Strategies for Addressing Code Status in the Actively Dying Patient

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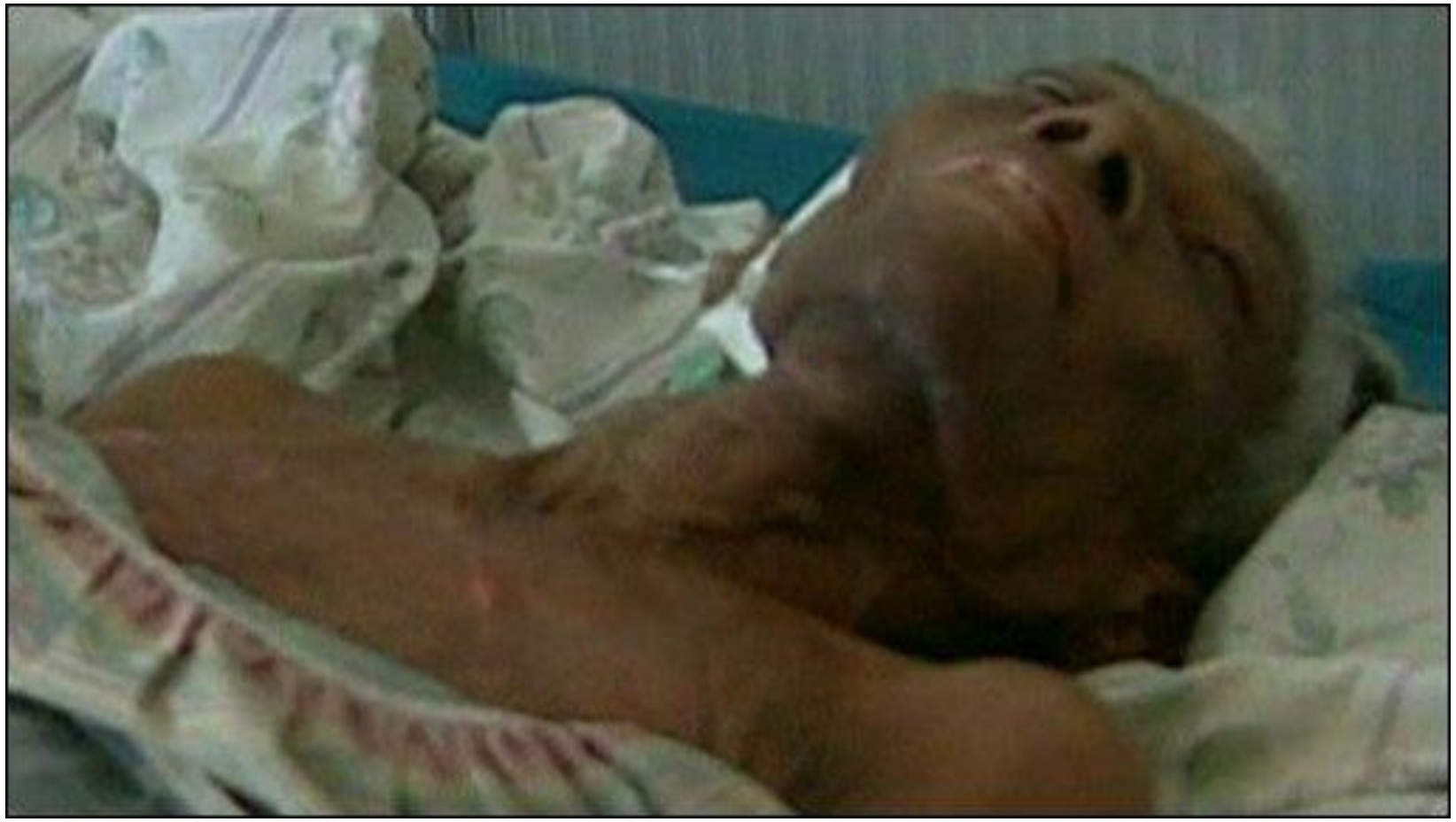
Mrs. E’s Story



