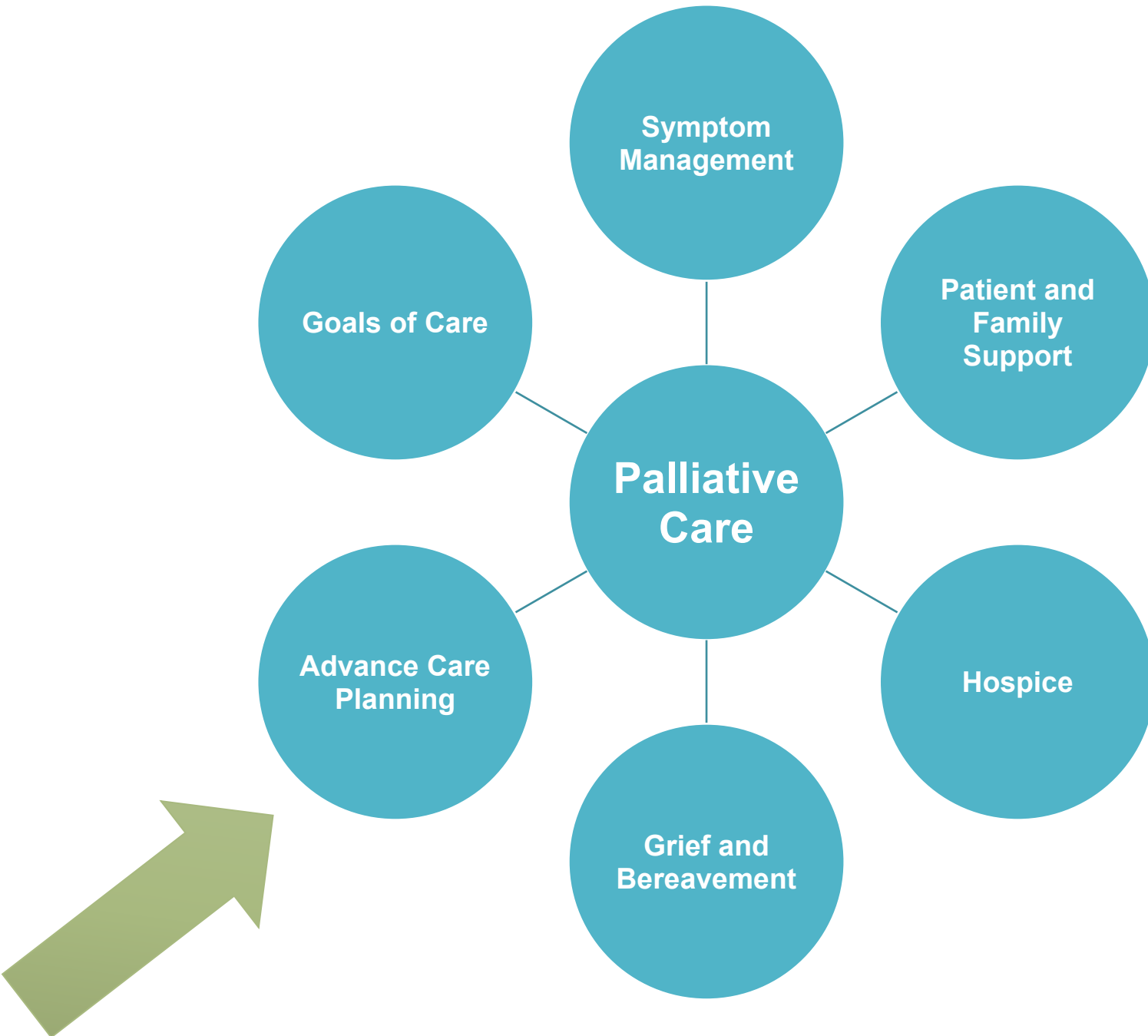


Approach to Advance Care Planning

Maie El-Sourady, MD MS

Palliative Care

PCEC Program



**Symptom
Management**

**Patient and
Family
Support**

**Palliative
Care**

Hospice

**Grief and
Bereavement**

**Advance Care
Planning**

Goals of Care

Goals and Objectives

Define Advance Care Planning

Review a practical approach to advance care planning

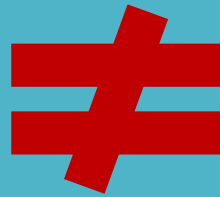
Discuss barriers and challenges with Advance Care Planning

Discuss which ACP documentation is most helpful at different stages of ACP

What is Advance Care Planning?

Advance care planning involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know about your preferences, often by putting them into an advance directive.

Advance
Care
Planning



Advance
Directive

Discussion

Documentation

Do Advance Directives change outcomes?

The presence of an advance directive does not seem to change how people die.



