Advance Care Planning
What, When, & Why

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Learning Objectives

At the end of this presentation, participants should be able to:

- Describe the differences between Palliative Care and Hospice
- Clarify what Advance Directives are
- Consider when to complete Advance Directive
- Determine why to complete Advance Directive

What is Palliative Medicine?

- Palliative Medicine provides symptom management to patients with debilitating acute or chronic disease, and/or life threatening illness
- Palliative Medicine focuses on providing relief of physical, psychosocial, and spiritual pain (relief of "*total pain*")

Dame Cicely Saunders

There is never "nothing else that can be done…"

“Palliative Care is About Matching Treatment to Patient Goals”

Diane Meier, MD
Director, Center to Advance Palliative Care (CAPC)
Mount Sinai School of Medicine

What is the Value of Palliative Care?

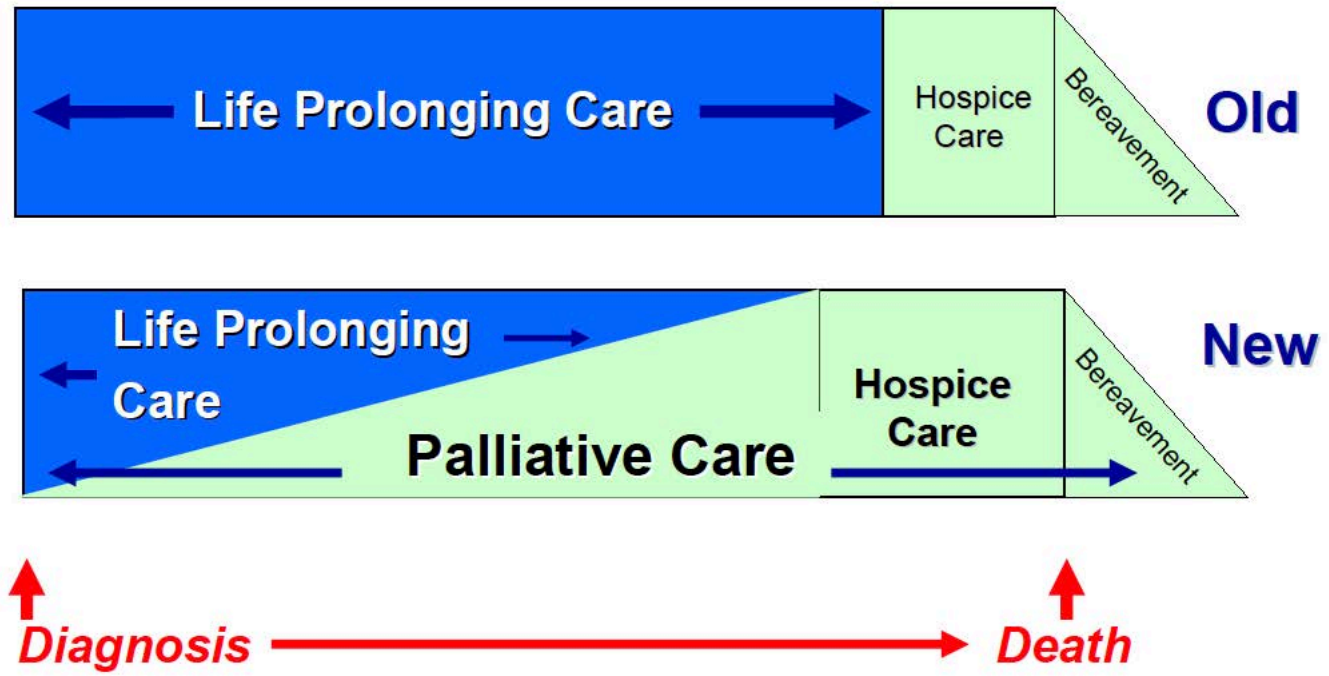
- Improves quality of life
- Focuses on physical, psychological, and spiritual needs
- Utilizes an interdisciplinary team
- Has shown increased longevity*

*Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. N Engl J Med 2010;363:733-742

What is Hospice Care?

- Patients have a life expectancy of 6 months or less
- Interdisciplinary team (physician, nurse, counselor)
- Usually in the patient's "home"
- Palliative Care is always part of Hospice, but not all Hospice is Palliative Care

Conceptual Shift



Weissman, D, Palliative Care Improving Quality and Reducing Cost, 2008, Center to Advance Palliative Care, www.capc.org

What are Advance Care Plans & Advance Directives?

