Aim: The purpose of this study was to evaluate the effects of the Palliative Family consulting of patients and their family caregivers with signing DNR rate and satisfaction in the end of life.

Background: Both patients and their family caregivers difficult to choice behalf of persons with end of life. Common decisions include resuscitation, tube feeding, treatment of infections, and hospital transfer. Families report limited communication and support for these choices.

Design: A single-blind, randomised, controlled trial.

Methods: The study was a single-blind cluster randomized trial of the Palliative Family consulting intervention compared with an attention control. Fifty patient–family caregiver dyads were recruited from consult palliative team in north local medical hospital. Patients and family caregiver dyads were randomly assigned to an experimental group and received the Palliative Family consulting; the comparison group received only the usual meeting. Outcome measurements included signing DNR rate and satisfaction from patient’ and family caregivers’ self-reports. Data were gathered while they consult palliative team from 60 minutes for pre-test and until they discharge or death for post-test. A linear mixed model was used to analyses .Family decision maker written informed consent for themselves and end of life patient with family decision makers. Family decision makers were compensated for their participation. From April 2015 to September 2017 we enrolled dyads of persons with end of life and family decision makers.

Result: The scores of signing DNR rate among family caregivers have significantly in the experimental group. The scores of satisfaction of patient–family caregiver dyads were significantly diminished in the experimental group after the Palliative Family consulting compared to the comparison group. There were significantly improved signing DNR rate and satisfaction in the experimental group than in the comparison group.

Conclusion: The Palliative Family consulting promotes successful transition in end of life to enhance family caregivers’ signing DNR rate and satisfaction, thus the Palliative Family consulting can to promotes signing DNR rate and satisfaction in end of life.