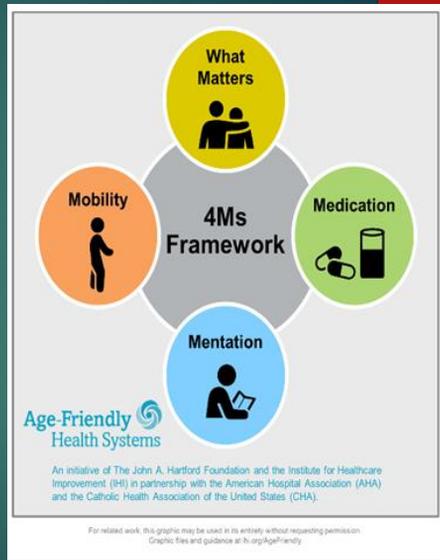
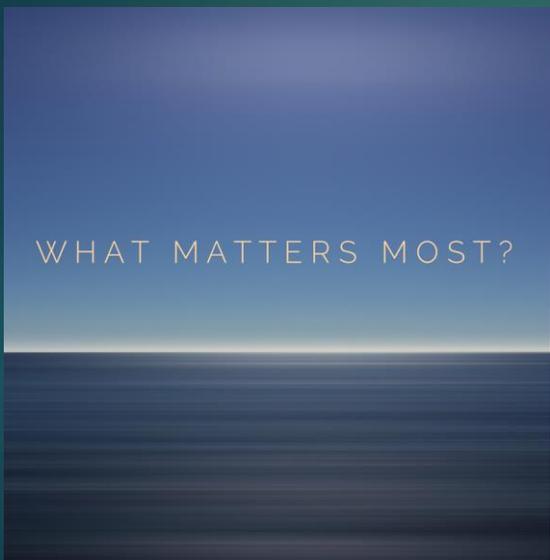
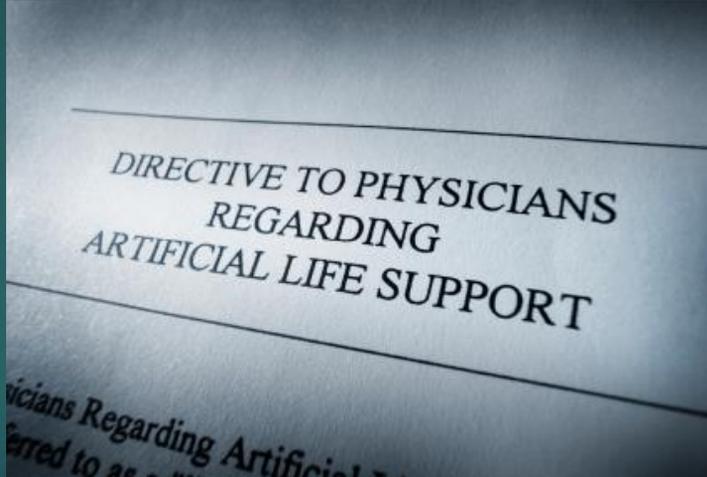
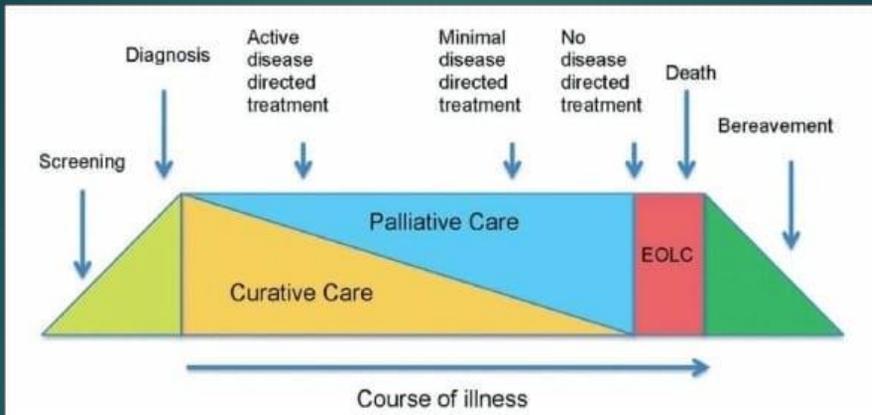
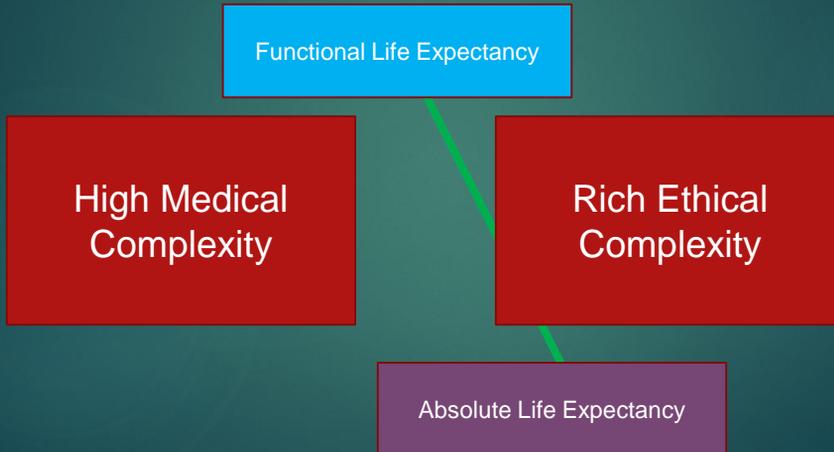


