Practical Matters in Advance Care Planning

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Historic Context of Death

- Place of death

  Home -> Hospital -> ICU
- ICU Medicine
  - Vital organ system temporary support
  - Prolonging death
- Escalations of technology - pendulum
  - Healthcare professionals
  - Medical surrogates
- Patient Self Determination Act - 1990

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Ethical and Religious Directives for Catholic Health Care Services

- Bon Secours' Catholic Identity
  - Treat and employ all religious demographics
  - Compliant with ERDs
  - The Sisters' story
- End-of-life addressed
  - Part Two – pastoral, sacraments
  - Part Three – professional
  - Part Five – seriously ill and dying

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Advance Care Planning – defining terms

- Advance Medical Directive
  - Decisional capacity
  - Medical Power of Attorney (mPOA)
  - Broad direction on life sustaining treatments
  - Organ donation
- Do Not Resuscitate (DNR)
  - Hospital order – what we won't do
  - Comfort care – what we must do
    - Pain management
- Durable Do Not Resuscitate (DDNR)
  - Community based
- Physician Order for Scope of Treatment (POST)
  - Last year of life
  - More specific
  - Respected across state lines

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Advance Care Services – defining terms

- Primary Care
  - Advance care conversations
  - Basic palliative care
- Palliative Care – life limiting illness, not necessarily dying
  - Advance care conversations – goals, quality
  - Specialized palliation and pain management
- Comfort Care
  - Acute care facilities
- Hospice
  - 6 months v 2 weeks
  - Quality of life

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Honoring Choices® VIRGINIA

- Richmond Academy of Medicine
  - Bon Secours
  - VCU
  - HCA
- Health disparities
- Respecting Choices Model
  - Advance Medical Directive
  - First Steps

http://www.ramdocs.org/?page=HCVa_Main

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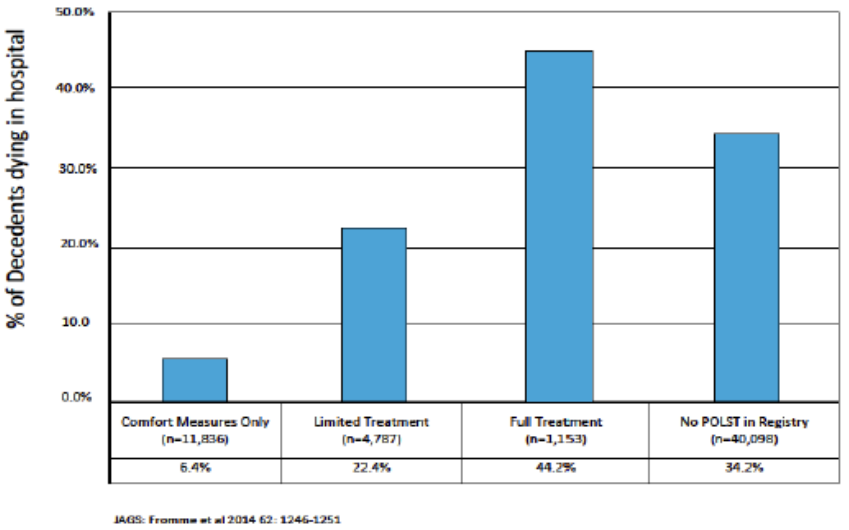
Do healthcare professionals honor patient wishes?

Fromme EK, et al. Association between Physician Orders for Life-Sustaining Treatment for scope of treatment and in-hospital death in Oregon. *J Am Geriatr Soc* 2014;62(7):1246-1251.

Research Letter
Comparable Pattern for POLST Registry Decedents:
Oregon vs West Virginia
2012-2013
J Am Geriatr Soc 2016; in press

Patient's preferences recorded as medical orders on a POLST Form and how those orders match with death in the hospital



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Surrogate Decision Makers

- **Expressed wishes** – cannot anticipate all possibilities
- **Substituted judgment** – mPOA understanding
- **Best interest** – farthest removed

- How do I choose a surrogate decision maker?
  - Covenantal relationship
  - Statutory hierarchy
    - Spouse, adult children, parents, adult siblings, other relative
- Who can help me with my documents?
- Where should I keep my documents?
- What if I change my mind?
- Must I accept DNR for hospice?

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Family Dynamics and EOL:

- Most people are not their best in an ICU with a sick loved-one.
- Fear, shock, external distractions, grief
- Unsettled relationship matters
- Previous good/bad experiences in healthcare
- Too much information
- “Healthcare speak”
- Advocacy

- What are the appropriate goals of care?

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Legislative Activity

- SB226: Medically or Ethically Inappropriate Care not Required

- Study of Physician Assisted Suicide/Death
  - Comment period begins August 22
  - Virginia Catholic Conference for resources
    - Vacatholic.org

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Some thoughts

- ACP is a gift to the people we love.
    - Values based, not encyclopedic
- Most people contemplate what their death will look like.
- Planning ahead is not giving up.
- Allows for proper attention and celebration of life

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Thank You!

Considerations for End of Life Decision Making

Nicholas Setliff, PhD
Mission Leader, Ethics Consultant

Roadmap

- End of Life Decisions
- Ordinary or Extraordinary Treatment?
- Nuances of AD/DNR/DDNR/POST
- Conversational Tips

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End of Life Decisions

"Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death… In the face of death – for many a time with hope seems lost – the Church witnesses to her belief that God has created each person for eternal life."

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End of Life Decisions

"Above all, as a witness to its faith, a Catholic health care institution will be a community of respect, love, and support to patients or residents and their families as they face the reality of death. What is hardest to face is the process of dying itself, especially the dependency, the helplessness, and the pain that so often accompany terminal illness."

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End of Life Decisions

"The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options."

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Ordinary or Extraordinary Treatment?

"A person has a moral obligation to use **ordinary** or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community."

"A person may forgo **extraordinary** or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community."

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Ordinary or Extraordinary Treatment?

What to consider?

- Prognosis – What are the reasonably expected outcomes?

- Benefits and burdens of treatment options.
  - The expected outcome of the treatment
  - And the burdens associated with the treatment

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How many forms are there?!

- Advance Directives
  - Name surrogate decision maker and list some medical choices.
  - Only apply if you are unable to make your own decisions.
- Do not Resuscitate Order
  - Directs healthcare professionals not to perform resuscitative measures in the hospital if your heart or breathing stop.
  - Chest compressions, intubation, defibrillation, blood pressure medications
- Durable DNR (DDNR)
  - Directs that resuscitative measures not be performed *outside* of an acute care setting if your heart or breathing stop.
- Physician Orders for Scope of Treatment (POST)
  - More nuanced decisions about what interventions to apply near end of life. May include DDNR.
  - Only used in last year of life

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Conversational Tips

- Reflect upon what makes your life meaningful.
- Discuss your own thoughts and wishes for your end of life care with your decision maker(s).
- Complete an Advance Directive at least naming a surrogate.
- Give a copy to your doctor and family members.
- Tell those who will be asked to make decisions for you that you forgive them, and know they will act out of love for you.
- Tell them what outcomes you would find to be sufficiently beneficial, and if there are particular treatments you do not wish to have.
- Share your own good experiences with end of life situations.

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Thank You!