Medical Implications of the Advance Directive

Colorado Bar Association

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Today’s Goal: An Interactive Discussion

- How clinicians use advance directives
- What life-sustaining treatment choices look like in medical situations
- How clinicians approach ethically-sensitive situations involving a medical decision maker

Overview of advance care planning

- Emphasize values
- Discuss preferences and values with the agent!
- Use understandable documents that are available
- Engage in ongoing discussions over time, as health changes
- Documents provide general instructions, not specific details
- Colorado Care Planning – Free guidance and forms

www.ColoradoCarePlanning.org

Care Planning Umbrella

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COMMENTARY

The care planning umbrella: The evolution of advance care planning

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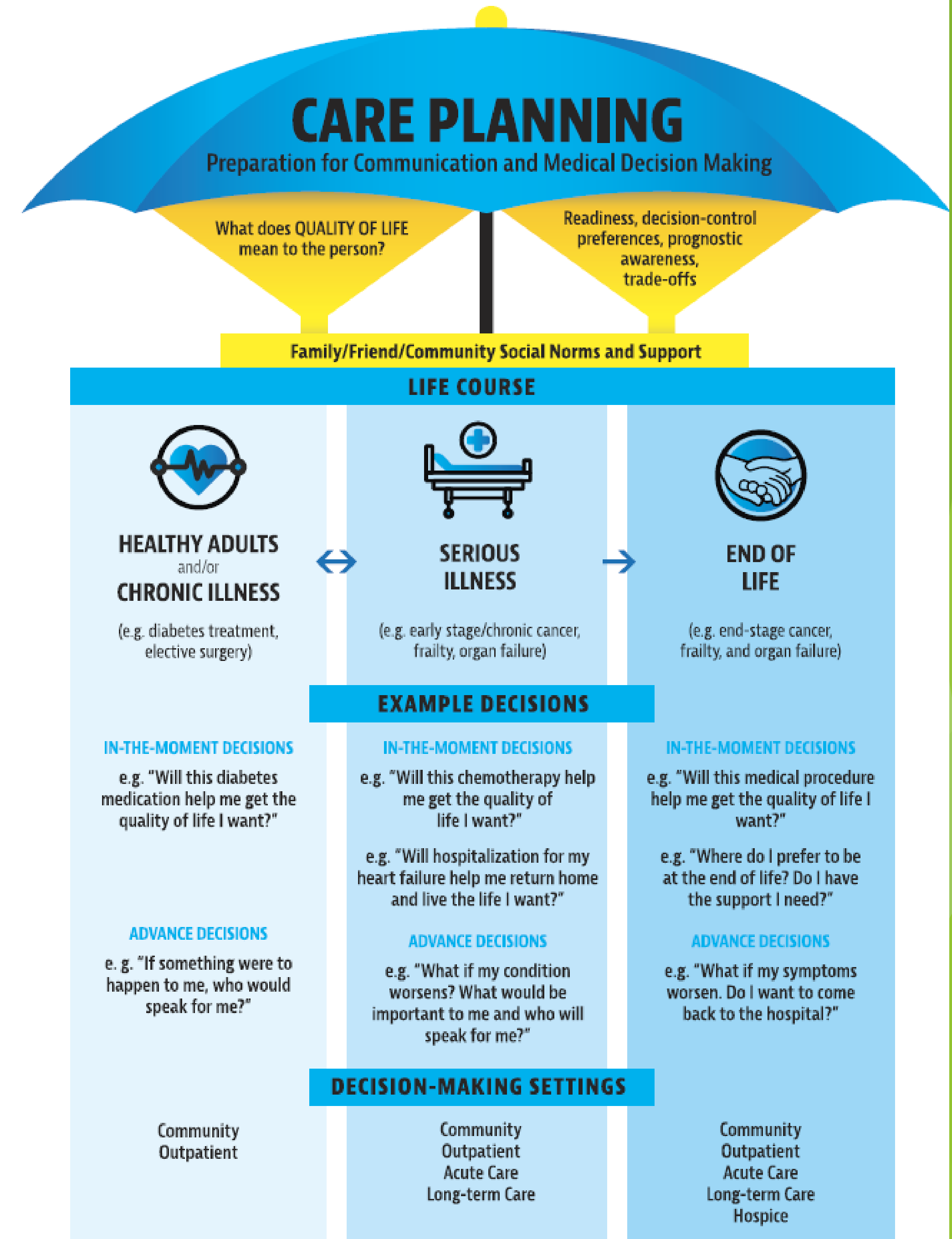
- Planning involves ongoing communication and medical decision making over the life span
- Individuals, trusted surrogate decision makers, legal and medical professionals need to be involved over time



JRE 1 The care planning umbrella model.

