Health Care Directives and Physician Orders for Life Sustaining Treatment Forms

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Agenda:

- Advance Care Planning and COVID-19
- Review POLST Form
  - Code Status and Comfort Cares
- Review Health Care Directive Forms and steps in completing one
- Additional Resources

Advance Care Planning

- Advance care planning is making decisions about the healthcare you would want to receive if you're facing a medical crisis, have a chronic condition or terminal illness. These are your decisions to make based on your personal values, preferences, and discussions with your loved ones.

ACP and Covid-19

- At higher risk: people of any age with an underlying medical condition and people over the age of 65.
- Lung failure is the main cause of death from COVID-19
- Considerations:
    - Hospitalization
    - Oxygen Support
    - Mechanical Ventilation
    - Palliative and Hospice Care
    - POLST form
    - Health Care Directive

Forms

POLST - Provider Orders for Life Sustaining Treatment

Honoring Choices Forms

- 9 page Health Care Directive
- 4 page Health Care Directive
- 2 page Wishes for Health Care: Short Form

Case studies

- Mary:
- A 79 year old who lives at an assisted living. Has two children and 5 grandkids who visit (or did before COVID 19 visit restrictions) and she enjoys spending time with them. She also enjoys going to activities at her assisted living. She used to enjoy reading, cross stitch and watching CNN but can't see well enough to do those things. She also used to be very involved in her church but is no longer able to attend or be active in her past groups. Medical history: COPD, MI in 2010, Diabetes mellitus type 2, Retinopathy, neuropathy and nephropathy, CKD IV, History of diastolic CHF, Breast CA, status post axillary node dissection, mastectomy, radiation and chemo., Asthma, Hypertension, Obstructive sleep apnea, Hypertension, Anxiety, depression, Hyperlipidemia, Prior orthopedic injuries.

Case Studies

- Sue:
- 69 years old who lives with her spouse in their own home. She has lung cancer. She has been very weak and just decided to stop treatment for her terminal cancer for now. Her doctor made a referral for hospice but she is not sure if she is 'ready'. She used to be very physically active including hiking, fishing and running but hasn't been able to do those things since last summer. She has always been very independent and hates having to think about relying on others for help.

Case Studies

- Fred:
- 55 year old. No chronic conditions. Has been healthy most of his life. He works full time as a teacher and enjoys his job. He lives with his spouse and their two teenagers. His connections with his family and friends are very important to him. Him greatest health related fear is the have dementia and not recognize his family.

Provider Orders for Life Sustaining Treatment

- An actual doctor's order to direct caregivers, family and first responders in the community
- Appropriate for anyone with a serious illness, chronic illness, frailty or terminal illness
- Three parts: Resuscitation, Medical Treatments and Additional patient Preferences
- POLST

"DNR" VS "Full Code"

- Primary decision: If you have no pulse and are not breathing do you want your caregivers to:
  - A) Attempt Resuscitation
    - Cardiopulmonary resuscitation/CPR or Full Code
  - B) Not Attempt Resuscitation
    - DNR, DNI, Allow Natural Death

Attempt Resuscitation
(From Respecting Choices CPR Decision Aid)

CPR goal is to attempt restart your heart and breathing

Benefits: May restart your heart

Risks/burdens: Will need to be on a breathing machine and in ICU. May have damaged ribs, mild to severe brain damage and may no longer be able to live alone

You may want CPR if:

- You want the chance to live
- You are willing to accept the fact that CPR may not restart your heart and breathing.
- You are willing to accept the risks

Important Considerations for CPR

- It often does not work especially if it is not started quickly
- It does not work as well for people who medical conditions that affect their heart, lungs, kidney or brain or for people who are at the end of their lives.
- It does not fix or improve the reason that caused the heart to stop beating
- It does not mean a person will fully recover

Do Not Attempt Resuscitation
(From Respecting Choices CPR Decision Aid)

- Allow Natural Death
- Benefits: Avoids Machines and the risks and burdens of CPR. Avoids the hospital
- Risks/Burden: Death

You may choose DNR if:

- You prefer a natural death
- You are unwilling to accept the fact that CPR may not restart your heart and breathing
- Your are unwilling to accept the burdens of CPR

Medical Treatments on the POLST

- Full Treatment
- Selective Treatment
- Comfort-Focused Treatment

All patients will receive treatments and medication to keep the comfortable

Full Treatment

- Life support in an ICU
- Focus of care is on living longer
  - Sustaining life by all medically effective means
- Patient's values include:
  - Wanting a chance to extend the length of life
  - Willingness to have some discomfort and be in the ICU
  - Willingness to take the chance that they will need long-term ventilator care