Internet stock photo, not an actual patient

Objectives

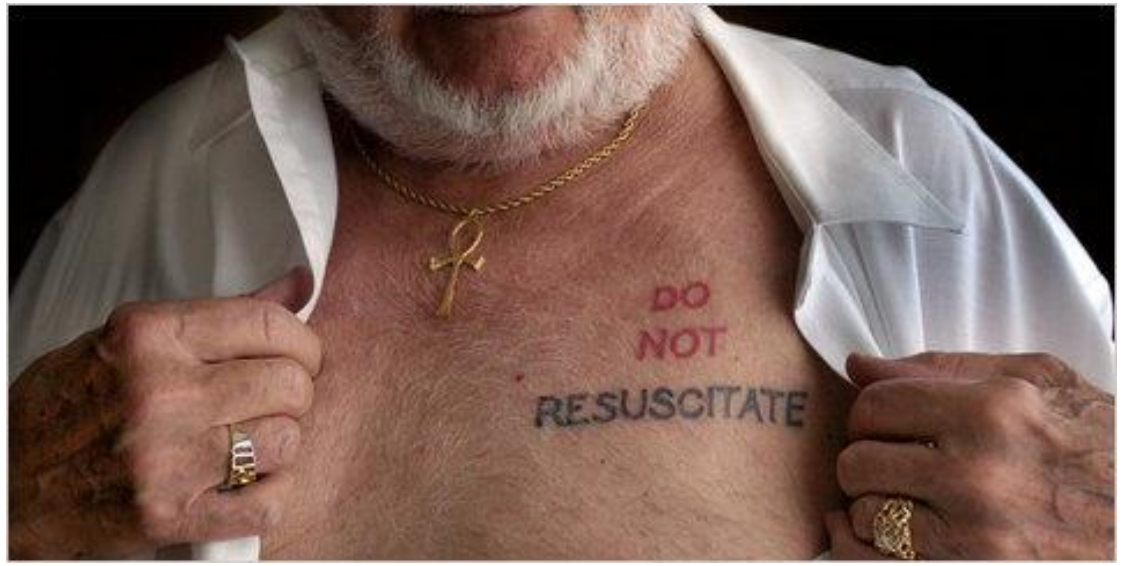
- Define advance directive terminology
- Demystify medical interpretation of DNR
- Updates on MI-POST
- Strategies for goals of care discussions

- I have no disclosures

What is an Advance Directive?

Advance Directive

- Written document
- Competent individual
- Gives instructions for healthcare
- Implemented when patient lacks decision making ability

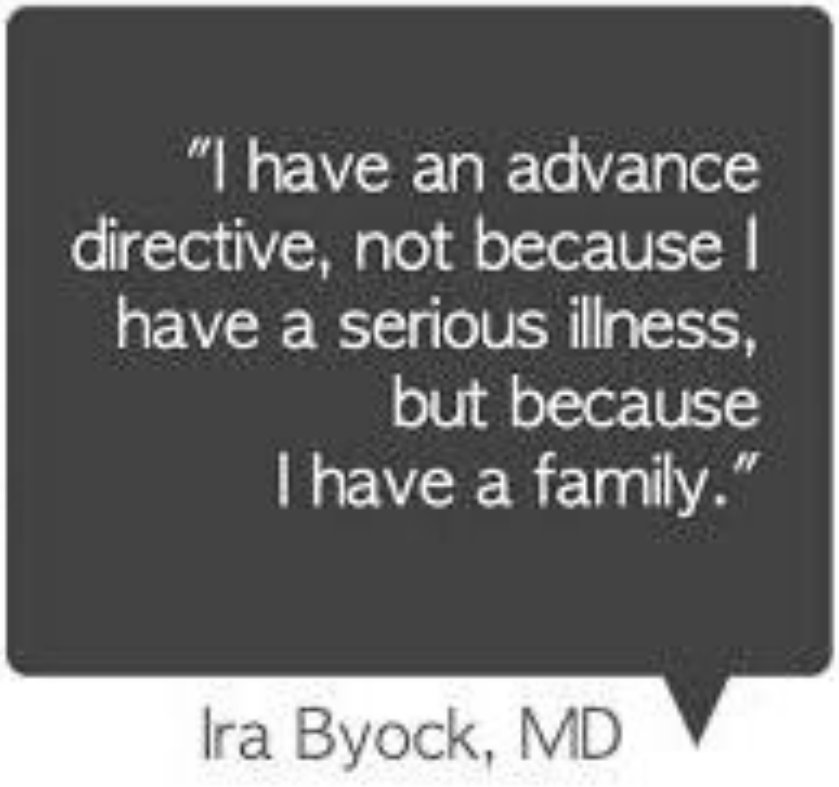


Decision Making Capacity

- Listen to the information
- Manipulate information to show comprehension
- Communicate decision
- Offer consistent explanation o decision

