

Advance Care Planning

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Discussion Points

- What is Advance Care Planning?
- Living Will
- Durable Power of Attorney for Healthcare
- Do Not Resuscitate Orders
- What is Palliative Care?
- Determining Capacity

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—both your family and your healthcare providers—about your preferences.

National Institute of Aging

What is Advance Care Planning?

About 70% of Americans are without an advance care plan. (CDC)

Attorneys can provide their clients and family peace of mind—make sure they know what their wishes and preferences would be.

Conversations that Light the Way

https://www.ohioliving.org/uploads/PDF/HHH/HHH-TalkingWithFamilyWishes.pdf

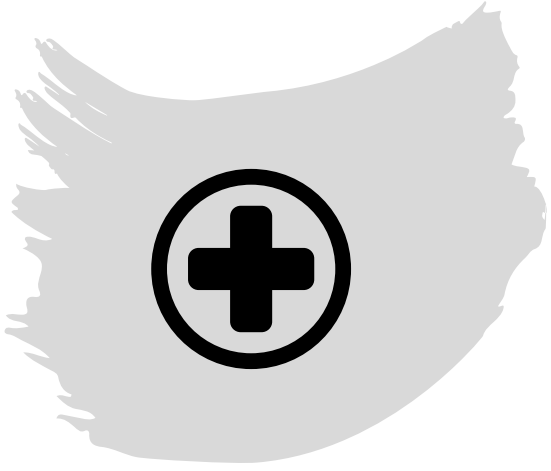
Advance Directives

Your client can think of it as a living document—one that they can adjust as their situation changes because of new information or a change in their health.

Your client can change their healthcare surrogate(s) or treatment modalities in their living will or even revoke their living will.

Durable Power of Attorney for Healthcare

- A health care surrogate designation is a legal document that appoints a person to become the "surrogate" if the client becomes incapacitated.
- The designation document gives the surrogate legal authority to talk to the client's doctors, manage medical care and even make medical decisions.
- If the surrogate does not know the client's express wishes they are to act in their best interest.



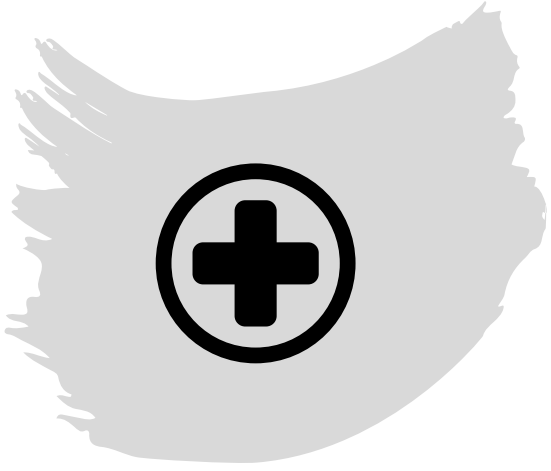
Durable Power of Attorney for Healthcare

- A health care surrogate does not have to be a relative of your clients.
- The surrogate should be someone that knows the wishes of your client and can advocate those wishes.
- Its good practice to appoint an alternative surrogate should the primary surrogate not be able to act.
- The surrogate will make all healthcare decisions, not limited to the wishes in their living will.



Durable Power of Attorney for Healthcare

- Some state laws indicate the client's physician, nursing home administrator, nurse, healthcare professionals or blood relatives or relatives of the said cannot be your client's surrogate.
- Prior informed consent by your client may not be withdrawn by the surrogate unless your client's condition has changed so that the benefit of the care that was consented to is significantly reduced or is not effective.



Living Will

Provides a process by which your client may declare his or her healthcare decisions.

A competent adult may execute a living will and indicate their wishes with respect to the use, continuation, withholding or withdrawal life-sustaining treatment (including food and hydration) if the client is in a terminal condition or a permanently unconscious state.

Once the client lacks mental capacity, a Living Will cannot be executed.

Living Will

Terminal condition means an irreversible, incurable and untreatable condition caused by disease, illness or injury.

There can be no recovery;	Death is likely to occur within a relatively short time if life-sustaining treatment is not applied.

Living Will

Permanently unconscious state mean a state of unconsciousness as characterized by both of the following:

irreversible unawareness of one's being and environment, and	total loss of higher cerebral, cortical (brain) functioning, resulting in the client having no capacity to experience pain or suffering.

Living Will



Typically, a living will does not become effective until the client's attending physician and another physician determines the client is in a terminal condition or permanent unconscious state and is unable to make informed decisions concerning medical treatment.

Determining Capacity

Incapacity is defined as the physical or mental inability to manage their affairs.

Determining Capacity



Legal competence is specific to the task at hand. It requires the mental capacities to reason and deliberate, hold appropriate values and goals, appreciate one's circumstances, understand information one is given and communicate a choice.