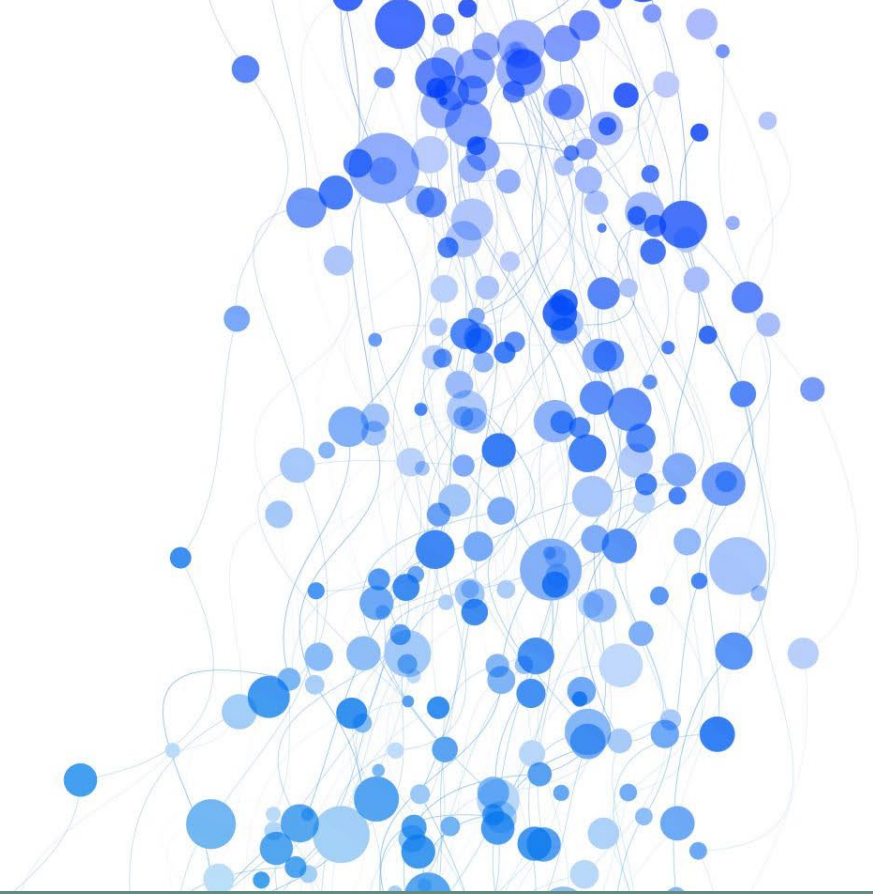
The Point of ACP

What it should be

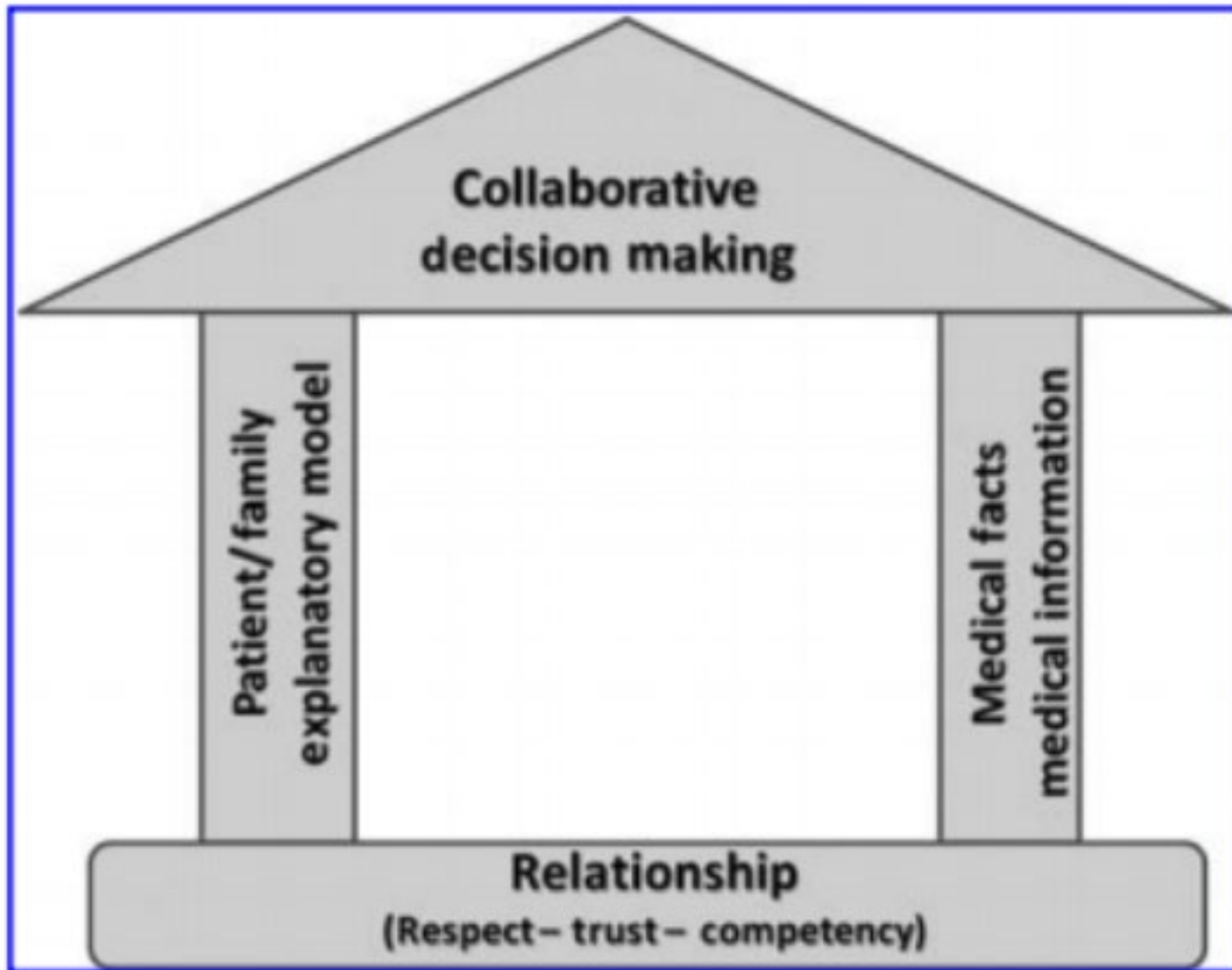
- Allow a patient to participate in medical decision-making if they lose capacity to do so

How its used

- A way to help patients and their surrogates communicate medical preferences (usually at the end-of-life) to the healthcare system

