Hospice & Palliative Medicine (2007), he is an Associate Professor of Medicine at Yale School of Medicine. He has published in *Health Affairs*, *AJHPM*, and *The New York Times*, and authored three books. He lives in Madison, CT, with his wife, Colleen, and enjoys writing and wilderness backpacking with Colleen and their daughter, Rosie.

Kate Sims, RN, MBA

Chief Operations Officer/Chief Compliance Officer, The Connecticut Hospice

Kate Sims is the Chief Operating Officer/Chief Compliance Officer for The Connecticut Hospice. She is a healthcare executive with a proven track record of providing daily oversight and strategic management for hospital operations and community health institutions ensuring coordination with all departments to promote the delivery of safe, quality, patient care. She is adept at bringing cross-functional disciplines together enhancing operational efficiencies through process improvement initiatives with a focus on change improvement programs designed to foster wellness, teamwork, growth, quality outcomes and patient experience.

REVIEWER:

Lynda Shand, RN PhD, CHPN CNE, Fellow, NY Academy of Medicine and Associate Professor, Mercy University

BIBLIOGRAPHY/REFERENCES:

- "A Systematic Review of Predictions of Survival in Palliative Care: How Accurate Are Clinicians and Who Are the Experts?" Nicola White, et. al. *PLOS ONE* | DOI:10.1371/journal.pone.0161407 August 25, 2016
- "Actual and Missed Opportunities for End-of-Life Care Discussions With Oncology Patients: A Qualitative Study," Kristin E. Knutzen, MPH, et. al, *JAMA Network Open*. 2021;4(6):e2113193.doi:10.1001/jamanetworkopen.2021.13193
- "Barriers for Adult Patients to Access Palliative Care in Hospitals: A Mixed Methods Systematic Review." Stefan Pitzer, MA, et. al, *JPSM*, Volume 67, Issue 1e16-e33 January 2024, Identified 149 access-related barriers across 79 studies, including clinicians' emotional discomfort, focus on cure, negative perceptions of palliative care, and difficult prognostication.
- "Committee Opinion No. 617, End-of-Life Decision Making," *Obstetrics & Gynecology* 125(1):p 261-267, January 2015)

- "Communication About Serious Illness Care Goals A Review and Synthesis of Best Practices," Rachelle E. Bernacki, MD, MS; Susan D. Block, MD, et. al., *JAMA Intern Med.* 2014;174(12):1994-2003)
- "Embedding a Palliative Care Nurse Consultant Within a General Medicine Ward," Jianxia Zhai, *Journal of Clinical Nursing*, 2026; 35:1210–1221. Found that 80% of nurses and allied health professionals reported barriers to advocating for palliative care, including stigma, delayed ACD discussions, and family reluctance. [5]
- "Exploring Knowledge, Perspectives, and Misperceptions of Palliative Care: A Mixed Methods Analysis," Lee A. Hugar, M.D., M.S.C.R, et. al., *Urologic Oncology: Seminars and Original Investigations*, Volume 41, Issue 7, July 2023, Pages 327.e19-327.e26. Even patients with high educational attainment and baseline palliative care knowledge harbored common misconceptions, including equating palliative care with hospice, death, and "giving up."
- "Extent and determinants of error in doctors' prognoses in terminally ill patients: prospective cohort study," Nicholas A Christakis, Elizabeth B Lamont, *BMJ VOLUME320* 19 FEBRUARY 2000
- "Family Perspectives on Hospice Care Experiences of Patients with Cancer," Pallavi Kumar, et. al., *J Clin Oncol* 35:432-439. © 2016 by American Society of Clinical Oncology
- "Lack of Awareness and Common Misconceptions About Palliative Care Among Adults: Insights from a National Survey," Signe Peterson Flieger, PhD, et. al., *J Gen Intern Med* 35(7):2059–64, March 2020
- "Palliative Care for Patients With Cancer: ASCO Guideline Update," Justin J. Sanders, MD, MSc, et. al., *J Clin Oncol* 42, 2336-2357(2024), Volume 42, Number 19
- "Physicians' Views on Advance Care Planning and End-of-Life Care Conversations," Fulmer, Terry, et. al., *Journal of the American Geriatrics Society (JAGS)*, 2018-06, Vol.66 (6), p.1201-1205)
- "SPIKES: A Framework for Breaking Bad News to Patients With Cancer," Kaplan, M. RN., August 2010, Volume 14, Number 4, *Clinical Journal of Oncology Nursing*
- "Stigma of Palliative Care Among Patients With Advanced Cancer and Their Caregivers on Early Palliative Care." Found that 53% of patients/caregivers lacked knowledge of palliative care, 53% identified it with end-of-life care only, and 83% reported a detrimental reaction to the initial referral proposal — but direct experience with early palliative care reversed these misperceptions. [2]
- Navigating and Communicating about Serious Illness and End of Life Vicki A. Jackson, M.D., M.P.H, *NEJM* 2024
- Communication About Serious Illness Care Goals A Review and Synthesis of Best Practices Rachelle E. Bernacki, MD, MS; Susan D. Block, MD, *JAMA* Dec 2014
- Nursing Professionals' Attitudes, Strategies, and Care Practices Towards Death: A Systematic Review of Qualitative Studies, *Journal of Nursing Scholarship*, 2020
- COMFORT Survey: A comparison of the comfort level of hematologic and solid tumor oncology specialists with serious illness conversations. Michael Tang, *J Clin Oncol* 44, 2026 (suppl 16; abstr 12102)
- "I Just Felt Like I Was Stuck in the Middle": Physician Assistants' Experiences Communicating With Terminally Ill Patients and Their Families in the Acute Care Setting, Elizabeth Chuang, *J Pain Symptom Manage.* 2017 Jul;54(1):27-34
- Registered Nurses' attitudes towards end- of- life care: A sequential explanatory mixed method study Fares Alshammari RN, MANP, PhD Candidate, Lecturer, *Journal of Clinical Nursing* 2023
- Palliative Care for Patients With Cancer: ASCO Guideline Update, Justin Sanders, MD, et. al., *J Clin Oncol* 42, 2336-2357(2024)
- The Relationship Between Coping Strategies, Quality of Life, and Mood in Patients with Incurable Cancer Ryan D. Nipp, M.D., et. al., *Cancer.* 2016 July 01; 122(13): 2110–2116

- Top Ten Tips Palliative Care Clinicians Should Know About Supporting Coping in Serious Illness, Danielle Chammas, J. Pall. Med. Vol. 29, No. 3, 2026
- Palliative Care for Patients With Cancer: ASCO Guideline Update, Justin Sanders, MD, et. al., *J Clin Oncol* 42, 2336-2357(2024)
- [Serious-Illness-Conversation-Guide.2023-05-18.pdf](#)
- Navigating difficult conversations Fabian M. Johnston MD MHS FACS, *J Surg Oncol.* 2019;120:23-29.
- [Palliative Care Best Practices Guidelines](#). American College of Surgeons (2017). 2017. Gail T. Tominaga MD.

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SPECIAL ACCOMMODATIONS FOR DISABILITY (ADA):

Reasonable accommodation may be made available, on an individual basis. To request accommodation, please contact HFA via email at educate@hospicefoundation.org or call 800-854-3402.

CONFLICT OF INTEREST:

Planners (Panelists and Review Committee Members) disclose no conflict of interest relative to this educational activity. None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies.

FOR QUESTIONS, COMMENTS, OR ADDRESSING GRIEVANCES

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