

Is It Appropriate For Doctors To Use The Surprise Question On Terminally Ill Patients?

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The “surprise question” is a technique doctors sometimes use to help with care planning for terminally ill patients. Its appropriateness has been [called into question](#) recently. Some say that routinely asking the surprise question improves care planning, while others contend that it’s not accurate enough or that it feels inappropriate. Do you want the surprise question used in care planning for you or a loved one?

What Is The Surprise Question?

The surprise question is a technique designed to help doctors decide if it’s time to take a closer look at prognosis, discuss hospice, or evaluate for palliative care. It’s very simple. When treating terminal illness, clinicians ask themselves, “Would I be surprised if this patient died in the next twelve months?” A “yes” answer triggers more attention to developing a formal prognosis, evaluating for [palliative care](#) needs, and having a [discussion about hospice](#).

Why Ask The Surprise Question?

The surprise question is designed to prevent unproductive delays in end-of-life care planning. While doctors are capable of estimating life expectancy, they tend to be overly optimistic. In fact, in very general terms, doctors tend to [overestimate life expectancy](#) by a factor of two.

Some Clinicians Are Uncomfortable With The Surprise Question

In many ways, the surprise question has received widespread acceptance since it was first introduced in 2008. It has been incorporated into important clinical guidelines such as the Gold Standards Framework and the Supportive and Palliative Care Indicators Tool. On the other hand, some offices that have tried to implement it have subsequently abandoned routine use of the question.¹ Clinicians complained about the way the question makes them feel.

Some Authorities Say The Surprise Question Is Inaccurate

James Downar, MDCM and colleagues gathered all the studies on the surprise question. They combined and systematically analyzed the results. The complaint from Downar and others is that the question is not accurate enough to be a screening tool in healthcare. With a sensitivity of 67%, the surprise question alone would not help 33% of people who need more attention. In commentary published by the *Journal of the American Medical Association* earlier this year, Downar advocates for “big data” as the alternative screening tool. By inputting the answers to many questions and constantly calculating how that data relates to prognosis, computer programs such as mHOMR and RESPECT can issue prognoses for specific situations.

Other Authorities Say The Surprise Question Improves Care

Writing in defense of the surprise question are Rafael Romo PhD PHN and Joanne Lynne MD. They point out that, in general practice and compared to the alternatives, the surprise question helps identify patients who need more attention. To be practical, screening tools need to be broadly applicable, lower cost, and more accurate than the alternatives. Perhaps most importantly, screening tools should integrate seamlessly into the existing workflow. Anything less won’t be used in real life.

An earlier meta-analysis deemed the surprise question to have a sensitivity lower than but similar to Downar et al.’s conclusion. However, the surprise question still demonstrated superior predictive value than type of cancer, age, cancer stage, or time since diagnosis.

Timing Is Very Important In End-Of-Life Care

There are multiple negative outcomes from doctors waiting too late to bring up end-of-life planning and from families waiting until later to enroll in hospice. [Earlier hospice conversations](#) result in higher quality of life for patients, improved bereavement status for family, and cost savings for patients and Medicare. Similarly, [more timely enrollment in hospice](#) is connected with greater patient comfort, better mental health for family, survival extended by days to months, improved satisfaction, and costs lowered for patients and family.

Note:

The Double Surprise Question (DSQ) to predict deterioration and death: an explorative study in the Netherlands

*Early identification of palliative patients is challenging. ***The Surprise Question (SQ1; Would I be surprised if this patient were to die within 12 months?)*** is widely used to identify palliative patients. However, its predictive value is low. Therefore, we added ***a second question (SQ2)*** to SQ1: ***'Would I be surprised if this patient is still alive after 12 months?'*** We studied the accuracy of this double surprise question (DSQ) in ***a general practice***.

*The DSQ appears a ***feasible and easy applicable screening tool in general practice***. It is highly effective in predicting patients in high need for palliative care and using it helps to discriminate between patients with different life expectancies and palliative care needs. Further research is necessary to confirm the findings of this study