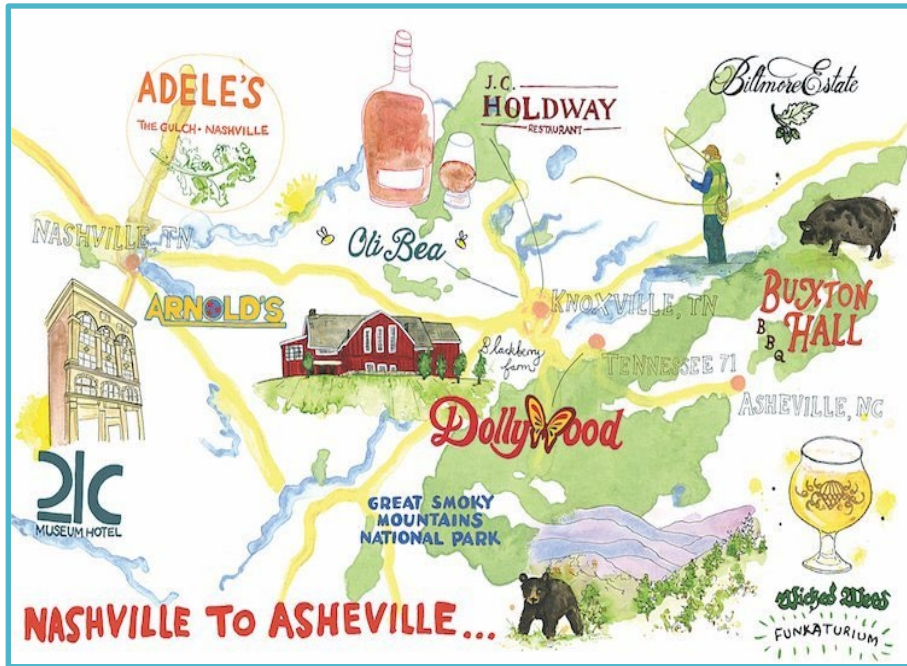


An Approach to Advance Care Planning



Bhang TN and Iregui JC. Creating a Climate of Healing: A visual model for Goals of Care Discussions. JPM (2013)718-19.