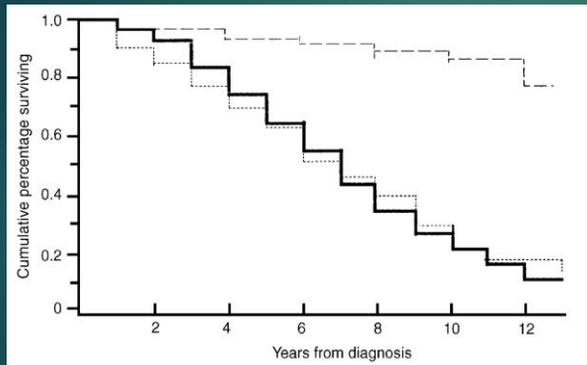
ADVANCE DIRECTIVES



Geriatrics



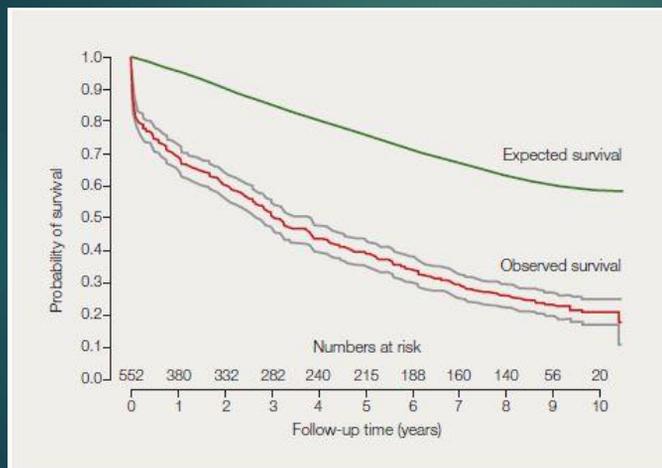
Life expectancy and Alzheimer's dementia



| | |
|-------------|--------------|
| AD | 8 – 12 years |
| AD with EPS | 6 – 8 years |

The British Journal of Psychiatry Aug 2000, 177 (2) 156-162

Life expectancy after new onset systolic heart failure.

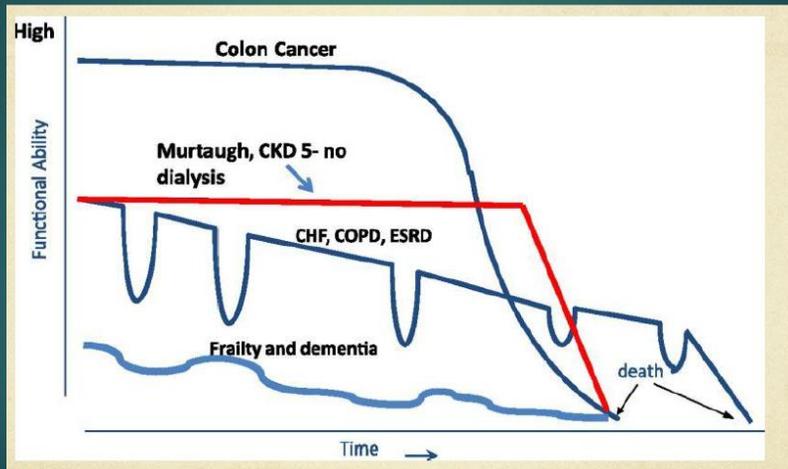


Death accelerants

Tricuspid regurgitation

Progressive atrial enlargement

Chronic Disease Trajectories



Who should decide ?



