

Supplemental Digital Content 2: Video Transcript of Thoracoabdominal Aneurysm Scenario

**DR. CAMPBELL:** Ms. Williams.

**ELLIE:** Hi, doctor.

**DR. CAMPBELL:** Hi. Dr. Campbell.

**ELLIE:** Hi.

**DR. CAMPBELL:** I'm a blood vessel surgeon. Hi.

**AMY:** Hi. I'm Amy. I'm her daughter.

**DR. CAMPBELL:** Hi, Amy. Nice to meet you both. Did the emergency room doctor let you know that I might be coming?

**ELLIE:** Yes, he did.

**DR. CAMPBELL:** Okay. What did he tell you about why he was calling me?

**ELLIE:** That I do have a vessel that is a popped one in this area.

**DR. CAMPBELL:** That's right. So is it okay if I call you Ellie?

**ELLIE:** Yes, it is.

**DR. CAMPBELL:** Ellie, we've got a serious problem we need to talk about.

**ELLIE:** Mm-hmm.

**DR. CAMPBELL:** You've got a blood vessel in your belly . . .

**ELLIE:** Mm-hmm.

**DR. CAMPBELL:** . . . which at some point in the coming hours to weeks is probably going to rupture and take your life.

**ELLIE:** Oh, my God.

**DR. CAMPBELL:** We've got a couple of options to consider.

**ELLIE:** Mm-hmm.

**DR. CAMPBELL:** Now, Ellie, I've done some thinking, because I had a chance to review your medical records.

**ELLIE:** Mm-hmm.

**DR. CAMPBELL:** And your situation is complicated. You've got a lot of other problems, including congestive heart failure and lung disease, we call it COPD, that lead me to believe that we have a couple of legitimate options here. And so I drew a little diagram that I want to use as we talk about this. So our first option would be to go to surgery. Now, Ellie, in the best-case scenario with surgery, we're looking at a big operation. We're going to be in the operating room probably between 6 and 12 hours. Afterwards, you're definitely going to need to be in the intensive care unit. You'll be on a breathing machine.

You'll be sedated but unable to communicate with your family. There are probably going to be some other things we need to do to support your body during this time, potentially dialysis,

for example. You're going to be critically ill for at least one or two weeks in the best case. After that, you'll get out of the intensive care unit, go to the regular part of the hospital probably for another one or two weeks until such time as you're stable enough to leave the hospital to go to a nursing home. Now even in the best-case outcome, it's my guess that you'll need to be living in a nursing home probably for the rest of your life.

**ELLIE:** This is so much to take in.

**DR. CAMPBELL:** It's a lot. Now I want to tell you about the worst-case possibility if we go with surgery. Now the worst case is still a big operation, still getting out to the ICU but probably more complications, probably ones that are life-threatening. So in the worst case after some time in the ICU in which we've done lots of things to try to keep you alive, we fail. Our treatments fail, and you die without ever leaving the hospital, potentially without ever even regaining consciousness or the ability to speak to your family.

Now because of everything else that's going on with you, we have another option, which I've put on the other side and I call supportive care. So we could do everything that we can to take good care of you, make sure that we're managing pain or other symptoms that come up but not go to the operating room. This is an acknowledgment that this blood vessel is going to take your life sometime in the next hours to weeks. Now in the best case, we'll have time for your family to gather, for everybody to just say goodbye.

Potentially, you could be at home through this process with the support of organizations like hospice to make sure you're comfortable. That's the best case. The worst case with supportive care is quite simply that we don't have that much time. Maybe it starts to bleed within hours, your family doesn't have time to get here, and time is really short. Questions about what I've said so far?

**ELLIE:** It seems so stark, the contest. I, my, I, it is so hard to take in, I have to say. Do I have to decide right away what . . .

**DR. CAMPBELL:** I wish that we had the luxury of a lot of time. You don't need to make a decision as I stand here right this minute, but you do need to make a decision within a few hours.

**ELLIE:** Mm-hmm.

**DR. CAMPBELL:** We don't have a lot of time.

**ELLIE:** Uh-huh.

**DR. CAMPBELL:** It may help you if I tell you what I think is most likely.

**ELLIE:** All right.

**DR. CAMPBELL:** I have done this before. What is most likely with surgery is somewhere in between best case and worst case. To be honest with you, given everything else that's going on with your body, I think that your most likely outcome is closer to the worst case than the best. I think most likely this eventually ends up taking your life. Best case, or, excuse me, what's most likely with supportive care alone is harder for me to anticipate. We need to do the best job that we can taking good care of you and sort of see what happens. I think it's most likely though that there is enough time for your family to gather before this starts to bleed.

**ELLIE:** Thank you.

**DR. CAMPBELL:** Yeah. I'm happy to leave this with you and give you a little time to think this over, talk with Amy. And I can come back, and we can talk about it more so that we can make a decision that feels right for you.

**ELLIE:** Thank you.

**DR. CAMPBELL:** Okay?

**AMY:** Thank you.

**DR. CAMPBELL:** All right. Thank you.