- Must evaluate if current medical condition impairs capacity

What are the types of advance directives?



MI-POST

Do Not Resuscitate Order

Living Will

Durable Power of Attorney for Health Care

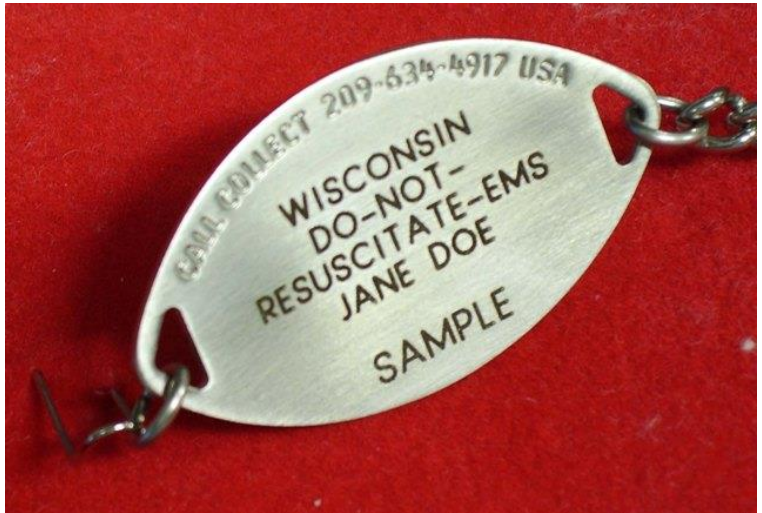
1. Living Will

2. Durable Power of Attorney for Health Care

- What?
- Who?
- How?
- When?
- Why?

3. Do Not Resuscitate Declaration

- Form signed by patient (or advocate) expressing wishes
- Valid outside of hospitals and nursing homes
- Do not have to have terminal diagnosis
- Not required for hospice enrollment



Do Not Resuscitate Order

- Medical order
- In a hospital or nursing home
- Signed by the attending doctor
- Valid for particular admission
- NOT signed by patient

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MI-POST

- Michigan Physician Orders for Scope of Treatment
- Law effective February 6, 2018
- Created by patient in consultation with medical provider
- Transportable across all levels of care
- Goal of a database eventually

Michigan's Do-Not-Resuscitate Procedure Act

- February 4, 2014
- Applies only OUTSIDE the hospital
- Defines guardians authority for code status

Michigan’s Dignified Death Act

- Does NOT authorize physician assisted suicide
- Physicians must inform patients of terminal illness
- Must inform patients of all treatment options including comfort care/hospice
- Required doctors to tell patients they have a right to effective treatment of pain

Michigan Dignified Death Act

Your doctor has diagnosed an illness which may shorten your life. Being sick is never easy. Learning that the illness may be terminal can create stress. It can be hard, both for you and for those close to you. This brochure is about your right to make choices about your medical treatments. This includes the right to accept or refuse any treatment that is offered to you. It also covers your right to have someone else make choices for you if you can no longer choose for yourself.

State law says that your doctor must give you certain information. Here is a summary.

Information About Other Medical Treatments and Their Risks

You have the right to be informed by your doctor about your treatment options.

- This includes the treatment your doctor recommends. Your doctor must tell you the reason for this recommendation.
- Your doctor must tell you about other forms of treatment. These must be treatments that are recognized for your illness. They must be within the standard practice of medicine.
- Your doctor must tell you about the advantages of the treatment. They must also tell you about the disadvantages and risks. They must tell you the same things about the other treatments you have talked about.
- Your doctor must tell you about your right to limit treatment to comfort care.
- They must also tell you about hospice. Hospice cares for people who have a terminal illness. It also helps their families.

