



Explore Brief Report

Patient centered prognosis (PtCP): A guided visualization to assist patients and families explore prognosis for a terminal diagnosis

Ann Marie Chiasson *

Fellowship in Integrative Medicine, Andrew Weil Center for Integrative Medicine, College of Medicine, University of Arizona, 655 N. Alvernon Way Suite 120, Tucson, AZ 85716, United States



ARTICLE INFO

Keywords:
 Guided imagery
 Hospice
 Prognosis
 Patient-centered
 Integrative medicine

ABSTRACT

Patient Centered Prognosis (PtCP): This brief report describes a simple guided visualization that clinicians can utilize to assist patients and families to safely explore prognosis for a terminal diagnosis. It can act as an effective adjunct to the medical prognosis; it allows patients and/or families to develop their own sense of timing, decreases anxiety, and can serve as an effective guide for planning details at end of life.

One of my favorite medical school teachers stated once “if you want to be wrong – tell the family or patient when they will die.” The data on clinician prognosis supports this wisdom; clinicians over predict patients’ survival with regularity.^{1,2} I carried this principle into my hospice work diligently. While statistics are a guide, I chose not to predict prognosis, and if I did – I would use large ranges. However, this principle did not serve my patients or families. They were anxious about the timing, needed to plan when family members would come to visit, watched the patient’s every breath, and would often ask “when?” daily. They thought I had the information they needed; medicine was seen as the expert with regard to the timing of dying. Over the course of my first year in practice I developed a technique called Patient Centered Prognosis (PtCP). This is a guided visualization that allows families and patients to explore, determine and accept the timing of a patient’s death.

Allowing the patient and family to step into the center of the dying process is key and is an important adjunct to clinical expertise and medical statistics provided by practitioners. Further, in my experience, this assessment can be far more accurate and more empowering for the families and patients. While this is not a replacement to a clinician’s assessment, it acts as a guide for the family that is based in their own sense of timing. Perhaps more importantly, this technique impacts the patient and family’s fear of death. Fear of death is often a result of the patients fear of suffering and the unknown, and the family’s fear of how they will cope with the death and afterwards. I have come to observe and believe that death of a loved one and/or family member also stimulates one’s own fear of death unconsciously; those close to the dying patient

are also working with fear of their own death. PtCP can modify the fight or flight reaction so the families and patients can relax; they can become more present to the time left with the patient instead of being startled by the idea of what is coming. Further, with scheduling issues and when to be at the bedside, this shift takes the onness off of the practitioner’s expertise and can place it back onto the family.

I have not conducted formal research on this technique due to the difficulties inherent in hospice research and from a choice to respect a family directly right after the death of a family member.³ Instead, I have collected narrative feedback from patients, families, nurses, physicians, and social workers. This feedback is obviously biased; only families and patients interested in the guided visualization try it, and only families that were helped by it have voluntarily given feedback. Nonetheless, narrative feedback is useful within this subjective context. Comments from family members and health care workers are shared in [Table 1](#).

The technique is described here, and a full narrative example is presented in [Tables 2](#).

The invitation

A family or patient asks how much more time a patient has to live. Introduce the idea that the specific prognosis/timing of death might be explored through a guided visualization technique rather than through statistics alone; mention that the family or patient may be able to better determine this than a health care practitioner as this information is connected to the patient.

* Corresponding author.

E-mail address: chiasson@arizona.edu.

<https://doi.org/10.1016/j.explore.2022.10.016>

Received 28 September 2022; Accepted 24 October 2022

Available online 25 October 2022

1550-8307/© 2022 The Author. Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Table 1

Narrative feedback samples after the PtCP technique.

“This technique allowed us to be present to our mom’s death” (family member)
 “We have relaxed into what is happening” (family member)
 “Dad knew he was going to die sooner and we are now able to see and accept this” (family member)
 The doctor kept coming in to say grandma would die this weekend, but we know she will live until after Christmas. This technique helped us know we are right” (family member)
 “My children will be okay after I die” (patient)
 “I had planned on being out of town, but this let me reorganize my schedule, so I was present when my father died” (family member)
 “Please take this family through the prognosis technique, they need it” (social worker)
 “I mentioned the PtCP and the family is requesting it” (social worker)
 “I thought for sure the patient had at a year left. When he saw he would die in 6 weeks, I was surprised and knew he was wrong. However, he died from pneumonia 6 weeks later and not from his cancer.” (physician)
 “We found it so helpful we wanted to teach the other families about it in the hospice unit” (family member)

Table 2

A sample narrative with a patient that has metastatic breast cancer and is no longer seeking further treatment.

