
Conversations Change Lives

Advance Care Planning:

It All Begins With a Conversation



Our Objectives

- Introduce a difficult subject
- Discuss decisions that can be made or need to be made
- Review documents that should be completed
- Next steps



Having the Conversation

- Think about what matters most at end of your life based on goals of care, personal values and religious beliefs
- Timing is essential
 - Before events occur
 - Any changes in health care
 - Important events in other people's lives that spur conversation



Why Are We Having This Conversation?

California Health Care Foundation Study -- 2012

- 60% said making sure family is not burdened by tough decisions is extremely important
- 56% have not communicated end of life wishes
- 80% said if seriously ill, they would want to talk to doctor about end of life care
- 93% report never having end of life conversation with doctor



Why Are We Having This Conversation?

California Health Care Foundation Study -- 2012

- 82% said it's important to put their wishes in writing
- 23% have actually done it
- 70% said they would prefer to die at home
- 70% die in a hospital, nursing home or long term care facility



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Where do you fall between these issues ...

- Do you want to know basics **or** as much as you can?
- Do you want an idea of how long you have left **or** would you rather not know?
- Do you want a say in every decision related to your care **or** do you want doctors to “do what they think is best”?



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When considering how long to receive medical care ...

- Do you want to live as long as possible no matter what **or** is quality of life more important than quantity?



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How involved do you want family members or loved ones to be....

- Do you want them to follow your wishes even if they're uncomfortable with wishes **or** do you want them to do what brings them peace, even if it's against what you want?
- Do you want to be alone, surrounded by loved ones **or** something in between?
- Do you want everyone to know everything about your health **or** only the basics shared?



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Do you think your family and loved ones know exactly what you would want?

- Are you worried that you'll receive too much or too little care near end of your life?
- What does being comfortable mean to you?



Health Care Decision Making

- Understand current and future medical illnesses
- Become educated about types of treatments that are acceptable in certain situations that are consistent with goals, values and religious or cultural beliefs
- Discuss medical decision making with health care team and family or trusted friends



Advance Care Planning

- Ongoing process to develop plans for future medical care if you are no longer able to speak for yourself
- Identify who you would want to speak for you
- Describe kinds of decisions you want them to make on your behalf based on your values, beliefs and goals of care



Making Sure Wishes, Values and Goals Are Known and Followed

- Advance Directive
- Health Care Power of Attorney
- POST document



Advance Directives

Living Will

- Legal document prepared usually in advance of illness that describes care that would or would not be acceptable to you if you are unable to speak for yourself
- Does not need to be prepared by lawyer or notarized
- Can be very specific or very vague
- Not always readily available
- Requires interpretation and physician order to be used
- May not apply to current medical condition



Health Care Power of Attorney

- Outlines who makes decisions for you if you are unable or unwilling to make decisions for yourself
- Does not require lawyer to complete; does not need to be notarized, but helpful
- Goes into effect if you are unable to make decisions, not if your family does not like the decisions you are making



Health Care Power of Attorney

If HCPOA has not been appointed, the following decision making order applies ...

- Legal guardian (if one has been appointed)
 - Spouse (unless judicially separated)
 - Majority of children
 - Parents
 - Majority of siblings
 - Antecedents/descendants



POST Document

- Physician's order that outlines wishes for medical treatment and goals of care when you have a known serious advanced illness; also translates living will into a physician's order when you have life limiting and irreversible condition.
- More than an advance directive or health care power of attorney; recommended for patients with life limiting and irreversible conditions.
- Lists some of the medical treatments you can choose to have or not have. When completed, it must be honored by all health care professionals.



POST Document

- Can be completed by personal health care representative if you are no longer able to speak for yourself.
- To become valid, document must be discussed by you and/or your health care representatives and be appropriately completed. It must be signed by a physician.
- Of the three documents, the LaPOST document is most likely to ensure that you receive the care you want at end of life because it is a medical order and travels with you across health care settings.



MISSISSIPPI PHYSICIAN ORDERS FOR SUSTAINING TREATMENT (POST)