End of Life Care

- ▶ Beneficence
- ▶ Respect for persons
- ▶ Fidelity
- ▶ Justice

- ▶ Education and Tools of EOLC provide guidance on
 - ▶ Autonomy
 - ▶ Withholding and withdrawing care
 - ▶ Life sustaining treatment
 - ▶ Futility
 - ▶ Medically – assisted suicide

DNR

- ▶ Do not pursue efforts to restore cardiac function if the heart stops beating or lungs stop functioning
- ▶ Advanced directives: 20% community, 74% of NH residents
- ▶ Cultural ramifications
 - ▶ 60% Whites accept DNR
 - ▶ Only 10 – 20 % Hispanic and Blacks accept DNR
 - ▶ Native Americans vary according to region and tribe
- ▶ Diminished integrity of advanced directives
 - ▶ Multiple care settings
 - ▶ Unfamiliarity with or unacceptance of futility
 - ▶ Lack of documentation (both electronic and hard copy)

How many years have DNR orders existed ?

- A. 30
- B. 40
- C. 50
- D. 60
- E. 70

2016 marked the 40th anniversary of Boston hospitals adopting DNR orders

- ▶ Patient consent to *prevent* a medical procedure
- ▶ What if resuscitation is medically futile but patient or family still demands it ?

DNR order does not preclude other medically suitable interventions



What factors can weaken DNR as an advanced directive tool ?



What factors can weaken DNR as an advanced directive tool ?

- ▶ Multiple transitions of care
- ▶ Unfamiliarity with or unacceptance of futility
- ▶ Absent documentation (both electronic and hard copy)
- ▶ Lack of up – dates
- ▶ Inter-current illness (delirium, dementia)
- ▶ Lack of physician – patient conversation

Case report

- ▶ 88 year old Nursing Home patient is found unresponsive
- ▶ CNA calls 911 and administers CPR
- ▶ EMT cardioverts, intubates and transfers patient to ED
- ▶ Patient medical record states DNR, DNI, do not hospitalize
- ▶ As medical director, you are asked to conduct a root cause analysis and QAPI project on resident autonomy

Preserving patient autonomy in the Nursing Home



- ▶ Wrist band with advanced directives
- ▶ ED → NH communication
- ▶ Contact durable power of attorney
- ▶ Co – locate residents with similar advance directives.

CPR outcomes

- ▶ Overall, 1 out 100 patients admitted to hospitals get CPR
- ▶ 70% of in - patients have DNR at time of death
- ▶ 30% get CPR,
 - ▶ only 10% survive to discharge
 - ▶ 1 out of 4 survive > 5 years
 - ▶ Some survivors functionally intact, others impaired

Communication tips for effective code status discussion

- ▶ No distractions (phone and pager off)
- ▶ Eye level, eye to eye contact
- ▶ Speak low tone and slow cadence
- ▶ Ask if loved one can join



Communication and DNR

Trust

- ▶ Identify and validate patient emotion
- ▶ Sympathy with patient's suffering
- ▶ ID patient values and goals (What Matters)

Context

- ▶ Explain DNR discussions are routine for all
- ▶ Have patient report their condition
- ▶ Ask if patient thought about what would happen if their condition got worse.

Communication of DNR

Content

- ▶ Describe CPR procedures
- ▶ Report CPR outcomes
 - ▶ 4 in 10 survive initially
 - ▶ 1 in 10 survive to discharge
- ▶ Identify surrogate and see if they discussed their wishes

Check understanding

1. Ask patient to state their understanding
2. Reinforce or correct
3. Ask patient to re - state

DNR Communication

- ▶ Offer professional opinion
 - ▶ Base it upon patient condition (s) and their priorities
 - ▶ Clarify “no CPR” versus “no treatment”
 - ▶ Reiterate goals of care

Is failure to honor a patient's advanced medical directive ?

- A. Medical error
- B. Negligence
- C. Malpractice
- D. Provider preference



Advance Directives that instruct proxies to stop eating and drinking are:

- A. Unlawful
- B. Violates provider beneficence and non – maleficence
- C. Patient injustice if not implemented
- D. Better to substitute with comfort feeding

Do health providers “see” POLST ?