You should feel free to ask your doctor any questions you have about your illness. You should also ask questions you have about the treatments for your illness.

Possible Decisions

You, or those making decisions for you, can decide to:

- Begin treatment
- Refuse treatment or stop it once it has begun. This includes food and water.
- Be given enough medicine to control pain. You can decide this even if you could live longer with less pain medicine.

Choosing A Patient Advocate

You have the right to make decisions about your treatment as long as you are able. You also have the right to designate a patient advocate. This person will make treatment decisions for you if you can no longer choose for yourself.

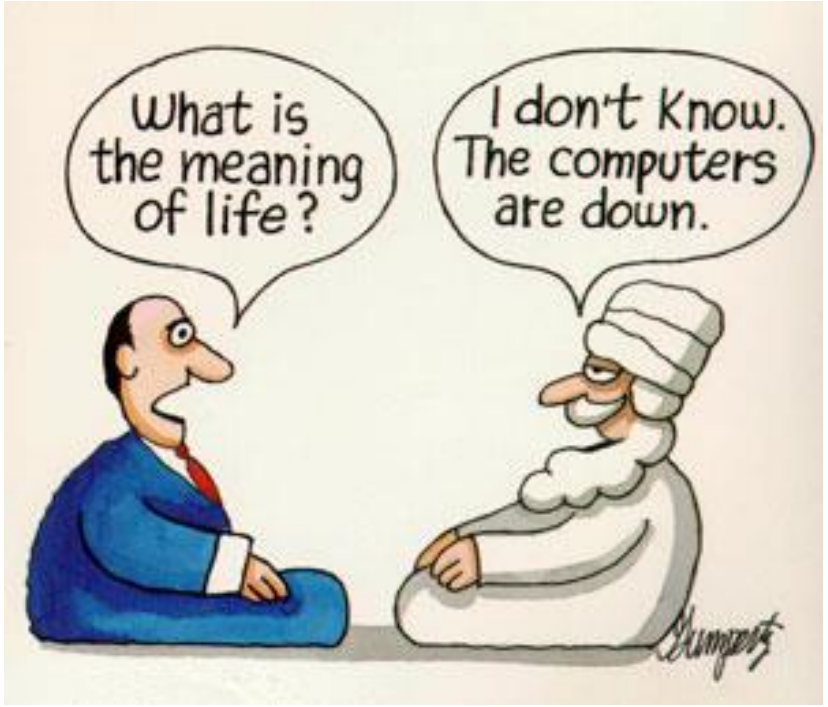
The law does not require you to appoint a patient advocate. Your insurance company and health care providers can't make you appoint one. They may give you information about how to appoint one. If you appoint a patient advocate, it must be in writing.

Your advocate can make decisions for you, just as if you are making them yourself. Your advocate can decide about treatment for your illness. This includes getting, continuing and ending treatment. Your advocate may also choose treatment to manage your pain. Your advocate may also choose hospice care or other treatments to increase your comfort.

To appoint a patient advocate you should fill out a Durable Power of Attorney for Healthcare form. You can get these forms from doctors and hospitals. You can also ask an attorney to help you fill one out. On this form you may include a statement about the type of care you want. This will help your patient advocate know what type of care you desire. You may also pick an alternate person. They would be your advocate if your first choice is not available for some reason.

What does Do Not Resuscitate mean?

- What does it include?
- Central Line?
- Intubation?
- Cardioversion?



Medical/Legal Definition

- When breathing and heartbeat stop
- No attempt at resuscitation

Do Not Attempt Resuscitation


NOTICE
'Do not resuscitate' does not mean 'do not treat'

DNR versus Limiting Care

Katsetos AD, Mirachi FL. A living will misinterpreted as a DNR order: confusion compromises patient care. J Emerg Med. 2011 Jun;40(6):629-32.
Winzelberg GS, Hanson LC, Tulsky JA. Beyond autonomy: diversifying end-of-life decision-making approaches to serve patients and families. J Am Geriatr Soc. 2005 Jun;53(6):1046-50.

