Advanced Care Planning

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HH Palliative Care

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Financial Relationships of Planners, Presenters and Others

The following planners, presenters and others have either indicated financial relationships with ineligible companies or that no financial relationships exist.
An *ineligible company* is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
ACCME Standards for Integrity and Independence in Accredited Continuing Education

The following planners/presenters/others have disclosed financial relationships:	
Role: Name	**Financial Relationships** If financial relationships exist, include the name of the ineligible company and the nature of the relationship(s).
☐ *All of the relevant financial relationship(s) listed have been mitigated.*	

The following planners/presenters/others do not have any relevant financial relationships with ineligible companies:	
Role in CME Activity	**Names**
Presenters	Nicole Gise, MD

Commercial support for this activity *(Include the name of the ineligible company and nature of the support OR check the box "None")*
X None

Who Should I Be Talking To?

Failure to start ACP discussions with the correct person(s) is very common and avoidable.

Common pitfalls:

1. Not assessing capacity
   - Discussing ACP with a patient/resident without capacity or with limited capacity
   - Excluding a patient with cognitive impairment/frailty that does have capacity
2. In patients without capacity failure to identify correct decision maker
   - Talking to the person at bedside/most involved
   - Assuming the spouse/next of kin is the decision maker
   - Failure to include multiple surrogates at the same "level"
   - Person documented as HCP, but no actual legal document exists
   - Talking to prior surrogate or HCP when a guardian exists
3. Not including stakeholders that are not ultimate decision makers but are critical in the outcome of the discussion
   - Primary care-giver, medical provider in the family
   - Excluding important members of the multidisciplinary medical team

Family Healthcare Decisions Act

Order of Authority:

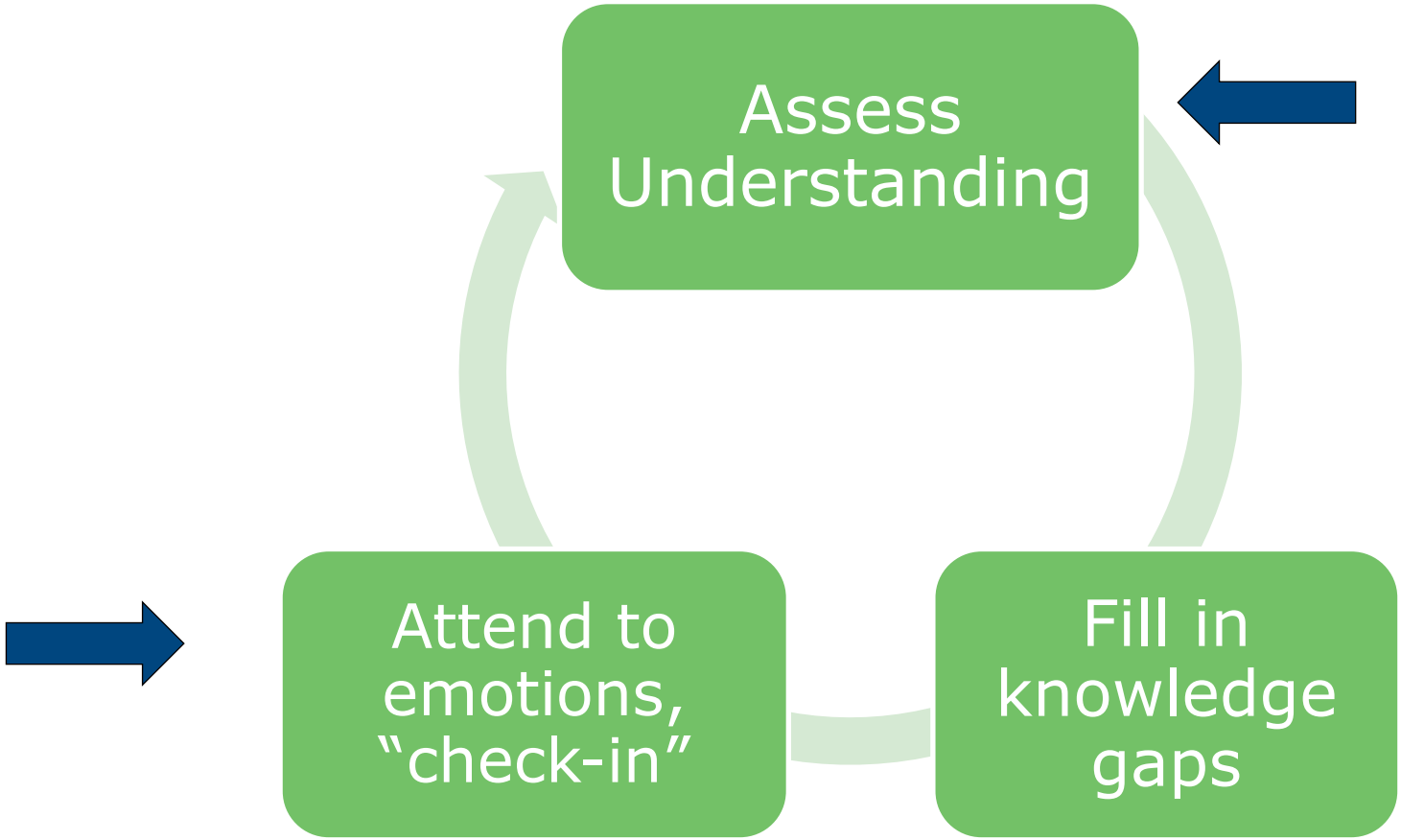
1. Court appointed Guardian (**of person, not property**)
   - Supersedes any prior HCP/surrogate
   - If someone has a guardian, that patient has been formally deemed legally incapacitated by a court of law and does not have capacity to make decisions including HCP, medical decisions, etc., although they may show a preference
2. Valid Health Care Proxy (HCP)
   - Signed and witnessed by 2 people (HCP or alternate can not be a witness)
   - Producible
3. Surrogate
   1. Spouse or Domestic Parter (legally defined)
   2. Adult Children
   3. Parents
   4. Adult sibling(s)
   5. Close Friend (legally defined)