<ul style="list-style-type: none"> • This document is based on this person's current medical condition and wishes and is to be reviewed for potential replacement in the case of a substantial change in either • HIPAA permits disclosure of POST to other health professionals as necessary • Any section not completed indicates preference for full treatment for that section 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Patient Last Name</td> <td style="width: 50%;">Patient First Name/Middle</td> </tr> <tr> <td>Patient Date of Birth</td> <td>Effective Date (Form must be reviewed at least annually)</td> </tr> </table>	Patient Last Name	Patient First Name/Middle	Patient Date of Birth	Effective Date (Form must be reviewed at least annually)
Patient Last Name	Patient First Name/Middle				
Patient Date of Birth	Effective Date (Form must be reviewed at least annually)				
<p>A Check one</p>	<p>CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse AND is not breathing.</p> <p><input type="checkbox"/> Attempt Resuscitation (CPR)</p> <p><input type="checkbox"/> Do Not Attempt Resuscitation (DNR)</p> <p><i>When not in cardiopulmonary arrest, follow orders in B, C, and D.</i></p>				
<p>B Check One</p>	<p>MEDICAL INTERVENTIONS: If the patient has pulse AND breathing OR has pulse and is NOT breathing.</p> <p><input type="checkbox"/> Full Sustaining Treatment: Transfer to a hospital if indicated. Includes intensive care. Treatment Plan: Full treatment including life support measures. Provide treatment including the use of intubation, advanced airway interventions, mechanical ventilation, defibrillation or cardioversion as indicated, medical treatment, intravenous fluids, and comfort measures.</p> <p><input type="checkbox"/> Limited Interventions: Transfer to a hospital if indicated. Avoid intensive care. Treatment Plan: Provide basic medical treatments. In addition to care described in Comfort Measures below, provide the use of medical treatment; oral and intravenous medications; intravenous fluids; cardiac monitoring as indicated; noninvasive bi-level positive airway pressure; a bag valve mask. This option excludes the use of intubation or mechanical ventilation.</p> <p>ADDITIONAL ORDERS: (e.g., vasopressors, dialysis, etc.) _____</p> <p><input type="checkbox"/> Comfort Measures Only: Treatment Goal: Maximize comfort through use of medication by any route; keeping the patient clean, warm, and dry; positioning, wound care, and other measures to relieve pain and suffering; and the use of oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Do not transfer to a hospital unless comfort needs cannot be met in the patient's current location (e.g., hip fracture).</p> <p>Other instructions: _____</p>				
<p>C Check One</p>	<p>ANTIBIOTICS:</p> <p><input type="checkbox"/> Use antibiotics if life can be sustained</p> <p><input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs</p> <p><input type="checkbox"/> Use antibiotics only to relieve pain and discomfort</p> <p>Other Instructions _____</p>				
<p>D Check One in Each of the 3 Categories</p>	<p>MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Administer oral fluids and nutrition if physically possible.</p> <p>Directing the administration of nutrition into blood vessels if physically feasible as determined in accordance with reasonable medical judgment by selecting one (1) of the following:</p> <p><input type="checkbox"/> Total parenteral nutrition, long-term if indicated.</p> <p><input type="checkbox"/> Total parenteral nutrition for a defined trial period. Goal: _____</p> <p><input type="checkbox"/> No parenteral nutrition.</p> <p>Directing the administration of nutrition by feeding tube if physically feasible as determined in accordance with reasonable medical judgment by selecting one (1) of the following:</p> <p><input type="checkbox"/> Long-term feeding tube if indicated</p> <p><input type="checkbox"/> Feeding tube for a defined trial period. Goal: _____</p> <p><input type="checkbox"/> No feeding tube</p> <p>OTHER INSTRUCTIONS _____</p> <p>Directing the administration of hydration if physically feasible as determined in accordance with reasonable medical judgment by selecting one (1) of the following</p> <p><input type="checkbox"/> Long-term intravenous fluids if indicated</p> <p><input type="checkbox"/> Intravenous fluids for a defined trial period. Goal: _____</p> <p><input type="checkbox"/> Intravenous fluids only to relieve pain and discomfort</p>				
<p>E Check All That Apply</p>	<p>PATIENT PREFERENCES AS A BASIS FOR THIS POST FORM (THIS SECTION TO BE FILLED OUT WITH PATIENT DIRECTION)</p> <p><input type="checkbox"/> Patient has an advance healthcare directive (per statute § 41-41-203): <input type="checkbox"/> YES, Date of Execution: _____</p> <p><i>I certify that the Physician Order for Sustaining Treatment is in accordance with the advance directive.</i></p> <p>Signature: _____ Print Name: _____ Relationship: _____</p> <p><input type="checkbox"/> Patient is an unemancipated minor, direction was provided by the following in accordance with §41-41-3, Mississippi Code of 1972:</p> <p><input type="checkbox"/> Minor's guardian or custodian</p> <p><input type="checkbox"/> Minor's parent</p> <p><input type="checkbox"/> Adult brother or sister of the minor</p> <p><input type="checkbox"/> Minor's grandparent, or</p> <p><input type="checkbox"/> Adult who has exhibited special care and concern for minor</p> <p><input type="checkbox"/> Patient is an adult or an emancipated minor, direction was provided by the following in accordance with §41-41-205, 41-41-211 or 41-41-213, Mississippi Code of 1972:</p> <p><input type="checkbox"/> Patient</p>				