Surrogate Decision Maker

- Durable Power of Attorney for Health Care Decisions (DPOA-H)
- Decision Making Capacity/Not Competency
- Substituted judgment

  If the patient was able to speak for themselves today, what would they say are their goals of care?

What Does a Living Will Contain?

Living Will

1. Withhold or Withdraw life-sustaining treatment and allow a natural death
2. Type of Treatment
3. Use of Antibiotics
4. Use of Artificial Nutrition & Hydration

Durable Power of Attorney for Health Care Decisions (DPOA-H)

Physician Orders for Life Sustaining Treatment – (POLST)

Advance Care Planning: When

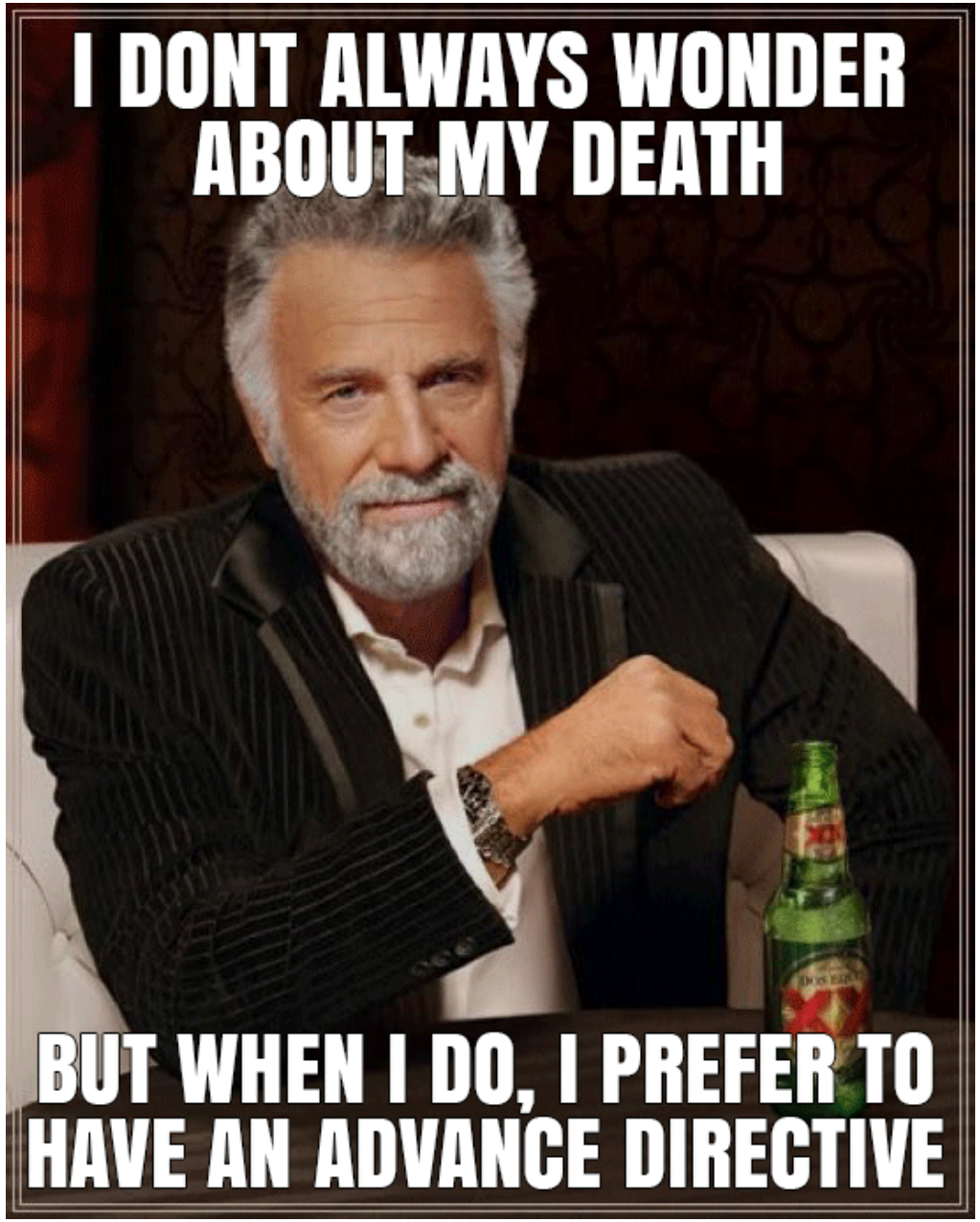
- Have family discussions regarding your goals
- Discuss when you are mentally capable
- Put your decisions in writing
- Have these documents readily available
- Re-evaluate your decisions as you age

Advance Care Planning: When

"It's too soon until it's too late"

At the end-of-life, consider focusing on:

- Comfort
- Dignity
- Respect
- Good symptom relief


I DONT ALWAYS WONDER ABOUT MY DEATH
BUT WHEN I DO, I PREFER TO HAVE AN ADVANCE DIRECTIVE

Advance Care Planning: Why?