(Relaxation breathing has already been done.) “Today is November 1, 2021 and you are here with me. I want you to notice how being alive feels. Notice how you can sense the presence of your family, of your grandchildren, of your friends, in your body. [Pause for 3 seconds.] Now think of someone who has already died and notice how that feels to you. Perhaps it is your mother, your father, or your grandmother. Notice how thinking about them may feel a bit differently since they are no longer alive. Now, let’s go to your birthday on February 1, 2022. Are you still here? Can you still feel the presence of your family? Are you still in your house? [Pause for 3 seconds.] Now jump to Thanksgiving 2022. You here with your family? Are you eating with them? Now let’s jump to your birthday, Feb 1, 2023. Are you alive, are you having a party or is your family honoring you without your presence? [Pause for 3 seconds.] Okay, now we jump to thanksgiving 2023. Are you at the family gathering? [Pause for 3 seconds.] We move now to your birthday on Feb 1, 2024. [Pause for 3 seconds.] Now I want to take you out to Thanksgiving of 2030. Your grandchildren are teenagers. Are you at this meal? How does this feel? [Pause for 3 seconds.] Okay. Come back to today. Now we will move quickly and see if you can notice the shift in your life force. Thanksgiving 2021, Feb 1, 2022, Thanksgiving 2022, Feb 1, 2023, Thanksgiving 2023, Feb 1, 2024, Thanksgiving 2024, Thanksgiving 2030. [Pause for 3 seconds.] Good. Okay, come back to the room and let’s discuss how this was for you.”

Set up a time for PtCP: If they want to try the visualization, it is important not to move right into the technique at that moment. The subconscious and unconscious organization that occurs between the planning of the guided visualization and the delivery of the technique is important. Plan a time and bring them back (or return to them if you are in an inpatient unit), stressing that only those interested come and take part. If the death is imminent (that week) – return in an hour or the next day. If it is not imminent, then bring them back in a week or two. *Before you leave the family or patient – ask about what holidays have meaning that the patient or family celebrates, and the birthday of the loved one.*

The induction into relaxation

Use a relaxation technique to begin. Ask the group to sit, relax and close their eyes. Next, have them focus on their breathing. Suggest they pay attention to the pause or space between the breaths; have them rest in between each breath, after the exhale, before the inhale. Do this for 10 breaths. Ask them to continue to keep their eyes closed through the guided visualization. Let them know there is no talking until the end of the exercise.

Set up the concept of presence and absence in the body

Have them think of the loved one they are focusing on and feel or sense the presence that this person is alive and in their life. If it is the

patient – have them feel the presence in their life of their family, pets, or others. Then have them think of someone they knew who has already died. Suggest they can determine a difference - the difference between physical presence in the body and the sensation of absence of someone who has died.

Use appropriate time frames

As the guide, determine the time frames: Pick time frame that works with this patient – for example– if death is imminent – lead them through the next week(s), if it is over the next year – pick the 5 next year (s). If it is in 5 years – use the next ten or twenty years.

Begin the technique

(Example for an imminent death) “Today is November 1, 2021 and ‘Joe’ is still here alive. See if you can feel his presence in your body. [Pause 3 s.] Pretend you can jump now to tomorrow, November 2, 2021. Do you still feel Joe’s presence in your life or within your body or do you feel yourself planning a funeral? [Pause 3 s.] Now, we jump to November 3, 2021, do you feel Joe here?” Remind them they cannot do this wrong – just notice what is given.

Use landmarks in the future

Take them through days, weeks or landmarks in the future and suggest they can feel the switch between presence and absence or can just notice images or feelings. Continue out until a time that is past the death.

Take them far beyond the death

Finally, suggest they jump to a holiday gathering, birthday or event like a graduation or wedding that is far beyond the patient’s death. Have them visualize this gathering; you can mention this as sensing the absence of the patient. (If it is the patient – allow them to see the gathering while they are not there – the feeling of not being present at it.) For example, “Now we jump to Thanksgiving 2023. Is Joe here? What do you notice? What are you doing? Remembering Joe or with him?”

Review

If you choose – take them back through the timeline more quickly to notice when the feeling of absence shows up. There is no need for pauses here. You can list the times going forward (i.e. each day of the next two weeks or each birthday of the patient going forward for 10 years.)

Bring them back into the present for sharing and discussion

Ask them to gently open their eyes, and suggest they share if they would like. Remind them there is no right and wrong information, this was an exploration to make the process easier.

You will become more skilled at this with time and may discover your own approach that works better for you. Notice your own sensations in the process, you may become adept at noticing the patients’ timing yourself.

Patient Centered Prognosis (PtCP) has many correlations with aspects of narrative medicine and can be used more broadly.⁴ While I began using this technique in the hospice setting, I now teach this technique to medical students, residents, and clinicians. I also use it in my private practice with oncology patients and patients with chronic disease. More recently, I have used this technique for other future prognoses including to assist women to predict when they will become pregnant or with patients to assist how they will move forward with diagnosis such as anxiety or depression. It eases the unknown, they

appear to cope better, and it is accurate for most of my patients as well.

References

- 1 Glare P, Virik K, Jones M, Hudson M, Eychmuller S, Simes J. A systematic review of physicians' survival predictions in terminally ill cancer patients. *BMJ*. 2003;327:1–6.
- 2 Li Si Qi, et al. Five-year survival is not a useful measure for cancer control in the population: an analysis based on UK data. *Asian Pac J Cancer Prev V*. 2017;18(2).
- 3 Brohard C. Barriers to hospice and palliative care research: a patient-centered approach to intervention studies. *Clin J Oncol Nurs*. 2020 Jun 1;24(3):227–230.
- 4 Schroeder-Sheker T. Narrative medicine and the unresolved, end of life longing. *Explore (NY)*. 2006, Mar;2(2):169–171.