These capacities can change over time, so medical procedures that require consent over extended periods necessitate repeated assessments.

Pregnant Clients

In some states,

- a surrogate may not refuse or withdraw informed consent to health care for your client who is pregnant
- if the refusal or withdrawal would terminate the pregnancy
- unless the pregnancy or the health care would pose a substantial risk to the life of your client (mother) or
- unless the attending physician or another physician would determine the fetus would not be born alive.

Living Will and Life Sustaining Treatments

Sometimes decisions must be made about the use of emergency treatments to keep your client alive.. Decisions that might come up at this time relate to:

CPR (cardiopulmonary resuscitation)

Ventilator use

Artificial nutrition (tube feeding) and artificial hydration (IV, or intravenous, fluids)

Dialysis

Organ and Eye Donation

Comfort care

CPR - Cardiopulmonary Resuscitation



CPR is an emergency lifesaving procedure performed when the heart stops beating. Immediate CPR can double or triple chances of survival after cardiac arrest.



The American Heart Association (AHA) develops science-based CPR guidelines.

CPR also means..

- Administration of chest compressions
- Insertion of an artificial airway
- Provision of respiratory assistance
- Administration of resuscitative drugs
- Defibrillation or cardioversion

What is a Cardiac Arrest?



Occurs when the heart malfunctions and stops beating unexpectedly.



Cardiac arrest is an "ELECTRICAL" problem.

What is Respiratory Arrest?



When the patient stops breathing or breathing is ineffective.



It may occur with cardiac arrest.

Ventilator as Emergency Support



A tube connected to the ventilator is put through the throat into the trachea (windpipe) so the ventilator can force air into the client's lungs.



Placing the tube down the throat is called intubation.



Because the tube is uncomfortable, medications are often used to keep the client sedated while on a ventilator.



Clients using such a breathing tube are not able to speak without special help because exhaled air does not go past their vocal cords.

Ventilator as Emergency Support

If you the client is expected to remain on a ventilator for a long time, a physician may perform a tracheotomy or "trach".

During this bedside surgery, the tube is inserted directly into the trachea through a hole in the neck.

For long-term help with breathing, a trach is more comfortable, and sedation is not needed.

Artificial Nutrition and Hydration

If your client is not able to eat, they may be fed through a feeding tube that is threaded through their nose, flows down their esophagus and rest in their stomach.

If tube feeding is still needed for an extended period (greater than 30 days), a feeding tube may be surgically placed directly into the stomach (gastrostomy tube) or intestine (jejunostomy tube) through the wall of the abdomen.

Hand feeding (sometimes called assisted oral feeding) is an alternative to tube feeding. There are many oral nutritional supplementals that may be selected (Ensure, Boost).

Artificial Nutrition and Hydration

Parenteral: Nutrition and/or fluids are delivered via a catheter (very small tube) placed in a vein of the body. The catheter may be placed in a "peripheral vein" (usually in the lower part of the arm), or a "central vein" (one of the body's larger veins, closer to the heart).

Artificial Nutrition and Hydration

Enteral feeding tubes may deliver water, other liquids, special liquid diets, or even pureed foods.

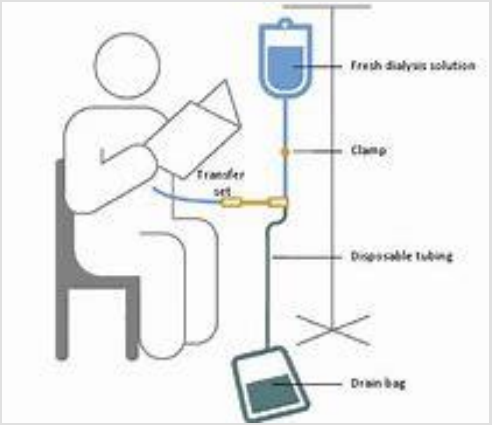
Parenteral nutrition can be either partial (having some of the nutrients needed by the body) or total (having all the basic nutrients, in very simple form, needed by the body to produce energy and maintain weight).

Parenteral fluids (intravenous fluids) are usually a salt and sugar water solution, with other substances like minerals added occasionally.

Dialysis

PERITONEAL

During **peritoneal dialysis**, a cleansing fluid (dialysate) is circulated through a tube (catheter) inside part of the client's abdominal cavity (**peritoneal** cavity). The dialysate absorbs waste products from blood vessels in your abdominal lining (**peritoneum**) and then is drawn back out of your body and discarded.



Dialysis

HEMODIALYSIS

In hemodialysis, a machine filters wastes, salts and fluid from the client's blood when your kidneys are no longer healthy enough to do this work adequately.



Organ and Eye Donation

Organ donation is the process when a person allows an organ of their own to be removed and transplanted to another person, legally, either by consent while the donor is alive or dead with the assent of the next of kin



What is a Do Not Resuscitate (DNR) Order?