➢ <u>If multiple people are on the same "level" (i.e. multiple children) they need to agree</u>

Set the Scene

1. Who needs to be there (primary decision maker and medical provider "directing" the conversation)
2. Who should be there (other stakeholders)
   - If there are multiple medical providers, a quick huddle before is appropriate
3. Shoot for in-person when at all possible
   - Lack of body language feedback can quickly derail a discussion
4. Determine amount of time available and communicate/protect this
5. Optimize the physical space as much as the urgency/situation allows
   - Access to chairs
   - Privacy
   - Tissues
   - Positioning in the room
     - The provider "directing" the meeting ideally should be able to see all decision makers/family stake holders (body language/attending to emotion)

After Introductions- Start the Cycle



Assess Understanding

"What have you heard from other medical providers about your dad's health?"

"What is your understanding of your options for cancer treatment?"

"Has anyone talked to you about the impact of this diagnosis on your life?"

- If there are multiple stakeholders, offer all a chance
- Fill in any gaps
  - "At this point your dad has advanced dementia and unfortunately this will continue to worsen over time"
  - "At this point, we worry that chemotherapy would do more harm than good"

Attending to Emotion/"Check-in" Pearls

Name emotions present - anger, sadness, fear, etc.

- If you are confident go in directly - "I can see this is making you angry"
- If not, be vague "this seems like a very hard conversation"
- Different stakeholders may have different emotions
  - Acknowledge them even if others seem to be doing fine
  - The angry daughter in the corner that is not speaking will derail the process

Validate and support the emotion

- "I can only imagine how devastated I would be in this circumstance"
- "It's normal to be angry when hearing this news"

