Conversations Change Lives

Advance Care Planning: 
*It All Begins With a Conversation* 

LaPOST Coalition
An Initiative of the
Louisiana Health Care Quality Forum

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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

• LaPOST 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
LaPOST 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.
LaPOST 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.
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