

# PALLIATIVE CARE BASICS

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## CODE STATUS AND SURROGATES

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# What is Palliative Care?

Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

# Palliative Care and Hospice: Differences

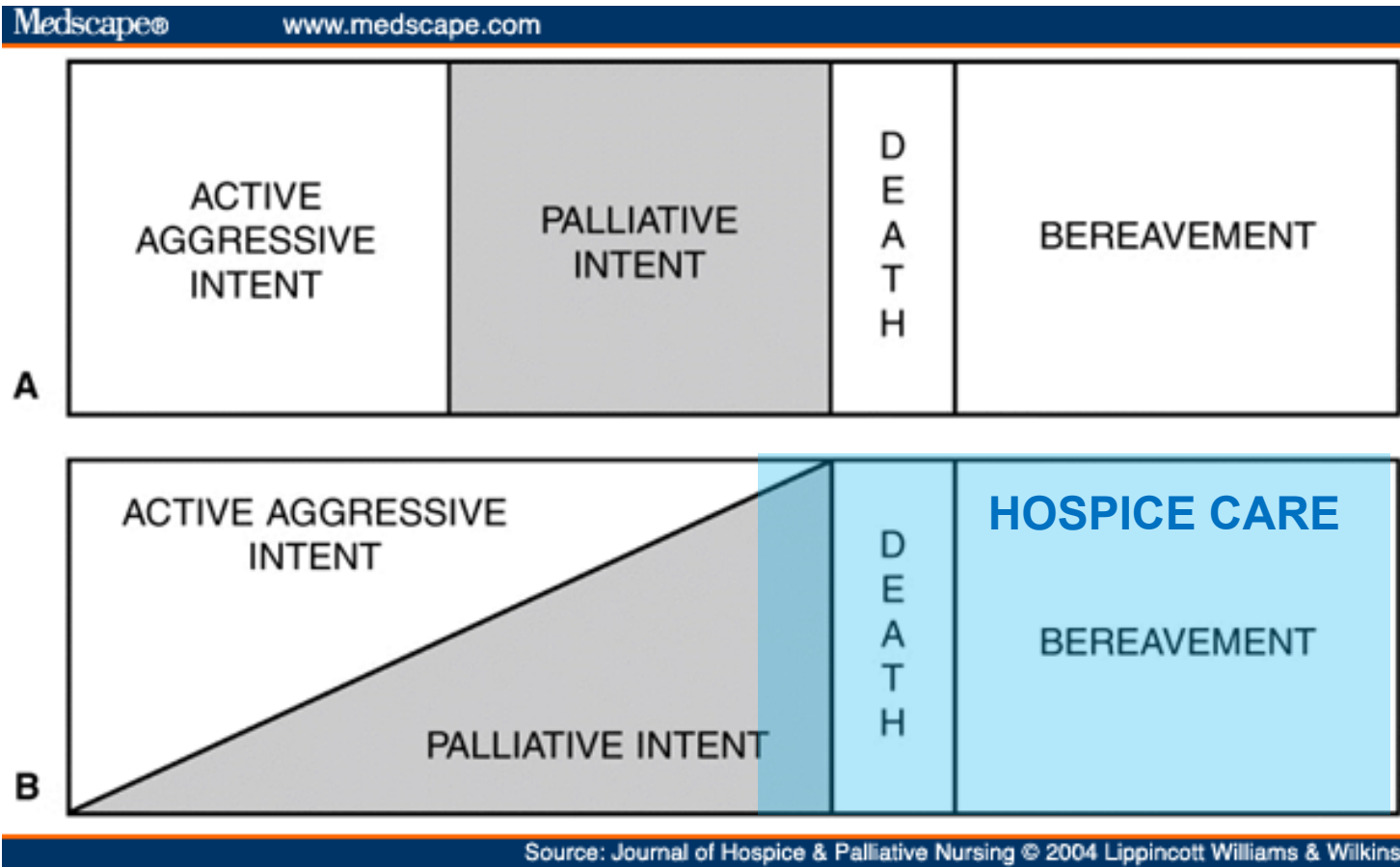
## Palliative Care

- Specialty
- Patients – Any patient with life-limiting illness, not limited to terminally ill or those with poor prognosis
- Patients DO NOT have to forgo curative or life-prolonging therapy

## Hospice

- Service
- Patients – Terminally ill
- Terms are set by insurance
- Patients forgo insurance coverage for curative or life-prolonging therapy
- **2 physicians certify that patient has less than 6 months to live if the disease process were to follow its natural course**