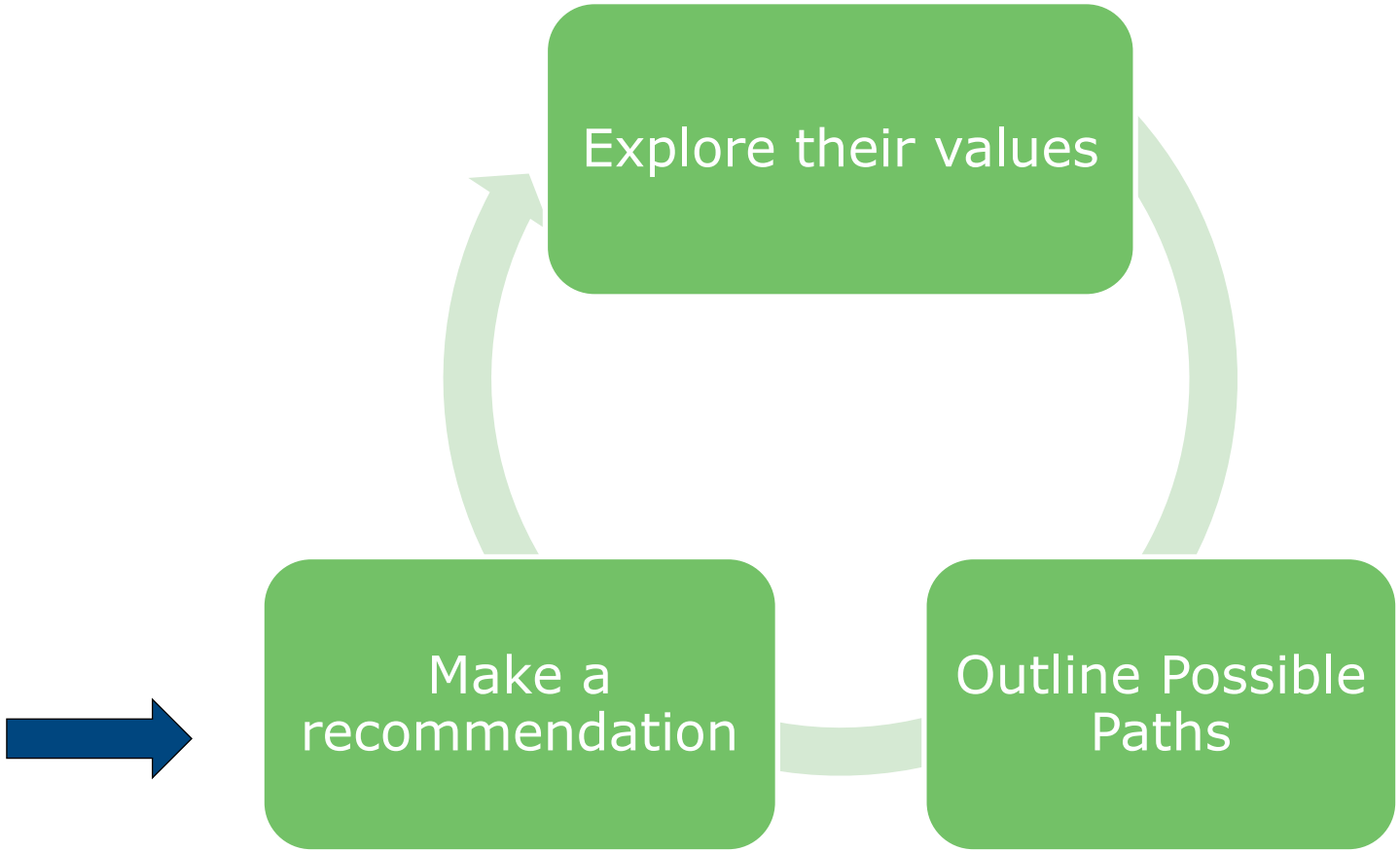
Check-in

- "That was a lot of information, how are you doing?"
- Assess the need to pause the meeting

Back to assessing understanding

- "That was a lot of information, what questions do you have?"

Understanding Optimized- Cycle 2



Exploring Values

"If your dad could see himself in this situation, what would he say?"

"Some people value quality of life over time, others value time above all else, where do you fall on that spectrum?"

- Do not impose your own value on others or assume values
- Going in with an agenda (example - trying to "get" a DNR/DNI) should not be the goal

Outlining Paths/Making a Recommendation

"In this situation, we have 3 options"

1. Continue usual care and all life saving interventions to try to maximize time
2. Focus on treating easily reversible conditions, but if he is declining despite this shift to a comfort-based plan
3. Focus fully on comfort and quality of life, allowing a peaceful and dignified death when it is his time.