Examples of Life-Sustaining Treatments

- Mechanical Ventilation
  - So many types (Ventilation, BiPAP, High flow oxygen, etc)
- ICU-level “Circulatory Support”
  - Blood pressure medications – “Pressors”
  - ECMO
  - Left ventricular assist devices – “LVADs)
- Dialysis
- Artificial Nutrition and Hydration
- Also, decisions can be related to surgery, procedures, chemotherapy, radiation, etc.

What does withdrawal of life-sustaining treatment look like?

- Avoid saying “withdrawal of care” - we continue providing care
- Multiple conversations, often involving the agent, others, multiple health care teams (specialists, etc.)

Options when transitioning from life-sustaining treatments:

- Comfort care in the hospital
  - Prognosis may be hours to a few days
- Discharge home or to a residential care setting, with support (such as hospice)

Clinical perspective:

- If a person desires a quality of life and comfort-focused approach, it is appropriate to NOT have ICU level care, such as mechanical ventilation

Feeding Tubes and Hydration (“IVs”)

- Feeding tubes and artificial nutrition are generally NOT beneficial in serious illness
  - Can be harmful in dementia
- Feeding tubes may have specific benefit in restoring health in certain reversible conditions (i.e., esophageal issues, non-terminal illnesses)
- People do not die from starvation or dehydration when they have a terminal illness
- Appropriate to shift to a comfort feeding approach

Great Book – Death Interrupted

podcasts ▸ **science**

Radiolab

From NJPR

Radiolab is on a curiosity bender. We ask deep questions and use investigative journalism to get the answers. A given episode might whirl you through science, legal history, and into the home of someone halfway across the world. The show is known for innovative sound design, smashing information into music. It is hosted by Lulu Miller, and Latif Nasser.

MOST RECENT EPISODES

DECEMBER 15, 2023

Death Interrupted

As a lifeguard, a paramedic, and then an ER doctor, Blair Bigham found his calling: saving lives. But when he started to work in the ICU, he slowly realized that sometimes keeping people (and their hopes) alive just prolongs the suffering. He wrote a book arguing that a too-late death is just as bad as a too-early one, and that physicians and the public alike need to get better at accepting the inevitability of death sooner. As the book hit the bestseller list, Blair's own father got diagnosed with a deadly case of pancreatic cancer. Blair's every impulse was in direct contradiction of the book he just wrote. What should he do? And how can any of us know when to stop fighting death and when to start making peace with

- Dr. Blair Bigham
- Death Interrupted – A book arguing that a too-late death is just as bad as a too-early one.
- Radiolab podcast (Dec 15) – Dr. Bigham's experience related to discomfort around his own father's end-of-life experience

Advance Directives and the MOST form

	LEGAL DOCUMENTS	MEDICAL ORDERS
Forms	• Medical Durable Power of Attorney (MDPOA) • Living Will	• CPR Directive (DNR Order) • Colorado Medical Order for Scope of Treatment (MOST)
What	• Identifies decision maker • Provides general guide for treatment	• Specific orders specific treatment during a medical emergency, especially for emergency personnel
Who	All competent adults	**Seriously ill patients**
When	When a patient does NOT have decision making capacity	

Colorado MOST FORM

- What is the MOST form?
  - Portable medical orders about patient's preferences for life-sustaining treatments
    - CPR
    - Medical interventions: ICU care, Hospitalization, comfort-focused care
    - Artificially administered nutrition
- Who should have a MOST form?
  - People at risk for a life-threatening clinical event because they have a **serious life-limiting medical condition**, which may include advanced frailty.