# When Palliative Care Is Delivered





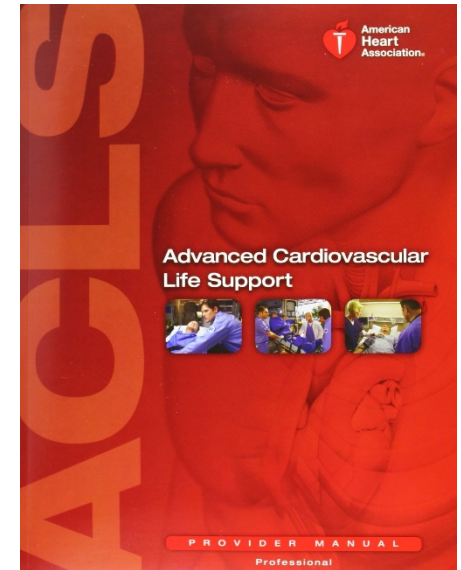
# Goals and Objectives

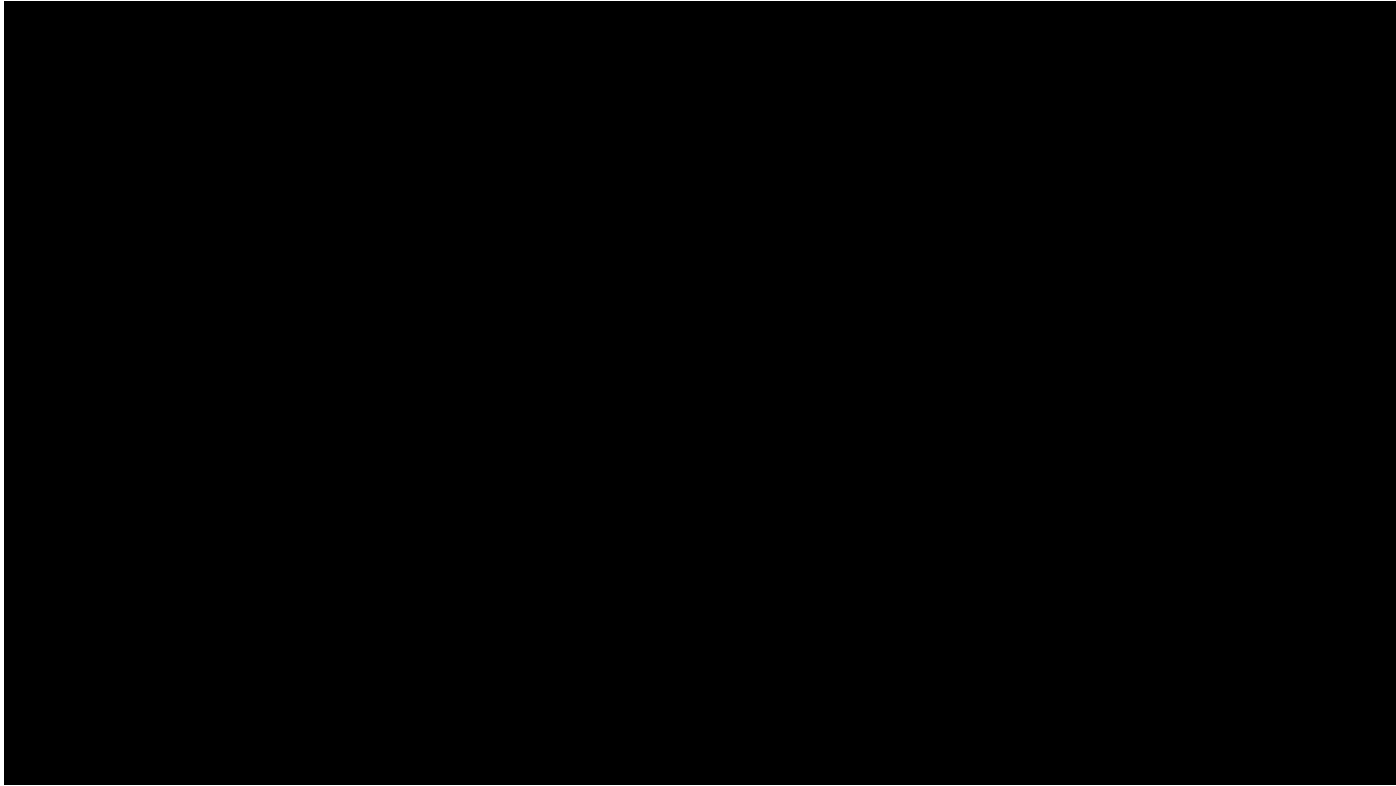
- Following this lecture, learners should be able to:
  - Compare statistical outcomes of CPR in common chronic conditions
  - Contrast patient expectations of CPR with reality
  - Conduct effective discussions of code status
  - Recall state guidelines for identifying surrogate decision makers.
  - Recognize barriers to surrogate decision making.
  - Identify appropriate surrogates for patients.



# “Resuscitation”

- Governed by systems such as BLS and ACLS
  - Covers many diagnoses including various types of pulseless arrest
- CODE STATUS
  - Do Not Resuscitate – refers to the use of BLS/ACLS in the event of a PULSELESS ARREST
  - Do Not Intubate – refers to the use of intubation and placement on mechanical ventilation in the event of ANY respiratory arrest





Let's talk CPR...



