

**Mission Hospice
2009 summer forum**

**End-of-Life Issues:
An Inter-Generational Discussion**

June 11, 2009

Focusing on “The Conversation”

- **Vignettes**
- **“Entry points”**
- **Barriers**
- **Strategies**
- **Specifics: process & quality**
- **Benefits**
- **Actions resulting from “The Conversation”**
- **Relevant recent California laws**

“Entry Points”

- **Any family gathering**
- **Change in friend or family member’s health status, or death in family**
- **Newspaper articles, obits**
- **Books**
- **Current or recent “hot” case**

Barriers, I

- **As seen in Vignettes, either “side”**
- **Societal, cultural taboo**
- **Denial, procrastination**
-
-
-
-
-
-

Barriers

- As seen in Vignettes, either “side”
- Societal, cultural taboo
- Denial, procrastination
- **Fear of death**
- **Trust in others to make decisions**
- **Conflicts with physicians**
- **Family dynamics**
- **Geographical distance, infrequent visits**
- **Uncertainty about preferences**

Strategies

- **Using entry points**
- **Family all at once? Separate conversations?**
- **Use resources in community**
- **Not a “one-shot” deal**
- **Address fears**
- **Emphasize importance—gift to family**

Specifics for discussion: process & quality

- **History of experience of death**
- **Understanding of acute care, especially CPR and artificial nutrition and hydration**
- **Physician involvement**
- **Understanding of hospice**
- **Feelings about rituals around death, dying, post-death arrangements**

Benefits

- **Bring family together**
- **Lighten burden; personal insight and knowledge giving comfort, confidence**
- **Prevent erroneous thinking**
- **Prevent conflicts at bedside**

Actions resulting from “The Conversation”, I

- **Create a better Advance Health Care Directive**
- **Choose ideal Agent and alternates**
- **Disqualify individual(s) as needed**
-
-
-

Disqualify?

- **Errant child galloping in on white horse demanding**
 - That he be in charge
 - That the doctor “Do Everything”
- **Fear that different values or life styles might interfere with proper choices**
- **A personality that might prove difficult**

“I dearly love my son _____, but because of _____, he shall have no part in health care decisions on my behalf.”

(could be unresolved family issues, different path taken in life, wanting to spare him from having to struggle with difficult issues, whatever the reason might be—or no reason given)

Actions resulting from “The Conversation”, II

- Create a better Advance Health Care Directive
- Choose ideal Agent and alternates
- Disqualify individual(s) as needed
- **Consider use of a Precedence statement**
-

Precedence Statement

If there is a conflict between the health care instructions I have given and what my agent thinks best—in the moment, given new information, for reasons of family needs (to travel, for instance),

a) I give priority to my agent, to make decisions in his/her best judgment

OR

b) I want my written word to be followed as precisely as possible

Actions resulting from “The Conversation”, III

- Create a better Advance Health Care Directive
- Choose ideal Agent and alternates
- Disqualify individual(s) as needed
- Consider use of a Precedence statement
- **State health care desires clearly**

Relevant recent California laws

- **AB 2747 (Berg) California Right to Know End-of-Life Options Act of 2008**

-

California Right to Know End-of-Life Options

- **MD makes diagnosis of terminal illness**
- **Must provide patient with opportunity**
 - **Information**
 - **Counseling re**
 - **All legal eol care options, including hospice**
- **Must refer if does not wish to comply**
- **Must provide information on
procedures to transfer**

Two different points of view

- **“For some elderly injured patients, apprehension regarding long-term disability exceeds the fear of death.”**

ArchSurg/vol 135, Jan 2000

- **“For some people, ‘going out fighting’ is no less dignified than dying peacefully, without interventions.”**

RN Magazine, Nov. 1998

Relevant recent California laws

- **AB 2747 (Berg) California Right to Know End-of-Life Options Act of 2008**
- **AB 3000 (Wolk) Physician Orders for Life-Sustaining Treatment (POLST) 2009**

Physician Orders for Life-Sustaining Treatment (POLST)

What is POLST? What is it not?

- **New in California: AB 3000, effective Jan 1, 2009**
- **Physician's orders, therefore not an Advance Directive**
- **Standardized form in bright pink**

Who should have a POLST?

- **POLST particularly useful for**
 - **Frail elders, especially those in any facility**
 - **Anyone with chronic, progressive disease/s**
 - **Anyone with a terminal illness**
 - **Anyone whose “death within the next 12 months would not surprise us”**
 - **Others interested in defining their end-of-life care**

Why was POLST created?

To meet the need for a tool that:

- **Reflects a better understanding between the patient (or surrogate) and the physician of a meaningful expression of a patient's wishes for end-of-life care**
 - **that does more than just say "Do not resuscitate"**
- **Will not get lost "in the fray"**
- **Will follow the patient from one setting to another**
- **Must be honored by all health care providers: hospitals, emergency rooms, nursing homes, emergency responders**
- **Is short and addresses questions in an emergency**
- **Reflects the wishes expressed in an AD, if any**

How does POLST get created?

- **May be introduced by physician if appropriate, or by well-informed patient (or surrogate)**
- **Requires full discussion with physician about key end-of-life care issues: AB 2747**
- **Is signed by physician and patient (or surrogate), and dated**
- **Guides treatment immediately**
- **Is entered into chart, can also be indicated on Medic-Alert bracelet or medallion**

References

- California Health Care Decisions Law, July 2000
- California Assembly Bill no. 2747, Berg and Levine
- California Assembly Bill no. 3000, Wolk
- Medical Board of California Newsletter, Vol. 108, November, 2008
- Becker LB et al, American Emergency Medicine, 1991 April 20(4) 355-61
- Lombard G et al, JAMA 1994, March 2, 271(9), 678-83
- Eckstein M et al, Amer Emerg Med, 2005 May 45(5), 504-9

**Thank you for your participation.
I would be happy to answer any
questions or respond to
comments/criticisms**

**Betsy2Alan@aol.com
501 Portola Rd., Box 8065
Portola Valley, CA 94028**