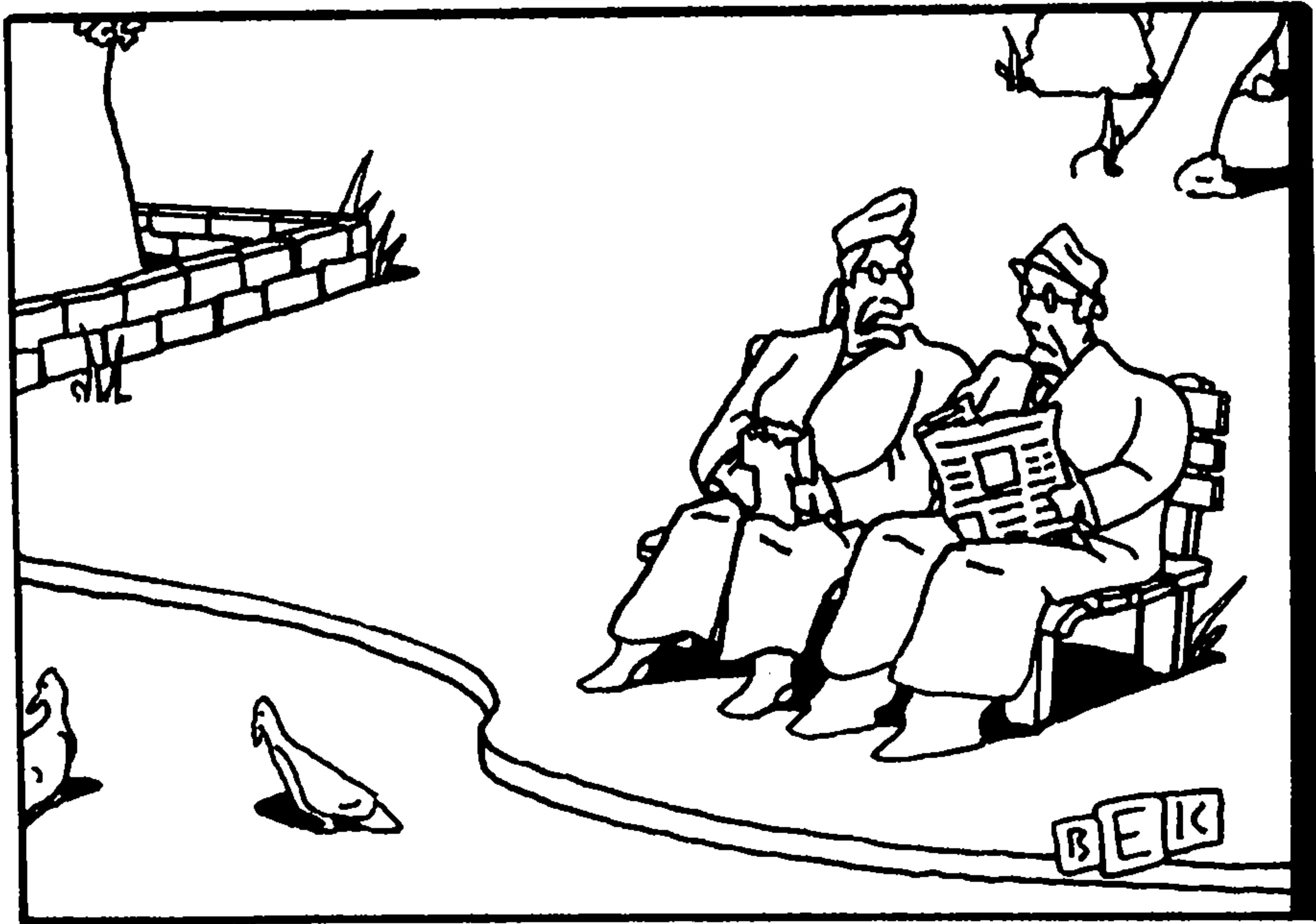
Optimal End-of-Life Care

Ken Brummel-Smith, MD