HOW WE THINK

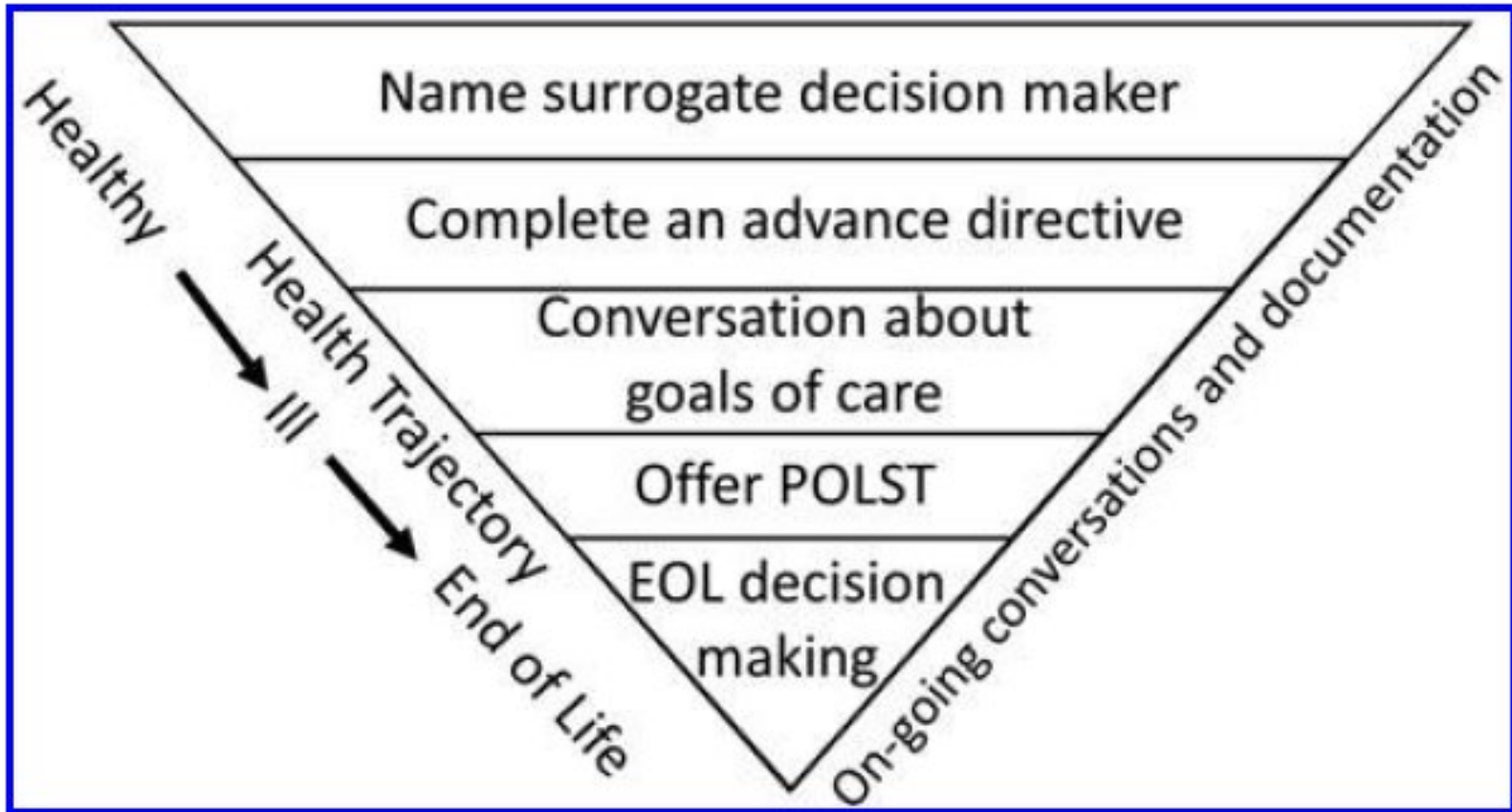


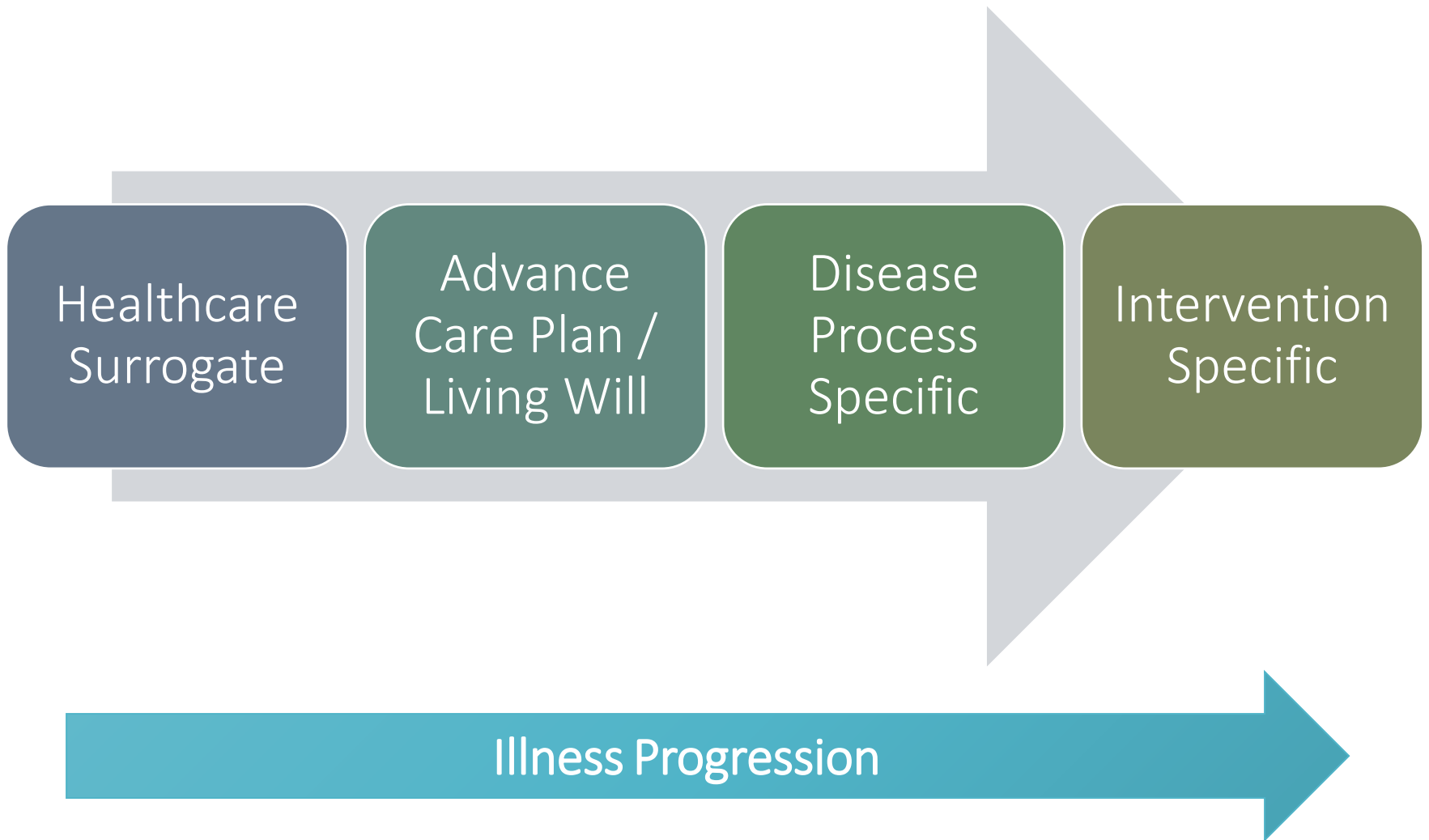
TRANSLATE THE ROAD
MAP INTO DRIVING
DIRECTIONS

HOW WE MUST SPEAK



Prognosis is what you
think will happen
translated into what
you think the patient
will experience





Primary Care Clinic

Healthcare
Surrogate

Advance
Care Plan /
Living Will

Disease
Process
Specific

Intervention
Specific

57 yo with HFrEF
and cardiac
cachexia

83 yo with CKD 4

65 yo with
cirrhosis and
critical AS

58 yo with
Huntingon's
Disease

Health Care Surrogate

Healthcare Agent / Healthcare Surrogate /
Durable Power of Attorney for Healthcare /
Medical Power of Attorney