Establish patient & family goals/expectations

- “What do you understand about your illness?”
- “Given the severity of your illness, what is most important to you right now?”
- “How do you think about balancing quality of life with length of life in terms of your treatment?”
- “What are your biggest fears/concerns?”
- “What are your hopes for the future?”

Advance Care Planning: Why?
Improving Quality

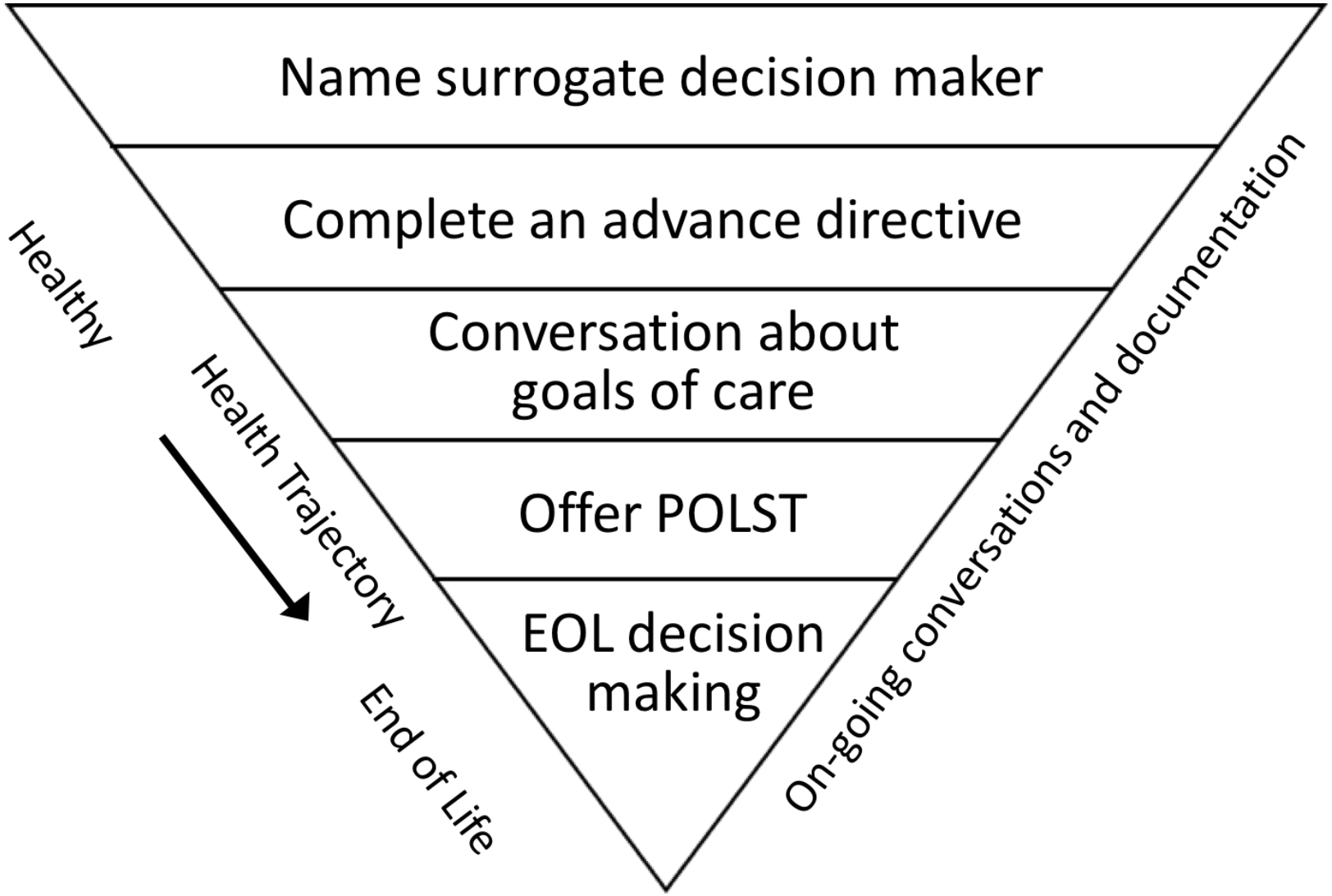
- Early discussion of end-of-life care issues among cancer patients is associated with improved outcomes:
  - Increases quality of life
  - Reduces rate of hospitalization and ICU admission
  - Increases use of hospice
  - Reduces stress, anxiety, depression, PTSD in survivors
  - Improves patient satisfaction

Wright AA, Zhang B, Ray A, et al. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. JAMA. 2008 Oct 8;300(14):1665-73.