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

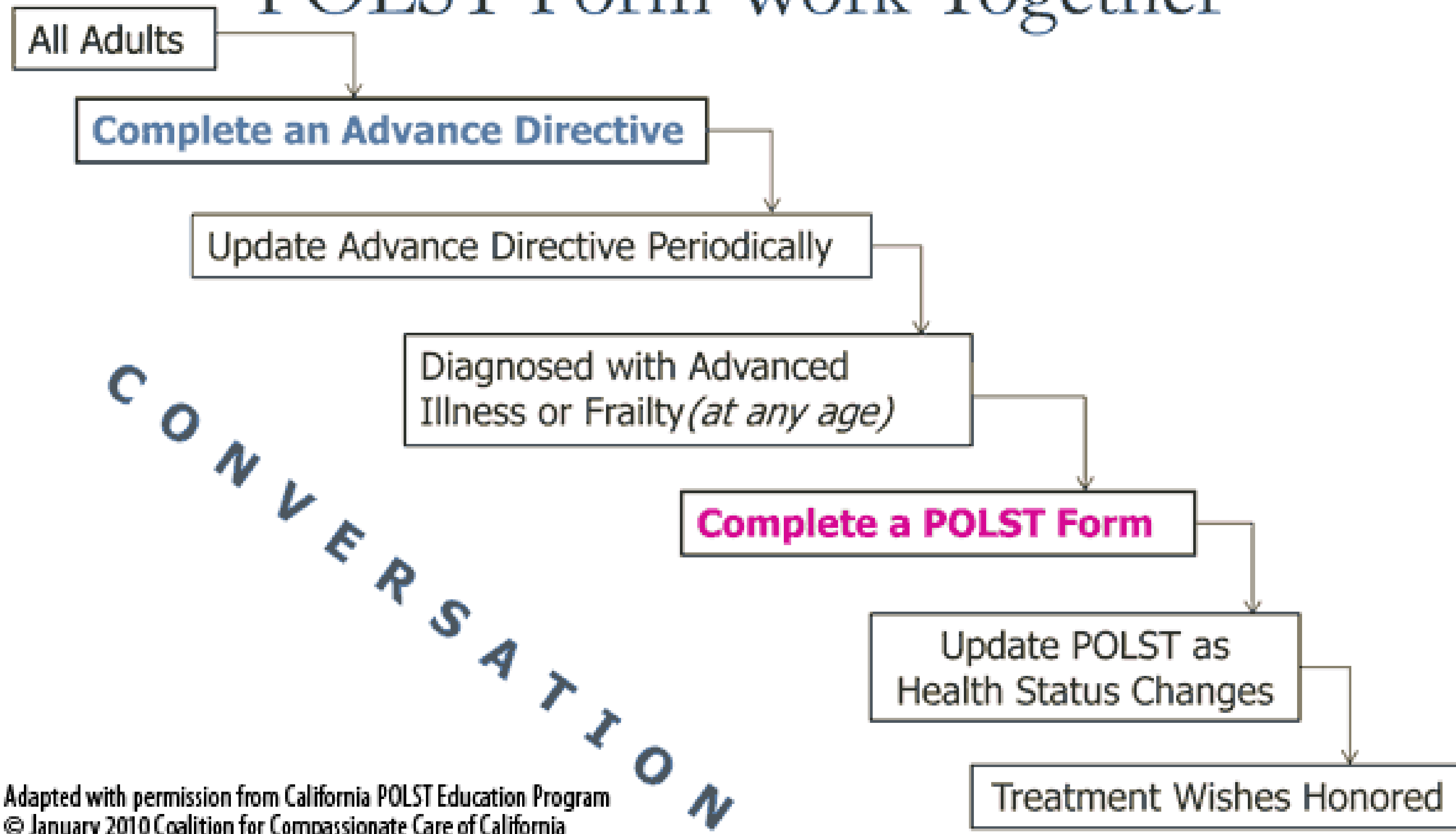
Colorado Medical Orders for Scope of Treatment (MOST)

Colorado MOST FORM

- Specific conversations about choices is key
  - Discuss diagnosis, prognosis, available treatment options (benefits & burdens) within context of patient's goals of care & values.
- Signed by patient/surrogate and physician, nurse practitioner, or physician's assistant
- **Medical orders are immediately effective.**
- **MOST form should align with advance directives** (but can also override advance directives)

- Colorado MOST form available at: https://www.civhc.org/wp-content/uploads/2018/10/MOST-Form-2018.pdf
- CIVHC hosts a voluntary, open Colorado ACP Stakeholder Workgroup (kdegerness@civhc.org)

How An Advance Directive and POLST Form Work Together



Adapted with permission from California POLST Education Program
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Surrogate decision making: Who decides?

- Patient with capacity to make decisions
- Guardian – legally appointed
- Agent with medical durable power of attorney
  - Assigned by patient with decision making capacity
- Proxy – chosen by people who care about patient
  - No hierarchy in Colorado
- Physician-proxy of last resort (for an admission)

Physician as proxy decision-maker CRS 15-18.5-103 (signed 5/18/2016)

- Medical Decisions for Unrepresented Patients

- An attending physician may designate another willing physician to make health care treatment decisions as a patient's proxy decision-maker if:
  After making reasonable efforts, the physician cannot locate any interested persons, or none of the interested persons are willing and able to serve as proxy decision-maker;
- The attending physician has obtained an independent assessment of the patient's lack of decisional capacity by another health care provider;
- The physician has consulted with and obtained a consensus on the proxy designation with the medical ethics committee of the health care facility where the patient is receiving care; and
- The identity of the physician designated as proxy decision-maker is documented in the medical record

Medical Case for discussion

A patient with dementia is hospitalized due to COVID and unable to make their own decisions

- Their breathing is worsening and transfer to the ICU and mechanical ventilation may be needed
- A family member is the MDPOA
- An advance directive from 8 years ago indicates 7 days of life support…
- A Colorado MOST form, completed by the MDPOA 6 months ago, indicates "No transfer to the ICU"

Question: What should be done?

What does holistic support for end-of-life planning look like?

Resources & Websites

the conversation project
in boulder county

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

- www.ColoradoCarePlanning.org
- The Conversation Project - Boulder County http://theconversationprojectinboulder.org/
- Easy to Read Advance Directive: www.prepareforyourcare.org
- Advance Care Planning - Center for Improving Value in Health Care (CIVHC): https://www.civhc.org/programs-and-services/advance-care-planning/