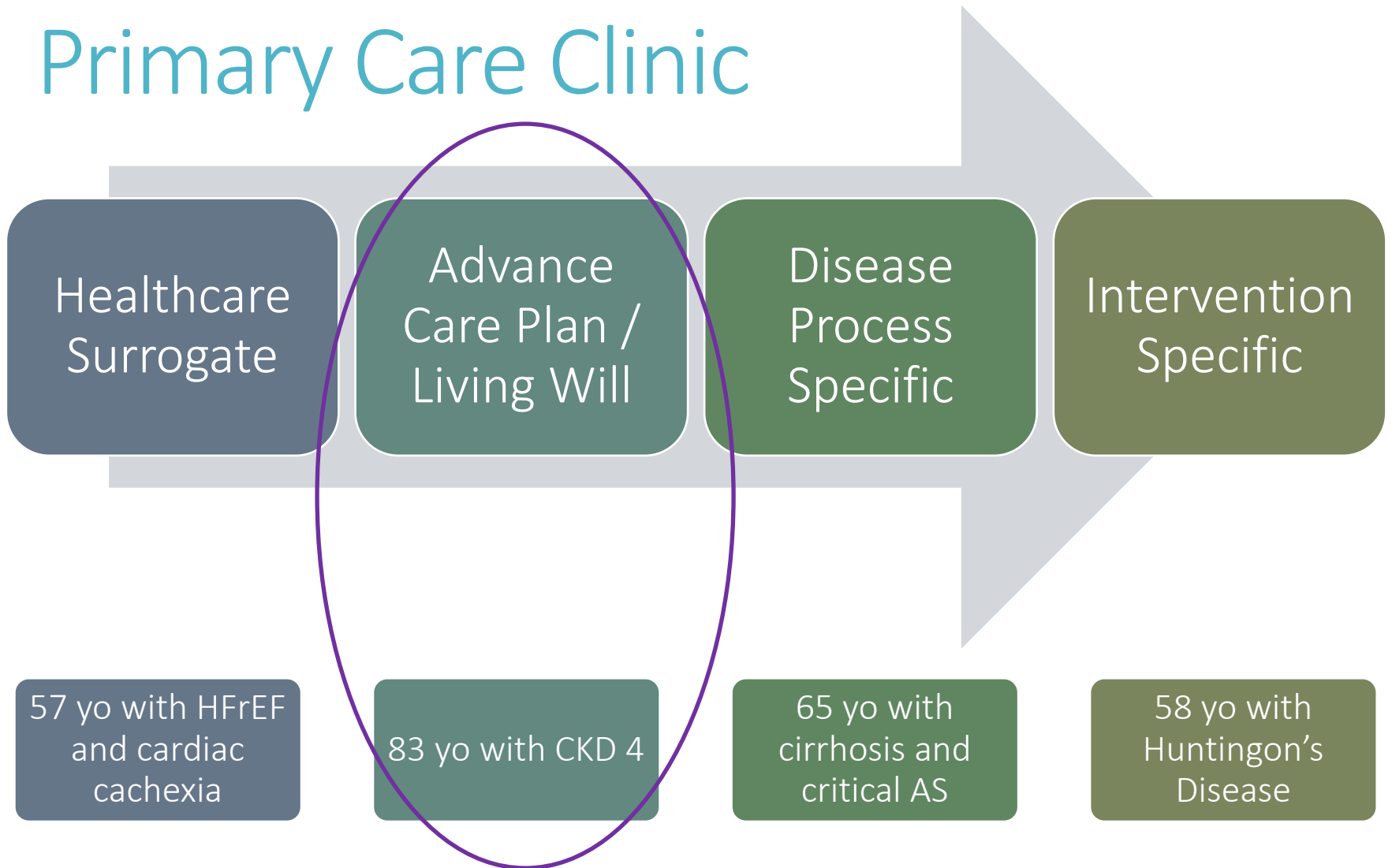
An adult or emancipated minor who is
appointed by another person to make health
care decisions for that person

Usually becomes effective if the person lacks
capacity and is no longer effective if person
regains capacity

Should be a person that can apply the principle
of “substituted judgment”

“Who could speak for you if you were unable to
speak for yourself?”

Primary Care Clinic



Living Wills and Advance Care Plans

Living wills are often drawn up by attorneys, so often not medically specific

Advance Care Plans can be downloaded by state and can be confusing

It is best to fill out your state's form, although most states will honor an advance care directive written in another state

Are designed to give permission to withhold or withdraw life-prolonging measures in end-stage medical conditions

DO NOT APPLY UNLESS PROGNOSIS IS CLEAR



Creating an Advance Care Plan

Discuss what a patient enjoys doing and what makes their life worth living

Discuss minimal quality of life measures

Discuss any intervention that they might consider acceptable or unacceptable, both in the short or long term

Discuss if they would put up with potentially burdensome interventions or prolonged timeline to possibly achieve an acceptable quality of life


2 QUESTIONS for patients and families

What do you hope for?

What is off limits?

Advance Care Plan

Tennessee

I, _____, hereby give  these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Agent

I want the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below.

Name: _____

Phone number: _____ Relation: _____

Address: _____

Alternate Agent

If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below.

Name: _____

Phone number: _____ Relation: _____

Address: _____

My agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA.

When Effective (mark one)

- I give my agent permission to make health care decisions for me at any time, even if I have capacity to make decisions for myself.
- I do not give such permission (this form applies only when I no longer have capacity).

IF

Quality of Life

By marking "Yes" below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management.

By marking "No" below, I have indicated conditions I would *not* be willing to live with (that to me would create an unacceptable quality of life).

Permanent Unconscious Condition

Yes No I become totally unaware of people or surroundings with little chance of ever waking up from the coma.

Permanent Confusion

Yes No I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.

Dependent In All Activities of Daily Living

Yes No I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help.

End-Stage Illnesses

Yes No I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

THEN

Treatment

If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked "No" on the previous page) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking "Yes" below, I have indicated treatment I want. By marking "No" below, I have indicated treatment I do *not* want.

CPR (Cardiopulmonary Resuscitation)

- Yes No To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.

Life Support / Other Artificial Support

- Yes No Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys, and other organs to continue to work.

Treatment of New Conditions

- Yes No Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.

Tube Feeding / IV Fluids

- Yes No Use of tubes to deliver food and water to a patient's stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

Example 1

Quality of Life

By marking “Yes” below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management.

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Example 1

Applies to all unacceptable conditions checked on previous page

Treatment

If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked “No” on the previous page) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking “Yes” below, I have indicated treatment I want. By marking “No” below, I have indicated treatment I do *not* want.

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Tube Feeding / IV Fluids

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Example 2

Quality of Life

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By marking “No” below, I have indicated conditions I would *not* be willing to live with (that to me would create an unacceptable quality of life).

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Yes No I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

Example 2

Applies ONLY to unacceptable conditions (permanent unconscious condition and permanent confusion)

Treatment

If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked "No" on the previous page) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking "Yes" below, I have indicated treatment I want. By marking "No" below, I have indicated treatment I do *not* want.

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Yes No Use of tubes to deliver food and water to a patient's stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

Example 3

Quality of Life

By marking “Yes” below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management.

By marking “No” below, I have indicated conditions I would *not* be willing to live with (that to me would create an unacceptable quality of life).

Permanent Unconscious Condition

Yes No I become totally unaware of people or surroundings with little chance of ever waking up from the coma.

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Yes No I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

Example 3

None of these apply because they did not mark any unacceptable conditions

Treatment

If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked “No” on the previous page) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking “Yes” below, I have indicated treatment I want. By marking “No” below, I have indicated treatment I do *not* want.

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Tube Feeding / IV Fluids

Yes No Use of tubes to deliver food and water to a patient’s stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

Applying an Living Will

Example: 78 year old with acute right sided MCA stroke.