# Outcomes of CPR

## Fantasy

- Public expectations of surviving CPR are as high as 96%



## Reality

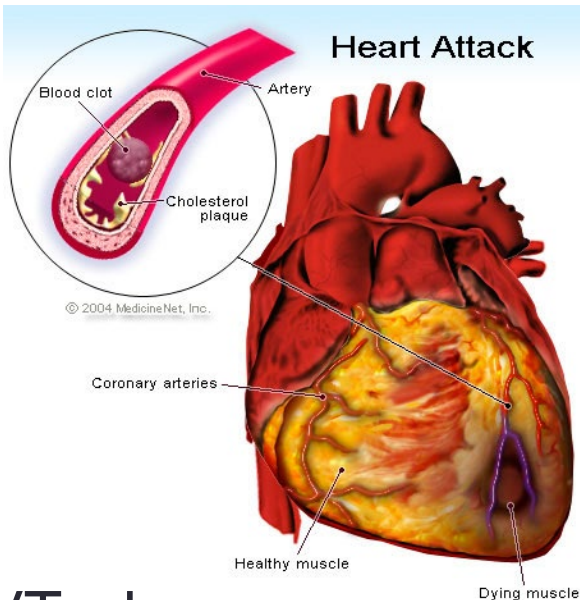
- After 20 min of resuscitation, 44% of patients survive
- Only 17% survive to discharge from the hospital
  - Only half of these return to home

# When is CPR more effective?

## -Admission Diagnoses

### More effective

- Myocardial infarction
- Coronary disease
- HTN



- Vfib/VTach

### Less effective

- Sepsis in the day prior to the event
- Renal failure (creatinine >1.5)
- Metastatic cancer
  - Ward 10%, ICU 2%
- Dementia
- Dependency prior to the event
- Age >70
- Asystole/PEA

# What are legitimate code status choices?

- FULL CODE
- DNR
- DNI
- DNR/DNI
- “A little bit if CPR...”
- COMFORT CARE

# Code Status Form

DNR/DNI (Do Not Resuscitate/Do Not Intubate)		✓ Accept	✗ Cancel
Process Inst.:	<div>In the event of impending respiratory failure, endotracheal intubation is not attempted. In the event of a pulseless cardiac arrest, resuscitative measures are not attempted.</div>		
❗ Reasons for Code Status Order:	<div>Patient's condition irreversible, death imminent/limited life expectancy</div> <div>Request by Patient/Legal Guardian</div> <div>Designated Power of Attorney (POA) or surrogate consistent with patient wishes and best interests.</div> <div>Advance Directive</div> <div>Other</div>		
❗ Patient's Decision Making Capacity:	<div>Present</div> <div>Absent</div> <div>Variable</div>		
❗ Discussion of Code Status has Occurred with:	<div>Patient</div> <div>Power of Attorney for Health Care Decisions</div> <div>Parent or Legal Guardian</div> <div>Other</div>		
❗ Discussion of Code Status was Performed by:	<div>Primary Attending Physician</div> <div>Consulting Physician</div> <div>Fellow</div> <div>Resident</div> <div>APN Nurse Practitioner / Physician's Assistant</div> <div>Other</div>		
Code Status	<a href="#">Click to add text</a>		
Cmnts:			
❗ Next Required	Link Order	✓ Accept	✗ Cancel

# How do we discuss CPR?

- Do you want us to do “*everything*?”
- The “Tarantino” Description
- Not at all

# How *should* we discuss CPR?

- Discuss the difference between perception and reality
- Discuss the situation your patient faces
- Give an honest opinion of outcomes
- If you have a recommendation, give it.
  - This is especially important if there is a high risk of arrest in the short term.
- Can we refuse to perform CPR?
  - If you have already made a decision, don't ask.

# MEDICAL SURROGATES

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# Types of Surrogates

## Patient-identified

- Power of Attorney
  - Durable POA
  - POA for Healthcare, Medical POA
- Healthcare surrogate/proxy/agent
- Are lasting determinations that are upheld regardless of care situation/location

## Provider-identified

- An adult or emancipated minor who can apply “substituted judgment” on behalf of the patient.
- Can be formalized by the institution
- Only recognized within the confines of the institution

# How do we establish a surrogate?

- Legal documents
- Patient's statements
- Primary team
- Palliative Care
- Ethics
- Ultimately, the person(s) who have demonstrated a special concern for the patient and can speak to their wishes or best interests can be established as surrogate.

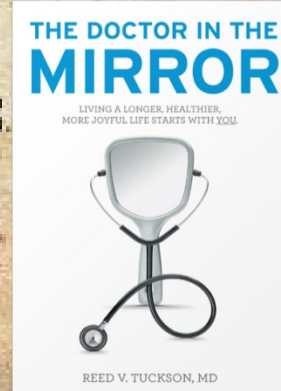
# The “Hierarchy” of Surrogates



**I SPEAK UP WHEN  
OTHERS CANNOT.**



W.GEEKDETAILS.



# Avoiding Trouble

- Get into a habit of asking every patient who their surrogate would be.
- **DOCUMENT** the discussions you have with patients.
- Do not assume that next of kin is the appropriate surrogate!
- Help patients complete any helpful forms (all available on E-docs)

# Some special notes about the VA



# Feedback



<https://medsites.vumc.org/pcec/welcome>