Advance Care Planning/End of Life Care

UNE Maine GEC
Preparing for the Future: Alzheimer’s Disease and Related Dementias
June 13, 2015
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Disclosure Declaration

0 I have no actual or potential conflict of interest in relation to this program or presentation.
OBJECTIVES

• To understand an Advance Directive & its usefulness in transitions of care.
• To understand the Health Care Proxy & his/her role in end-of-life care decisions.
• To understand the physician’s role in advance care planning.
• To become familiar with resources for advance care planning.
ADVANCE CARE DIRECTIVES:

• a legal document, consistent with state law, that helps to ensure that one’s health care wishes will be carried out;

• may be an oral communication, verbally expressed to family members or to a health care agent.
Two main types of Advance Directives:

- Medical POA/Health Care Proxy
- Living Will/Treatment Directive
MEDICAL POA:

• A written document in which a person (Agent) is named to act as health care proxy in the event:
  
  • one is no longer able to speak for him/herself; or

  • there is cognitive/physical decline that results in ‘lack of capacity’ as determined by a physician.
LIVING WILL:

• Documents personal directives for EOL care in the event that decision-making or communication abilities are lost.

• Includes directives for: IVF hydration, parenteral/enteral nutrition, CPR, mechanical ventilation, hemodialysis, stopping life-prolonging treatment.
Qualifications for a Health Care Proxy/Agent:

- Meets legal criteria of the state
- Willing to speak on the patient’s behalf
- Able to act on the Principal’s wishes
- Readily available
- Understands what is important to the Principal
Qualifications (cont.):

- Trustworthy
- Able to discuss sensitive issues
- Able to handle conflicting opinions b/t family members/friends/health care providers
- Can be a strong advocate in the face of an unresponsive physician or institution
- Will be available as long as the Principal is alive
Surrogate decision making:

- A surrogate may make health care decisions for an adult who doesn’t have a designated Proxy/Agent or Guardian.

- Order of choice:
  - Spouse
  - Adult child
  - Sibling
  - Grandchild
  - Other
Rules disqualifying for health care proxy:

• Less than 18 years of age

• Proxy is the patient’s health care provider or is an employee of the health care provider.

• Proxy is the owner of the health care facility where the patient resides.
When to create or change an Advance Directive:

- Any major change in status

- Five “D’s”:
  - Decade
  - Death
  - Divorce
  - Diagnosis
  - Decline
Obtain an Advance Directive form:

- Local hospital’s social service, patient education, admissions, or chaplaincy departments
- Download a legal form for any state from: www.caringinfo.org
- Five Wishes (see “Resources” page)
- American Bar Association (see “Resources” page)
What to do with the Advance Directive:

- Original is kept with the individual (or Proxy) & stored where it can be easily found

- Copies to Proxy, health care provider, hospital, others

- Carry an Advance Directive wallet card

- Notarized version if traveling out of state
Physician Orders for Life-Sustaining Treatment (POLST)

A. CPR

B. MEDICAL INTERVENTIONS

C. ANTIBIOTICS

D. ARTIFICIALLY ADMINISTERED NUTRITION/HYDRATION

E. BASIS FOR ORDERS

F. SIGNATURES
Role of Advance Directives & Transitional Care:

- Case scenario
- Provides clear direction for health care personnel regarding EOL care
- Keeps care consistent with patient’s wishes
- POLST provides clear and mandatory documentation
- Needs to accompany the patient during transitions when the Proxy/family are unavailable
Role of the PCP

- Patients want their primary care doctor to initiate advance care planning while they are in good health.
- Most patients feel that it is the physician’s responsibility to initiate the discussion about advance care planning.
- The most successful interventions incorporate direct patient-healthcare provider interactions over multiple visits.
- Medicare Annual Wellness Visit

In conclusion:

“Modern medicine may have made dying harder, but it has also given us the gift of time— the time to prepare, the time to heal family wounds, the time to bring psychological and spiritual closure. If we can take advantage of it, it has given us something unique in history: the time to tie up loose ends and orchestrate a death that is good.”

Marilyn Webb, The Good Death
RESOURCES

Five Wishes
Guidance on advance care planning available in 26 languages.
http://www.agingwithdignity.org/five-wishes.php

Consumer’s Toolkit for Health Care Advance Planning
Developed by the American Bar Association Commission on Law and Aging.

State Specific Advance Directive Form
Free downloadable advance directive forms and information from state bar associations.
http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289
REFERENCES


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THANK YOU!

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