"Based on what I'm hearing, it seems like your dad would hate the idea of living like this and would not want anything to prolong his life…does that sound right?"

"Based on what I'm hearing, it seems like longevity was the most important factor to your dad and we should continue all aggressive medical interventions…does that sound right?"

Translate that decision into medical terms

- " In that setting we should fill out a MOLST form that says DNR/DNI, DNH, CMO"
  - These terms need to be translated
- "At this point we will continue all aggressive measures and complete a MOLST form that says Full Code"

NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

MOLST Legal Requirements Checklist For People With Developmental Disabilities

LAST NAME/FIRST NAME _____ DATE OF BIRTH _____

ADDRESS _____

Note: Actual orders should be placed on the MOLST form with this completed checklist attached. Use of this checklist is required for individuals with developmental disabilities (DD) who lack the capacity to make their own health care decisions and do not have a health care proxy. Medical decisions which involve the withholding or withdrawing of life sustaining treatment (LST) for individuals with DD who lack capacity and do not have a health care proxy must comply with the process set forth in the Health Care Decisions Act for persons with MR (HCDA) [SCPA § 1750-b (4)]. Effective June 1, 2010, this includes the issuance of DNR orders.

Step 1 – Identification of Appropriate 1750-b Surrogate from Prioritized List. Check appropriate category and add name of surrogate.

_____ a. 17-A guardian _____
_____ b. actively involved spouse _____
_____ c. actively involved parent _____
_____ d. actively involved adult child _____
_____ e. actively involved adult sibling _____
_____ f. actively involved family member _____
_____ g. Willowbrook CAB (full representation)
_____ h. Surrogate Decision Making Committee (MHL Article 80)

Step 2 – 1750-b surrogate has a conversation or a series of conversations with the treating physician regarding possible treatment options and goals for care. Following these discussions, the 1750-b surrogate makes a decision to withhold or withdraw LST, either orally or in writing.

Specify the LST that is requested to be withdrawn or withheld: _____

_____

_____

_____ Decision made orally

Witness – Attending Physician _____ Second Witness _____

_____ Decision made in writing (must be dated, signed by surrogate, signed by 1 witness and given to attending physician).

LAST NAME/FIRST NAME _____ DATE OF BIRTH _____

Step 3 – Confirm individual's lack of capacity to make health care decisions. Either the attending physician or the concurring physician or licensed psychologist must: (a) be employed by a DDSO; or (b) have been employed for at least 2 years in a facility or program operated, licensed or authorized by OPWDD; or (c) have been approved by the commissioner of OPWDD as either possessing specialized training or have 3 years experience in providing services to individuals with DD.

Attending Physician _____ Concurring Physician or Licensed Psychologist _____

Step 4– Determination of Necessary Medical Criteria.

We have determined to a reasonable degree of medical certainty that **both** of the following conditions are met:

(1) the individual has one of the following medical conditions:

_____ a. a terminal condition; (briefly describe _____);

or

_____ b. permanent unconsciousness; or

_____ c. a medical condition other than DD which requires LST, is irreversible and which will continue indefinitely (briefly describe _____)

AND

(2) the LST would impose an extraordinary burden on the individual in light of:

_____ a. the person's medical condition other than DD (briefly explain _____) and

_____ b. the expected outcome of the LST, notwithstanding the person's DD (briefly explain _____)

If the 1750-b surrogate has requested that artificially provided nutrition or hydration be withdrawn or withheld, one of the following additional factors must also be met:

_____ a. there is no reasonable hope of maintaining life (explain _____); or

_____ b. the artificially provided nutrition or hydration poses an extraordinary burden (explain: _____)

Attending Physician _____ Concurring Physician _____

Conclusions

Make sure you have the right decision maker(s) and stakeholders

Prepare the physical environment, prioritize in-person discussions

Always assess and address adress gaps before starting

Attend and acknowledge any strong emotions

Your goal should be to figure out their values and translate this into a recommendation

- Do not go in with an agenda
- Do not go down the MOLST item by item

If someone has a DD there is a whole other process that needs to be done before any limits can be set

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