Patient has a living will that says that he would not want to be maintained on machinery *if he had a terminal condition that could not be improved and would want to be allowed a natural death*

Does his living will apply in this situation?

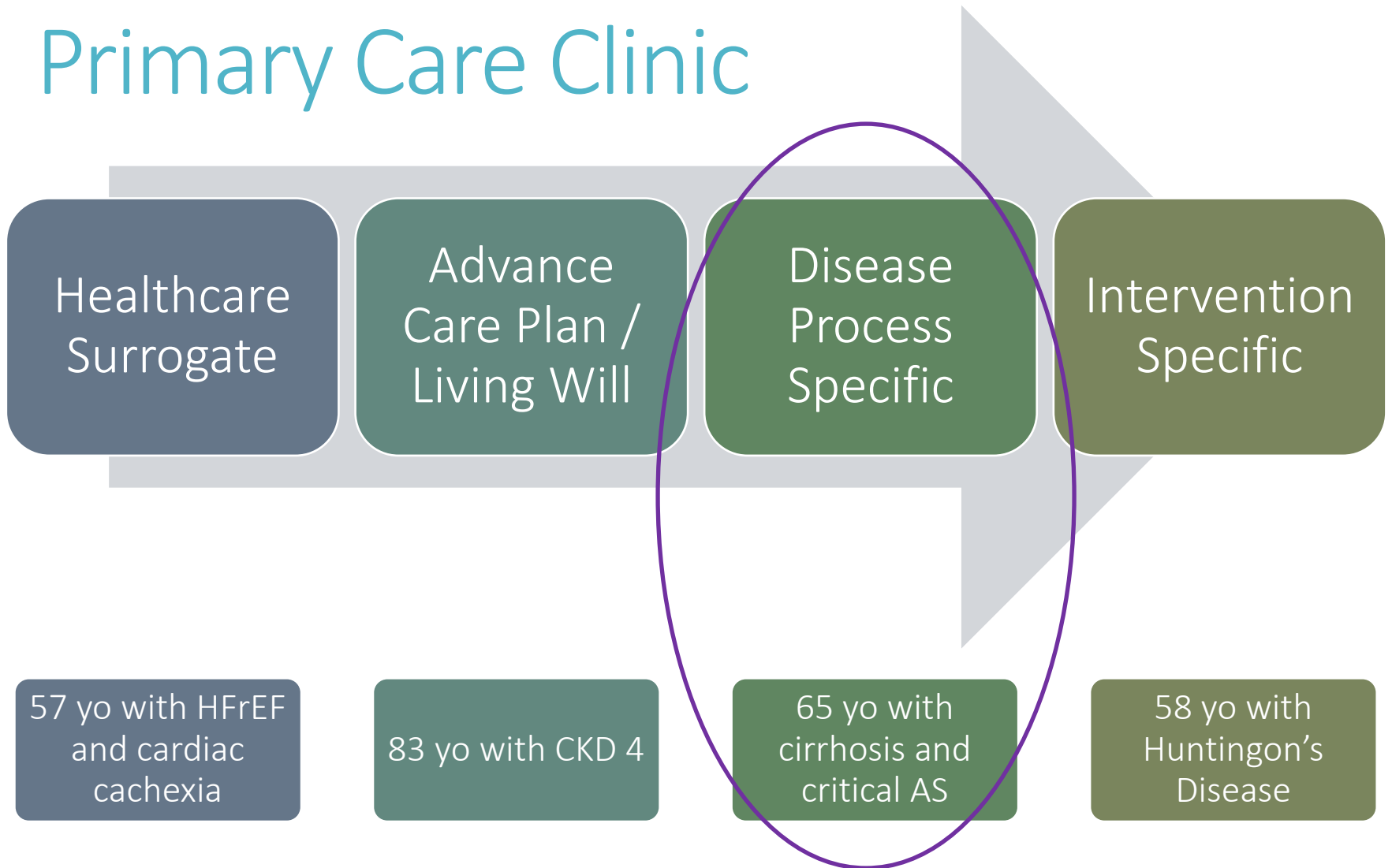
Would you change his code status to DNR/DNI?

Would you discuss PEG with this family?

What it can feel like when creating an ACP



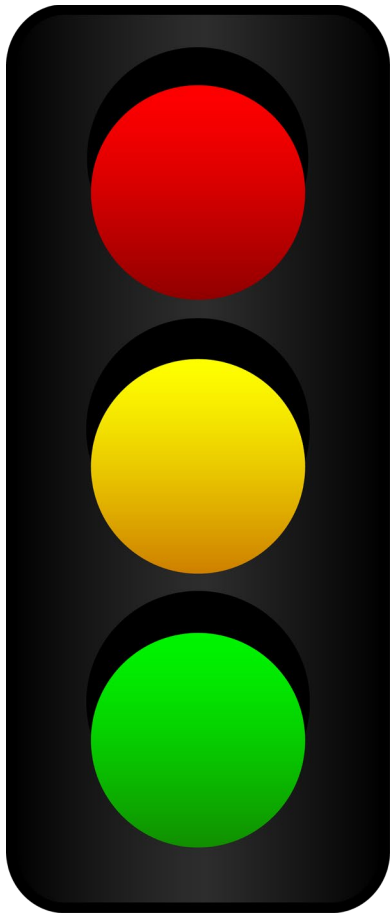
Primary Care Clinic



For the
patient or
family who
wants
“everything”

Most people mean “Everything that will help me get better (or at least stay the same).”

Our job is to help define which interventions fall into those categories.