An order written by a physician and in some States physician assistant, nurse practitioner, clinical nurse specialist that identifies the client and specifies that CPR should not be administered.



Some states living wills have a DNR order in that once the patient reaches a permanent unconscious state and/or is in a terminal condition, the DNR order takes effect.

Do Not Resuscitate (DNR) Order



Your client may not independently sign up for the DNR program without the involvement of a physician.



When placed in a long-term care facility, the admitting staff will ask about advance directive and DNR status.

What is Palliative Care?

Palliative Care

Palliative care focuses on expert assessment and management of pain and other symptoms, assessment and support of caregiver needs, and coordination of care. Palliative care attends to the physical, functional, psychological, practical, and spiritual consequences of a serious illness. It is a person- and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of an illness. Through early integration into the care plan for the seriously ill, palliative care improves quality of life for the patient and the family.

Clinical Practice Guidelines for Quality Palliative Care 4th edition
2018, National Coalition for Hospice and Palliative Care

What is Palliative Care?

The Centers for Medicare and Medicaid Services defines palliative care as, "patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice."

What is Comfort, Palliative Care?

Comfort care includes:

- managing shortness of breath;
- limiting diagnostic testing (laboratory, radiology);
- providing spiritual and emotional counseling; and
- giving medication for pain, anxiety, nausea, or constipation.

Forms and Templates



Many state associations such as Hospice, Hospital, Medical, Osteopathic and Legal Associations have developed standardized templates. AARP has links to each state's advance care planning documents.



However, attorneys must take care to properly implement and execute the forms if clients are to be spared undue inconvenience and expense.

Proper Execution



Proper implementation and execution require the client sign the document, as well as initial or sign next to the various options provided in the document.



The document(s) must be properly witnessed or notarized.



Appropriate individuals should be notified and given a copy of the advance directives.

Proper Notification

Those persons include any agents, including alternative agents, designed to act on behalf of the client.

The client's primary care physician, attending physician, consulting and any specialized physicians (cardiologist, neurologist, pulmonologist).

The client can take to local hospital's medical records department to have a copy placed in his/her medical records or a medical record created.

Proper Notification

The attorney who prepared the documents may want to provide his/her business address and contact numbers with the advance directives if there are questions.

The attorney will want to advise his or her clients at any age to prepare these advance directives regardless if the client is young or healthy.

When to Establish Advance Directives

- At any age as these may be living documents
- Prior to Alzheimer's or Dementia
- Early diagnosis of cancer
- Heart disease, chronic heart failure (CHF)
- Respiratory disease, Chronic Obstructive Pulmonary Disease (COPD)
- Renal disease, kidney failure

What If?: Health Care Scenarios

- *What If?: You have been diagnosed with Alzheimer's and are having difficulty remembering things and concentrating. In addition, you have a history of heart disease and have had two heart attacks in the last six years. In the event you have another heart attack, what might your thoughts be about cardiopulmonary resuscitation (CPR)? (Please refer to glossary for more information on CPR.)*

- *What If?: You have a long-term lung disease that has resulted in repeated trips to the Emergency Room of your local hospital. Each time you have survived, but each trip has required longer stays in the hospital. You are no longer able to drive or care for yourself alone at home. If you were to develop a severe crisis like a life-threatening infection, would you want to get antibiotics through your veins or have surgery?*

- *What If?: You had a stroke that has left you unable to walk, talk, or live alone. You are having more difficulty swallowing and your loved ones are faced with a decision about whether to begin giving you food and water through a tube into your stomach. What would you want them to do for you?*

- *What If?: You have been diagnosed with cancer of the pancreas and it has spread to the liver. Your doctor has told you this condition is nearly always fatal. If you were to get pneumonia, would you want to be treated with drugs through your veins to try to cure the infection? Or would you prefer the focus switch from cure to keeping you comfortable even if the infection were to worsen?*

https://www.ohioliving.org/uploads/PDF/HHH/HHH-TalkingWithFamilyWishes.pdf

Possible questions to ask:

- What are the possible benefits compared with the possible risks of the treatment?
- What are the best possible and the worst possible outcomes?
- What is your "bottom line" as you think about the "big picture" and the possible effects on the quality of your life?
- Will the treatment make your life better or merely keep you alive longer?
- What may happen if you refuse the treatment?
- Are there any other treatment choices?

In all of the examples, when would you want the goals of your care to shift from trying to keep you alive, (aggressive curative), to keeping you comfortable and out of pain, (providing comfort and symptom management only) and allowing natural death to occur?

https://www.ohioliving.org/uploads/PDF/HHH/HHH-TalkingWithFamilyWishes.pdf

Resources

AARP
https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/?intcmp=AE-CAR-CRC-LL