Selective Treatment

- No intubation or mechanical ventilation, avoid the ICU
- Focus of care is on maintaining current health
  - Maintaining health while avoiding burdensome treatments
- Patient's Values may include:
  - Wanting the chance to extend the length of life
  - Willingness for some discomfort and to be in the hospital
  - Choosing not to be on a ventilator

Can be appropriate for people on Palliative Care

Comfort Focused Treatment

- Relieve pain and suffering, no life-sustaining treatments, avoids the hospital if possible
- Focus of medical care on comfort
  - Maximizing comfort through symptom management
- Patient's Values may include:
  - Not wanting to be on machines or in the hospital
  - Wanting to allow a natural death

Most people on hospice choose comfort focused treatment

Additional Patient Preferences

- Artificially Administered Nutrition
- Antibiotics
- Additional Patient Preferences

Honoring Choices Information Sheets

- General guide
- Terms to Know
- Artificial Hydration and Nutrition
- Cardiopulmonary Resuscitation
- Help with Breathing
- Health Care Agent
- Implantable Cardioverter-Defibrillator
- Dialysis
- COVID-19

Respecting Choices Decision Aids

- Help with Breathing Decision Aid
- Cardiopulmonary Resuscitation (CPR) Decision Aid

Three main decisions

- Who will be your health care decision maker – health care agent
- What beliefs and values might impact your decisions about healthcare
- What healthcare would you like in specific situations

Reminders for HCDs

- Strongly recommended that a person chose just one agent although they can list more than one. Clarify co-agents' roles.
- Can leave spaces blank or N/A
- Designation of DNR in a HCD is not a POLST and a POLST should be completed if that is the patient's current wishes
- They not provide guidance or authority for invasive psychiatric interventions – MN Psychiatric HCD in addition
- Notary OR Two adult witnesses. Only one witness can be an employee of the patient's health care provider. Witnesses can be family members but NOT an agent on the directive.
- Make sure signature and witness dates are the same

Next Steps for Patients

- Give your health care agent(s) a copy
- Give your health care provider a copy
- Make sure the rest of your family knows you have one, where it is and what it says
- Keep a copy where it can be easily found
- Review and change as needed, five Ds
  - Every Decade, death of an agent, divorce, diagnosis, decline

Resources

- Minnesota Honoring Choices:
- http://honoringchoices.org
- Health Care Directive forms and guides to completing health care directives:
- https://honoringchoices.org/health-care-directives/english
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- Information sheets:
- https://honoringchoices.org/tools-resources/informational-materials
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- Wisconsin Honoring Choices:
- https://www.wismed.org/wisconsin/wismed/about-us/honoring-choices/wismed/about-us/honoring-choices.aspx
- Health Care Directive form and description. Form is on the left menu bar.
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- MN Catholic Health Care Directive Info and Form:
- https://www.mncatholic.org/advocacyarea/catholic-end-of-life-care-decisions/
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- WI Catholic Health Care Directive Addendum:
- https://diolc.org/files/ministries/WI%20Catholic%20Addendum%20to%20Power%20of%20Attorney%20for%20Health%20Care.pdf

Resources continued . . .

- MN Statutory Short Form Power of Attorney for Finances Form and Information sheet (2020):
- https://www.lawhelpmn.org/sites/default/files/2020-02/S-08%20Powers%20of%20Attorney.pdf
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- Physician's Orders for Life Sustaining Treatment (POLST) form and info:
- https://www.mnmed.org/advocacy/improving-health-of-minnesotans/POLST-Communications
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- Wisconsin DNR Bracelet Information and form:
- https://www.dhs.wisconsin.gov/ems/dnr.htm
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- Other resources:
- Legal Aid Service of Northeast Minnesota,(218) 623-8100
- Senior Citizen's Law Project
- Self-Help Program, 218) 726-2611
- http://www.lasnem.org/
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- Duluth Volunteer Attorney Program, 218-723-4005 - Call Legal Aid first
- http://www.volunteerattorney.org/
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- Minnesota Board on Aging/Senior Linkage Line, (800) 333-2433
- http://www.mnaging.org/
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Resources continued . . .

- Respecting Choices Decision Aids:
- Respectingchoices.org
- https://respectingchoices.org/wp-content/uploads/2020/03/Decision_Aid_Help_with_Breathing.pdf
- https://respectingchoices.org/wp-content/uploads/2020/03/Decision_Aid_CPR.pdf