	<input type="checkbox"/> Agent authorized by patient's power of attorney for health care <input type="checkbox"/> Guardian of the patient <input type="checkbox"/> Surrogate designated by patient <input type="checkbox"/> Spouse of patient (if not legally separated) <input type="checkbox"/> Adult child of the patient <input type="checkbox"/> Parent of the patient <input type="checkbox"/> Adult brother or sister of the patient, or <input type="checkbox"/> Adult who has exhibited special care and concern for the patient and is familiar with the patient's values			
F	SIGNATURE OF PATIENT OR REPRESENTATIVE			
	Signature	Print Name	Date	
	SIGNATURE OF PRIMARY PHYSICIAN (POST MUST BE REVIEWED AND SIGNED BY A PHYSICIAN TO BE VALID)			
	Signature (Required)	Print Name	Date (Required)	
	HEALTH CARE PROFESSIONAL PREPARING FORM (IF OTHER THAN PATIENT'S PRIMARY PHYSICIAN)			
	Signature	Print Name	Consult Information	Date
G	INFORMATION FOR PATIENT OR REPRESENTATIVE OF PATIENT NAMED ON THIS FORM			
	<p>The POST form is always voluntary and is usually for persons with advanced illness. POST records your wishes for medical treatment in your current state of health. Once this medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. An advance health-care directive is recommended for all capable adults and long-term patients, regardless of their health status. An advance directive allows you to document in detail your future health-care instructions and/or name a health-care agent to speak for you if you are unable to speak for yourself.</p> <p>If this form is for a minor for whom you are authorized to make health-care decisions, you may not direct, deny or refuse medical treatment in a manner that would make the minor a "neglected child" under Section 49-21-105, Mississippi Code of 1972, or otherwise violate the child abuse and neglect laws of Mississippi. In particular, you may not direct the withholding of medically indicated treatment from a disabled infant with life-threatening conditions, as those terms are defined in 42 USC Section 5106g or regulations implementing it and 42 USC Section 5006a.</p>			
H	DIRECTIONS FOR COMPLETING AND IMPLEMENTING FORM			
	<p>I. COMPLETING POST POST must be reviewed and prepared in consultation with the patient or the patient's representative. POST must be reviewed and signed by a physician to be valid. Be sure to document the basis for concluding the patient had or lacked capacity at the time of execution on the form in the patient's medical record. The signature of the patient or the patient's representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record as soon as practicable and "on file" must be written on the appropriate signature on this form. Use of original form is required. Be sure to send the original form with the patient. There is no requirement that a patient have a POST.</p> <p>II. IMPLEMENTING POST If a health care provider or facility is unwilling to comply with the orders due to policy or personal objections, the provider or facility must not impede transfer of the patient to another provider or facility willing to implement the orders and must provide at least requested care in the meantime unless, in reasonable medical judgment, denial of requested care would not result in or hasten the patient's death. If a minor protests a directive to deny the minor life preserving medical treatment, the denial of treatment may not be implemented pending issuance of a judicial order resolving the conflict.</p> <p>III. REVIEWING POST This POST must be reviewed at least annually or earlier if: a. The patient is admitted or discharged from a health care facility; b. There is a substantial change in the patient's health status; or c. The patient's treatment preferences change. If POST is revised or becomes invalid, draw a line through Sections A-C and write "VOID" in large letters.</p> <p>IV. REVOCATION OF POST This POST may be revoked by the patient or the patient's representative.</p>			
I	REVIEW OF POST			
	Review Date	Reviewer and Location of Review	MC/DD Signature (Required)	Signature of Patient or Representative (Required)
				Outcome of Review (Choose one) <input type="checkbox"/> No Change <input type="checkbox"/> CRAM VOIDED, new form completed <input type="checkbox"/> CRAM VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> CRAM VOIDED, new form completed <input type="checkbox"/> CRAM VOIDED, no new form



Bringing Up The Subject

I need your help with something important ...

- I'm okay now, but I'm worried that my situation may change, and I'd like to be prepared.
- I'd like your help as I plan for the future.
- I'd like to share my feelings with you about what I do and don't want as my illness gets worse.
- Have you ever thought about what you'd like at the end of life? I'd like to hear your thoughts.
- I don't want you to be confused about my wishes as I near the end of my life. Can we talk about what I want?



Other Things To Think About ...

- Who do I want to talk to about my end of life wishes?
- Who do I trust to speak for me if I become unable to speak for myself?
- When would be a good time to talk?
- Where would I feel most comfortable having this conversation?
- What are the most important issues to cover?



Other Things To Think About ...

- What is most important in the last phases of my life?
- Do I want to be actively involved in decisions about my care?
- Are there situations or circumstances that I consider to be worse than death?
- Where do I want or not want to receive care at the end of life?
- What do I most want my loved ones to know about my wishes?

Making the Journey ...

- Packing list
- Sharing my wishes