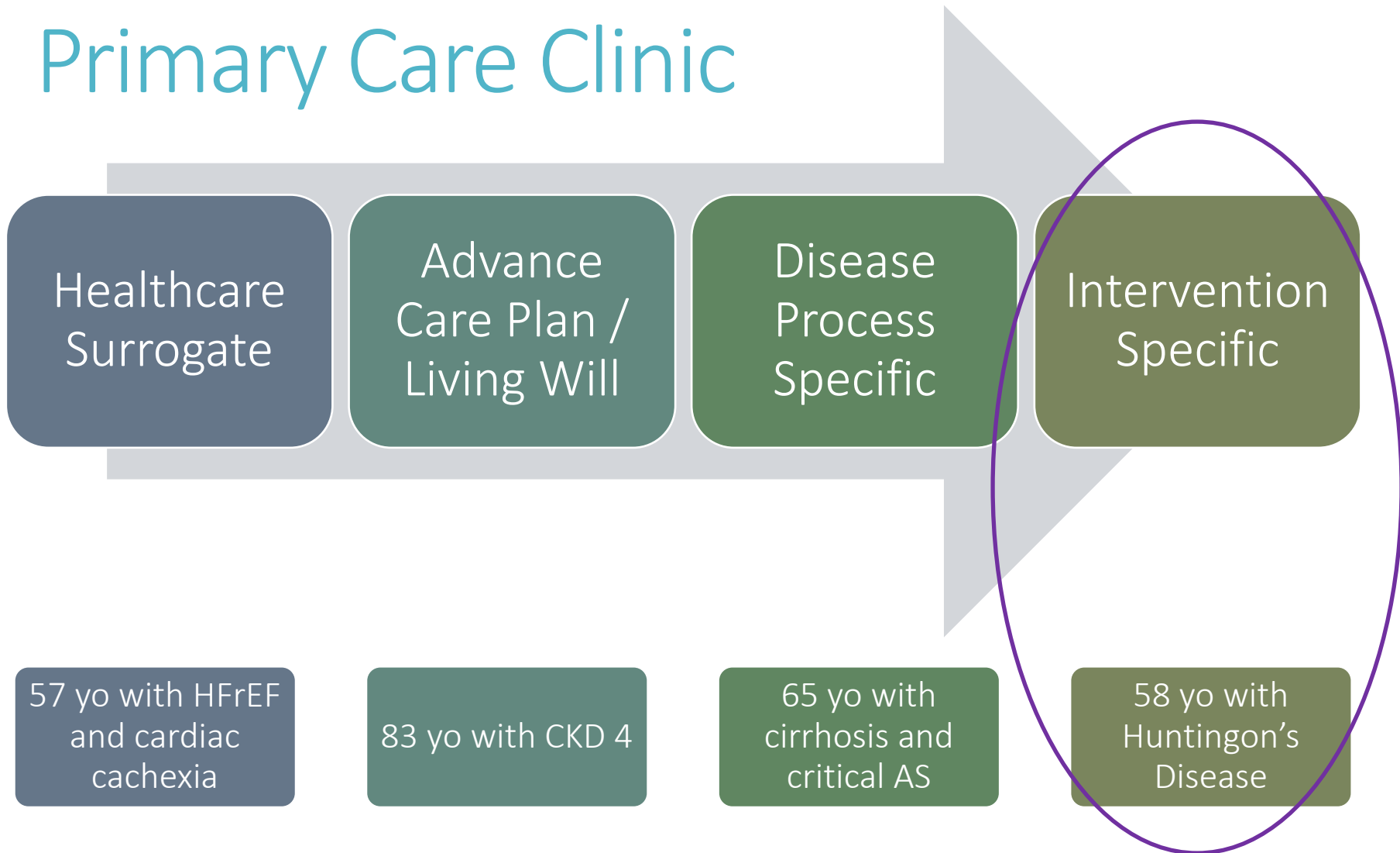


Interventions that WILL NOT help

Interventions that MAY help

Interventions that WILL help

Primary Care Clinic



Tracheostomy and PEG

Maintaining a quality of life that may be unacceptable

- Advanced dementia
- Neurologic condition without acceptable improvement (stroke, traumatic brain injury)

Maintaining a quality of life that may be acceptable

- Advanced ALS or Muscular Dystrophy
- Head and Neck Cancer
- Neurologic condition with acceptable improvement

Code Status Discussions

DNR (Do Not Resuscitate)

- Do not perform CPR in the event of a Pulseless Arrest

DNI (Do not Intubate)

- Do not place an endotracheal tube
- Does not apply to other respiratory support such as BiPAP

Should not be extrapolated to an overall “goals of care” discussion

Can have full aggressive treatment (chemo, pressors, ICU care) but draw the line at intubation and CPR

A COPY OF THIS FORM SHALL ACCOMPANY PATIENT WHEN TRANSFERRED OR DISCHARGED

**Tennessee Physician Orders for Scope of Treatment
(POST, sometime called "POLST)**

This is a Physician Order Sheet based on the medical conditions and wishes of the person identified at right ("patient"). Any section not completed indicates full treatment for that section. When need occurs, first follow these orders, then contact physician.

Patient's Last Name

First Name/Middle Initial

Date of Birth

Section

A

*Check One
Box Only*

CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.

Resuscitate (CPR)

Do Not Attempt Resuscitation (DNR / no CPR) (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B, C, and D.**

POST Form

**Section
B**

*Check
One Box
Only*

MEDICAL INTERVENTIONS. Patient has pulse and/or is breathing.

