

THAT WHICH IS LEFT UNSAID – DISCUSSION GUIDE

End-of-life discussions

1. How does Dr. Mayol-Goldberg feel about having to tell Mr. Collins that he is not responding to treatment? How does she prepare herself? How does she make herself feel “whole”?
2. How is Dr. Mayol-Goldberg’s original intention to convey to Mr. Collins that he has exhausted all meaningful options derailed by Mrs. Collins’ desire for treatment? What makes it so hard for the patient’s family member to say, enough? If you were the doctor, how would you deal with Mrs. Collins – or would you?
3. Mr. Collins seems to have some memory problems. Do you feel he’s competent to make decisions about treatment? What signs are there that Mr. Collins knows he is going to die? Do you think Mr. Collins would like his wife’s view to be more in line with his own?
4. How should a physician approach a difficult conversation such as this? What does Dr. Mayol-Goldberg do well in your opinion? What mistakes does she make?
5. From the doctor’s perspective, what is it like to be so time-pressured that you can’t even go to the bathroom or want to shorten your last name because it takes too long to say? To have your patients backing up? To have so little time, yet have to tell someone that they are dying? From the patient’s perspective, what does it feel like when your doctor seems rushed, in a hurry? Has anyone ever had the experience of having time pressure affect the way bad news was delivered or discussed?