Scrubs Bad News Robot

- http://www.youtube.com/watch?v=CdzqXsPDkX0

REMAP:

Your Roadmap for Goals of Care Discussions

- Reassess
- Expect
- Map
- Align
- Plan

- Reassess
  - Ask – Tell – Ask
- Expect Emotion
  - Use NURSE empathy strategies

What is Empathy?

Empathy Strategy

SKILL	EXAMPLE
NAME	“You sound worried about what the future holds for you and your mom.”
UNDERSTAND	“I can’t imagine what you’re going through right now.”
RESPECT	“You’ve taken excellent care of your mom for all these years.”
SUPPORT	“I am here to help you every step of the way.”
EXPLORE	“What are you most worried about?”

REMAP:

Your Roadmap for Goals of Care Discussions

- Reassess
- Expect
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- Plan

- Mapping
  - Elicit from the family goals and values
- Aligning
  - Reflect back what you have learned about the patient from family
- Planning
  - Propose medical plan in line with goals

Code Status

- Guides what **should** be done once heart has stopped
- Use graphic details?
- Success rates?
- Alternative to full code
  - Natural death
  - Surrounded by family

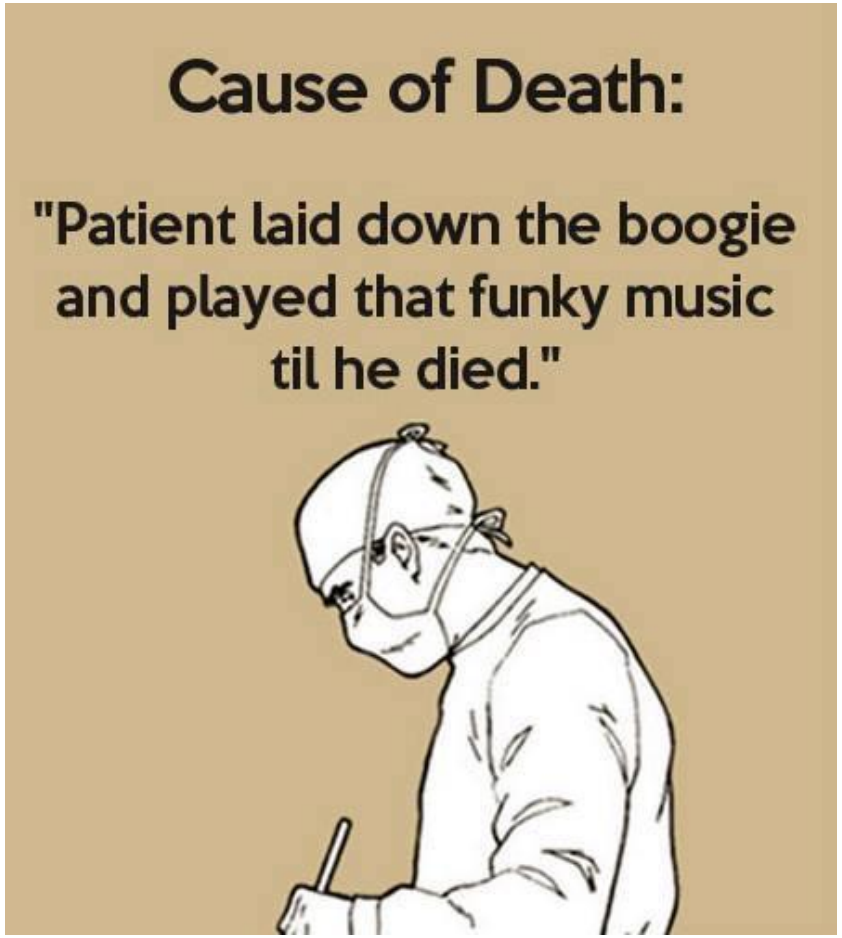
Things NOT to Say

- “I understand how you feel”
- “It could be worse”
- “Nothing more can be done”
- “We all die”
- “Should we do everything”
- Avoid Euphemisms

REMAP Video

- REMAP

Questions


Cause of Death:
"Patient laid down the boogie and played that funky music til he died."