- Comfort Measures.** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management.**

- Limited Additional Interventions.** In addition to care described in Comfort Measures Only above, use medical treatment, antibiotics, IV fluids and cardiac monitoring as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: basic medical treatment.**

- Full Treatment.** In addition to care described in Comfort Measures Only and Limited Additional Interventions above, use intubation, advanced airway interventions mechanical ventilation as indicated. **Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: Full treatment including in the intensive care unit.**

Other Instructions: _____

POST Form

<p>Section C</p> <p><i>Check One</i></p>	<p>ARTIFICIALLY ADMINISTERED NUTRITION. Oral fluids & nutrition must be offered if feasible.</p> <p><input type="checkbox"/> No artificial nutrition by tube.</p> <p><input type="checkbox"/> Defined trial period of artificial nutrition by tube.</p> <p><input type="checkbox"/> Long-term artificial nutrition by tube.</p> <p><i>Other Instructions:</i> _____</p>	
<p>Section D</p> <p><i>Must be Completed</i></p>	<p>Discussed with:</p> <p><input type="checkbox"/> Patient/Resident</p> <p><input type="checkbox"/> Health care agent</p> <p><input type="checkbox"/> Court-appointed guardian</p> <p><input type="checkbox"/> Health care surrogate</p> <p><input type="checkbox"/> Parent of minor</p> <p><input type="checkbox"/> Other: _____ (Specify)</p>	<p>The Basis for These Orders Is: (Must be completed)</p> <p><input type="checkbox"/> Patient's preferences</p> <p><input type="checkbox"/> Patient's best interest (patient lacks capacity or preferences unknown)</p> <p><input type="checkbox"/> Medical indications</p> <p><input type="checkbox"/> (Other) _____</p>

POST Form

Physician/NP/CNS/PA Name (Print)	Physician/NP/CNS/PA Signature NP/CNS/PA (Signature at Discharge)	Date	MD/NP/CNS/PA Phone Number: ()
Signature of Patient, Parent of Minor, or Guardian/Health Care Representative			
Preferences have been expressed to a physician and /or health care professional. It can be reviewed and updated at any time if your preferences change. If you are unable to make your own health care decisions, the orders should reflect your preferences as best understood by your surrogate.			
Name (Print)	Signature	Relationship (write "self" if patient)	
Agent/Surrogate	Relationship	Phone Number ()	
Health Care Professional Preparing Form	Preparer Title	Phone Number ()	Date Prepared

POST Form

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Section

A

*Check One
Box Only*

CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.

Resuscitate (CPR)



Do Not Attempt Resuscitation (DNR / no CPR) (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B, C, and D.**

POST Form (Example 1)

A patient with advanced illness does not want CPR or advanced interventions, and only wants treatments of symptoms

Section
B

Check
One Box
Only

MEDICAL INTERVENTIONS. Patient has pulse and/or is breathing.

- Comfort Measures.** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management.**
- Limited Additional Interventions.** In addition to care described in Comfort Measures Only above, use medical treatment, antibiotics, IV fluids and cardiac monitoring as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: basic medical treatment.**
- Full Treatment.** In addition to care described in Comfort Measures Only and Limited Additional Interventions above, use intubation, advanced airway interventions mechanical ventilation as indicated. **Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: Full treatment including in the intensive care unit.**

Other Instructions: _____

POST Form (Example 1)

A patient with advanced illness does not want CPR or advanced interventions, and only wants treatments of symptoms

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This is a Physician Order Sheet based on the medical conditions and wishes of the person identified at right ("patient"). Any section not completed indicates full treatment for that section. When need occurs, first follow these orders, then contact physician.

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First Name/Middle Initial

Date of Birth

Section

A

*Check One
Box Only*

CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.

Resuscitate (CPR)



Do Not Attempt Resuscitation (DNR / no CPR) (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B, C, and D.**

POST Form (Example 2)

A patient with lung disease who does not want CPR but would want to be intubated and placed on mechanical ventilation

<p>Section B</p> <p><i>Check One Box Only</i></p>	<p>MEDICAL INTERVENTIONS. Patient has pulse and/or is breathing.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Comfort Measures. Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management. <input type="checkbox"/> Limited Additional Interventions. In addition to care described in Comfort Measures Only above, use medical treatment, antibiotics, IV fluids and cardiac monitoring as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, <u>BiPAP</u>). Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: basic medical treatment. <input checked="" type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Limited Additional Interventions above, use intubation, advanced airway interventions mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: Full treatment including in the intensive care unit. <p><i>Other Instructions:</i> _____</p>
---	---

POST Form (Example 2)

A patient with lung disease who does not want CPR but would want to be intubated and placed on mechanical ventilation

For every patient

Identify a surrogate

- Who do you trust to speak for you if you were unable to speak for yourself?

Address medical limitations

- Have you spoken with [healthcare surrogate] about what you would or would not want done if you were to get really sick?
- Are there any medical interventions that you would consider off limits?

Helpful Resources

Advance Care Plans by state:

<http://www.caringinfo.org>

NIH National Institute on Aging:

<http://www.nia.nih.gov/health/publication/advance-care-planning>

Tennessee Department of Health:

<https://tn.gov/health/article/advance-directives>

Murray S, Kendall M, Boyd K and Sheikh A. Illness trajectories and palliative care. *BMJ* 2005; 330; 1007-1011

Lang F and Quill T. Making Decisions with Families at the End of Life. **American Family Physician.** (2004) 70:719.

Rosenfeld KE, Wenger NS, and Kagawa-Singer M. End-of-Life Decision-Making: A Qualitative Study of Elderly Individuals. **J Gen Intern Med** (2000)15:620.



Opioids Dosage Conversion 17+

Chris Marcellino MD LLC

★★★★★ 4.1, 8 Ratings

Free

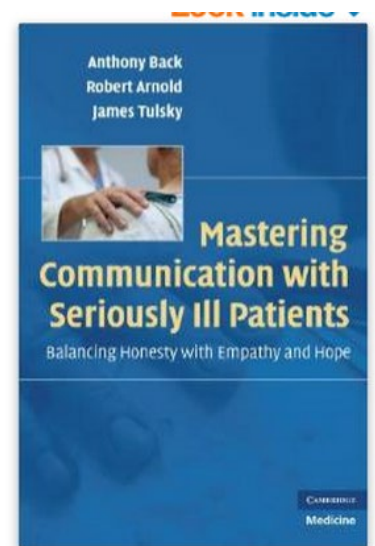


VitalTalk Tips 4+

Vital Talk

★★★★★ 4.9 • 12 Ratings

Free



Palliative Care Fast Facts 17+

HAIPENG ZHANG

★★★★★ 4.9, 7 Ratings

Free

Useful Resources

Thank you!

Feedback for this lecture
5 questions (3 minutes)

