

Advance Directives

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Medical Science Has Made Incredible Strides in Keeping Illness From Destroying Our Life Values

- You have a right to medical care
- You have a right to the best treatment your money can buy
- You have a right to a longer life than your parents

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Ethic of Cure

- Do everything you can to defeat illness
- Do everything you can to preserve life at all costs
- Defeat the enemy which is death

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Medical Science Can Hold People Captive

- You have the right to refuse treatment
- You have the right not to spend your life savings on futile healthcare
- You have the right to die sooner



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What is an Advance Directive?

- General term
- Encompasses the *living will, healthcare directive* and *medical durable power of attorney*
- Helps communicate healthcare preferences when self-decisional capacity is lost



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Barriers to Effective Advance Directives


- Length of Document – Greater than 4 pages
- Preconceived Bias
- Unrealistic Expectations of Treatment by Physician or Patient
- Failure to Express Life Goals
- Confusing Language



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Advance Directives

- Why
- When
- How


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Why

- Preserves Individual Autonomy
- Reduces Stress on:
 - Patients
 - Family
 - Healthcare workers
- Decrease Length of Stay
- Maintains Dignity of Patient
(Cruzan and Schiavo)


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Statistics


- More than 60% of personal bankruptcies attributed to medical expenses
- Less than 20% of Americans have advance directives
- 40-50% of Americans die in pain
- Majority of Americans die alone
- 40% of Americans who die in a hospital are on mechanical life support
- 30-35% of American families financially divested resulting from futile end-of-life care
- 75-80% of Americans die in institutions


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<u>Where People Die</u>			
	<u>1989</u>	<u>1997</u>	<u>2001</u>
Home	16.2	22.5%	23.2%
Nursing Homes	17.7	23.0%	23.7%
Hospitals	63.4%	51.7%	49.2%


<http://www.chc.brown.edu/fin/brownelst.htm>


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When

NOW!


- Before Acute Illness
- Prior to Hospitalization


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Who Should Have an Advance Directive?

Every one of us!



- Anyone who might be in an accident and might not be capable of speaking for himself or herself;
- Anyone who might someday be in a position in which he or she could not express his or her treatment preferences; and
- Anyone who could be determined to be unable of making decisions for himself or herself.


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HOW
Goal Oriented AD's


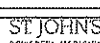
Patient Goals
Value Survey

- Why undergo treatment?
- What makes you happy?
- What do you want to be able to do?
- What is the minimum lifestyle you will accept?
- What would you consider too burdensome?

Patient Conversations

- Not during treatment
 - Discomfort
 - Privacy
 - Time
- Family Presence +/-
- Options
- Expectations
 - Continuation of treatment
 - Termination of treatment


Healthcare Team Goals

- Maintain Vitality
- Improve lab parameters
- Prevent complications
- Decrease mortality
- Reduce hospitalizations


 

Professional Judgment


- Medical Judgment
 - Objective
 - Prognosis
 - Independent of patient/family convictions, beliefs, or ideas
- Empathetic Judgment
 - Sympathetic or empathetic to patient's condition, suffering, etc.


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Professional
Judgment



Patient
Wishes


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Goal Oriented AD's

Informed Directive
(Advance Directive+ Informed Consent)


- Patient directs care after being informed of realistic goals
- Patient and healthcare staff set boundaries of care

Boundaries

Procedure boundaries -number or time

Debilitation boundaries- How debilitated is patient willing to tolerate

- Physician may also determine realistic boundaries


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Goal Oriented AD's

- Frame discussions as overall goals of patient life and what treatment can achieve
 - Quantitative goals - Survival
 - Qualitative goals - Quality of life

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"Terminology proliferates where Ignorance abounds."

Sir John Parkinson

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Terminology

- End of Life - Let's talk about life
- Terminal - What does that mean?
- Life Support
- End Stage Renal Disease
- CPR- Code Blue, Cardiac Resuscitation

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CPR: Why not just try?

- 20-30% of 'non-survivors' actually 'survive' the CPR, but die after hours - weeks in hospital
- 3-15% of survivors suffer significant hypoxic brain damage and may survive for months or years



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Table 3. Survival after CPR in Three Television Series

SERIES	NO. OF EPISODES	NO. OF OCCURRENCES OF CPR	SHORT-TERM SURVIVAL AFTER CPR	SHORT-TERM SURVIVAL TO SURVIVAL DISCHARGE DEATH IN AFTER CPR HOSPITAL		SHORT-TERM SURVIVAL WITHOUT FOLLOW-UP
				number of patients (percent)		
Chicago	22	11	7 (64)	4 (36)	3 (27)	0
Hope	25	31	21 (68)	NA*	3 (10)	18 (58)
Rescue	50	18	18 (100)	18 (100)	0	0
Total	97	60	46 (77)	22 (37)	6 (10)	18 (30)



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Advantages of Preplanning



- Grant doctors written permission/authority to act in concert with expressed desires concerning healthcare treatment
- Take family members "off the hook" with respect to tough decisions concerning healthcare treatment



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**Advance Directives
Should Not**

- Be a menu of treatment selections
ie, ventilator, dialysis, CPR
- Eliminate personal ambivalence
- Demand treatments that might be
ineffective for the specific condition

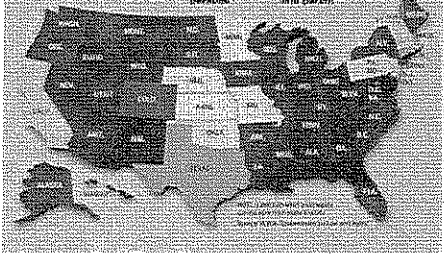
**Advance Directives
Should**


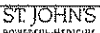
- Define the patient's life goals
- Define what he/she will accept as a minimal
quality of life
- Name the person or persons they wish to
speak for them when they can not

WHO GETS TO DECIDE? In most states, patients give priority to the spouse as
 individual makes for an individual's personal assurance there are no overriding
 provisions or previously designated specific state are suitable guidelines for state

Spouse
 Physician and next of kin
 Consensus of "interested parties"
 Equal status for siblings and parent
 No priority specified



Determine the Best DPOA

- Ask and notify the possible DPOA
- Not everyone wants the responsibility

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"People are not really *Afraid of Dying*; they're afraid of not ever having *Lived*, not ever having deeply considered their life's *Higher Purpose*, and not ever having stepped into that purpose and at least tried to *Make a Difference* in this world."

Joseph Jaworski

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END

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