6.4 % ED physicians viewed **POLST** in the EMR

Outcomes: Post acute care results according to **POLST** status

| | No POLST | Full POLST | Limited POLST | Comfort Only |
|----------------------------|----------|------------|---------------|--------------|
| Post ED mortality (1 year) | 19.5 % | 23 % | 35 % | 46 % |

Outcomes: Older adults with dementia and POLST

| | POLST | No POLST |
|-------------|-------|----------|
| Hospice | 74 % | 62 % |
| No hospital | 50 % | 84 % |
| ICU | 5 % | 8 % |
| Die at Home | 70 % | 59 % |

Artificial nutrition and hydration

- ▶ Patient – initiated, voluntary stop eating and drinking

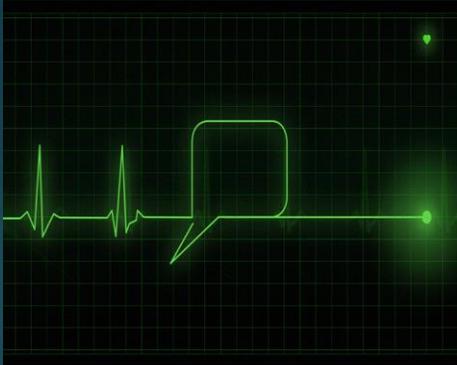
Legal

- ▶ Minnesota: oral administration of food or water to a patient who accepts it, except for clearly documented medical reasons; Minn. Stat. Ann. § 145B.1
- ▶ North Dakota: provide treatment for a patient's comfort, care, or alleviation of pain. N.D. Cent. Code Ann. § 23-06.5-09 (West)
- ▶ South Dakota: similar to ND

Deactivation of implantable cardioverter-defibrillators at the end - of - life should be part of the POLST documentation ?

- ▶ True
- ▶ False
- ▶ Depends

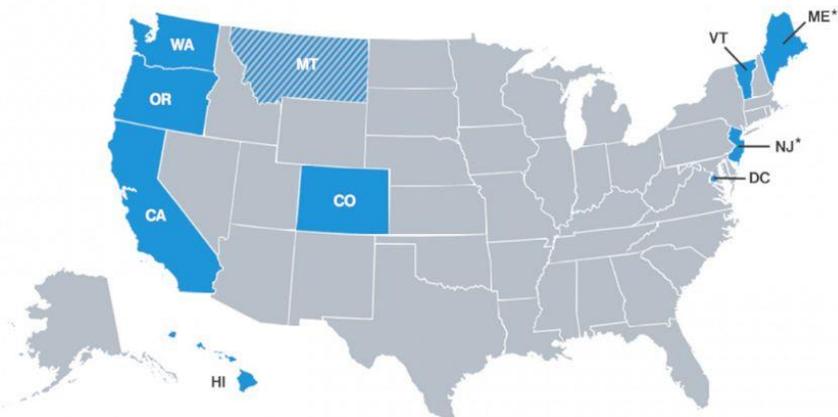
What Do People Say Before They Die ?



- Many not lucid: delirium, dementia, exhausted
- Reference to a journey or trip

STATES WITH MEDICALLY-ASSISTED SUICIDE

■ STATES WITH LAWS ALLOWING MEDICALLY-ASSISTED SUICIDE
 ■ STATE WITH A COURT RULING ALLOWING MEDICALLY-ASSISTED SUICIDE
 ■ STATE WHERE MEDICALLY-ASSISTED SUICIDE IS NOT LEGAL



*NEW JERSEY'S LAW GOES INTO EFFECT ON AUG. 1, 2019, AND MAINE'S IS EXPECTED TO GO INTO EFFECT ON OR AROUND SEPT. 17, 2019, DEPENDING ON WHEN THEIR LEGISLATIVE SESSION ENDS.

SOURCE: THE DEATH WITH DIGNITY NATIONAL CENTER, AS OF JUNE 13, 2019.

abc NEWS



Medically Assisted Suicide

Pro

- ▶ Dignified death
- ▶ Relieve suffering
- ▶ Self autonomy

Con

- ▶ Relieve caregiver burden
- ▶ Reduce end of life costs
- ▶ Early will execution
- ▶ Misplaced “quality of life” concerns by family

American Bar Association

ADVANCE DIRECTIVES: COUNSELING GUIDE FOR LAWYERS

Commission on Law and Aging
American Bar Association



Resources

- ▶ Cardiopulmonary Resuscitation and DNR Orders: A Guide for Clinicians (2010) *Am J Med* 123: 4 – 9.
- ▶ Commission on Law and Aging
 - ▶ https://www.americanbar.org/groups/law_aging/
- ▶ What People Actually Say Before They Die (2019) *The Atlantic*
<https://www.theatlantic.com/family/archive/2019/01/how-do-people-communicate-before-death/580303/>
- ▶ Final Words Project (<http://www.finalwordsproject.org/>)

Advance Directives for Healthcare



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