

Advance Care Planning

COPD Chronic Care Collaborative

Advance Directives Frequency of Use

- The Federal Patient Self Determination Act mandates that all hospital admissions include information on Advance Directives (AD)
- Despite this mandate, relatively few persons have completed an Advance Directive (AD)
- Studies show that physicians are frequently unaware of an AD, even if it exists

Advance Directive As a Clinical Tool

- Plans and documents preferences for certain aspects of future medical care
- Designates proxy decision-maker
- Defines and documents goals
- Fosters trust with provider

Advance Directive As a Personal Tool

- Explores values, fears, other concerns
- Reduces uncertainty
- Reduces family conflicts
- Permits peace of mind

Advance Care Planning Barriers to Success

- Physician Reluctance
 - Personal discomfort; Time constraints
- Poor Timing
 - Crisis situation vs. during clinic visit or at hospital discharge
- Cumbersome Language
- Existing documents may not be accessible across healthcare settings

Advance Care Planning Component of Basic Care

- Include AD as part of clinical routine
 - *“I encourage all of my patients to complete an Advance Directive”*
- Patient less likely to be alarmed or to fear that provider anticipates imminent death if Advance Planning is routine

Advance Care Planning Getting Started

- Introduce topic in least stressful setting
 - Clinic visit; part of hospital discharge *planning*
- Use natural language and approach
 - *If you got so sick that you couldn't speak for yourself...*
 - *Who would you want to speak for you...*
 - *What would you want them to know?"*

Advance Care Planning Discuss Naturally and Calmly

- Discuss Advance Planning as you would any health promotion or prevention issue
 - Similar to self-management planning
- Be observant about patient's comfort level
- Extend conversation into future visits
 - Follow-up, give homework, encourage, praise success, and answer questions

The Planning Document

Introduce as *Advance Directive*
rather than Living Will

- Allows physician to define instrument
- Distinguishes from Living Will

*"Have you heard about Advance Directives?
Let me tell you a little bit about them"*

Designation of Surrogate

- "Who is the your preferred decision-maker?"
- Good opening question; Less threatening than healthcare decisions
- Especially important to assure the involvement of a preferred surrogate outside usual legal progression
(e.g., patient names domestic partner or friend rather than spouse or children)

Healthcare Preferences Discussing and Documenting

"If something happened and you could not speak for yourself...

your surrogate might have to make difficult decisions.

It is helpful to discuss the kinds of treatment you might want or not want... and to write down some things to guide that person"

Review and Complete

- Review an Advance Directive Document
(e.g., *The Five Wishes*)
- Demonstrate briefly how to complete
- Encourage discussion of AD with family
- Plan to meet again to review the document and answer questions

Documentation

- Copy completed AD for patient's chart
 - Write *Advance Directive Note* to alert others
 - If you do not document, it did not happen!
- Suggest that patient/family keep copies
- Remind patient/family to inform providers of the AD at ER visits/hospital admissions

Indications for Review Change in Status of Patient

- Major change in patient's health
- Change in treatment preference
- *"I wanted to go on the vent for my COPD if necessary...
but, since I have learned about the cancer, I feel different"*

Indications for Review Change in Status of Surrogate

- Death
- Relocation
- Cognitive impairment
- *"My wife has had a stroke; I don't think she could be my surrogate anymore"*

Advance Directives Utilization

- Assure that physicians are aware of the existence of Advance Directive
- Read and discuss the AD with surrogate
- Consider an Ethic Committee consult if problems arise about interpreting AD
- Carry out the plan of the AD

AD versus DNAR

- An AD is not equivalent to a Do Not Attempt Resuscitation (DNAR) order
- The AD may specify a variety of different degrees of aggressiveness of therapy

Encourage Non-Medical Planning

- Location of care
- Autopsy
- Funeral plans
- Guardianship for children or other dependents
- Plans for pets
- Financial arrangements
- Gifts
- Disposition of personal belongings