Advance Care Planning: Why Not?

Barriers

- We avoid the concept of Death
- Physicians are often overly optimistic about prognosis
- Unrealistic belief in technologic solutions
- Loss of hope for the future
- If no CPR – “nothing will be done”
- It takes too much TIME to talk about…



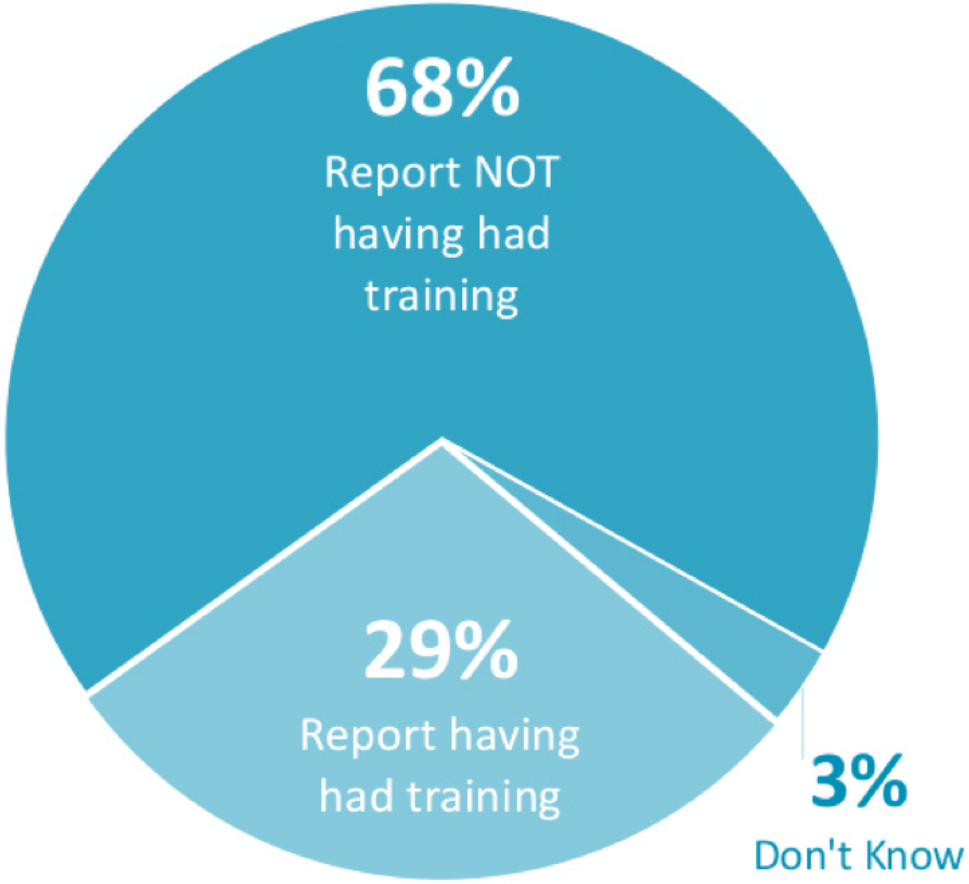
Izumi Shigeko and Fromme Erik K.. Journal of Palliative Medicine. March 2017, 20(3): 220-221. doi:10.1089/jpm.2016.0516.

Discussing Advance Directives

- Determine the person's understanding of their illness
- Establish the person's values and expectations
- Respect culture, spirituality, language

"There's no easy way I can tell you this, so I'm sending you to someone who can."

Most physicians report not being trained to discuss end-of-life care (2016)



Before January 1, 2016, Medicare did not reimburse physicians for patient visits to discuss EOL care.

SOURCE: The John A. Harford Foundation "Conversation Stopper: What's Preventing Physicians from Talking with Patients about End-of-Life and Advance Care Planning?" Poll, April 2016.

Advance Directive Resources

- Hard Choices for Loving People by Hank Dunn; www.hardchoices.com
- Washington State Medical Association www.wsma.org
- Center to Advance Palliative Care www.capc.org
- National Hospice and Palliative Care Organization www.nhpco.org
- www.lawdepot.com
- www.legalcontracts.com
- www.legalzoom.com

What Questions Do You Have For Me?

THANK YOU

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