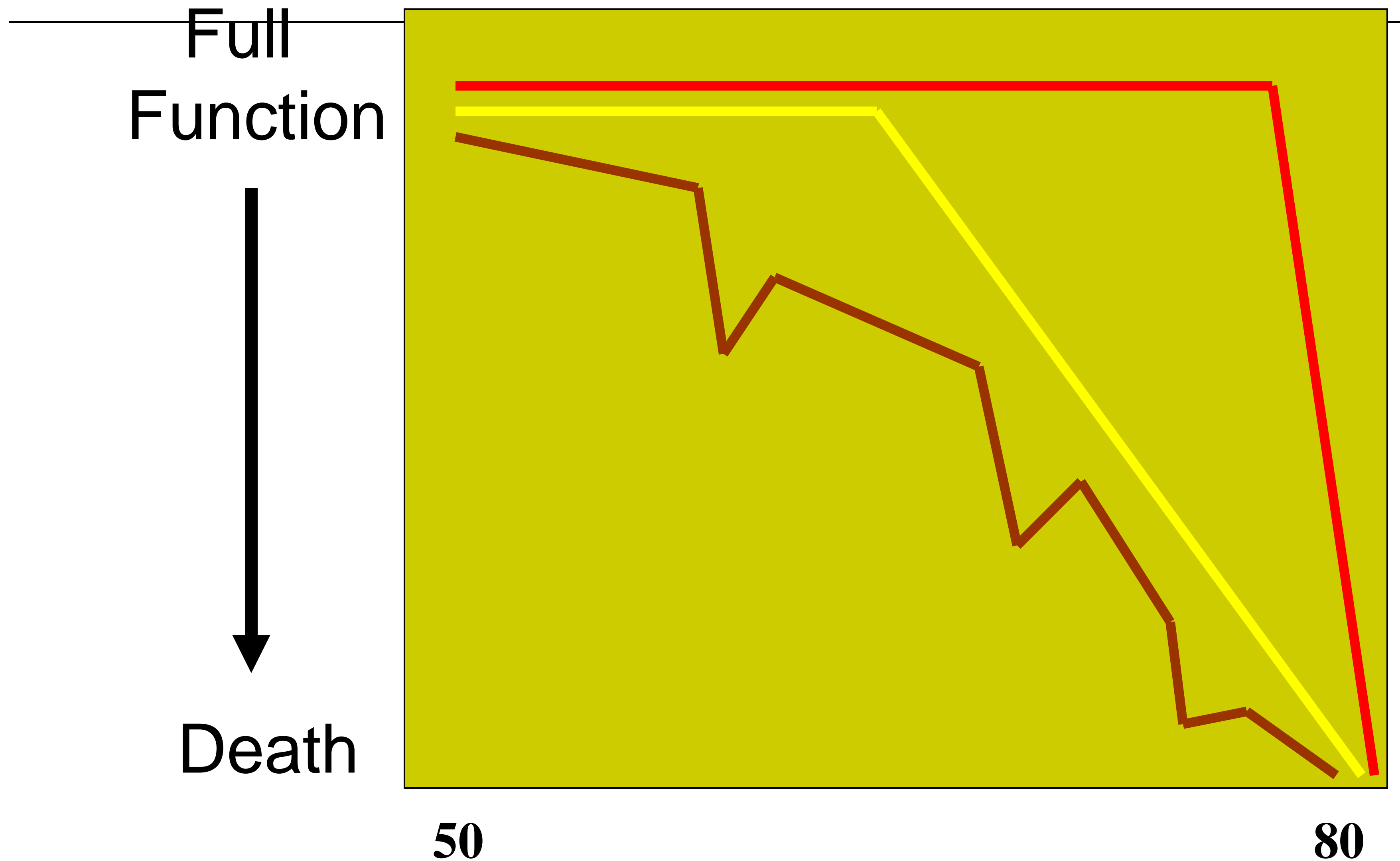
Charlotte Edwards Maguire Professor of Geriatrics

FSU College of Medicine

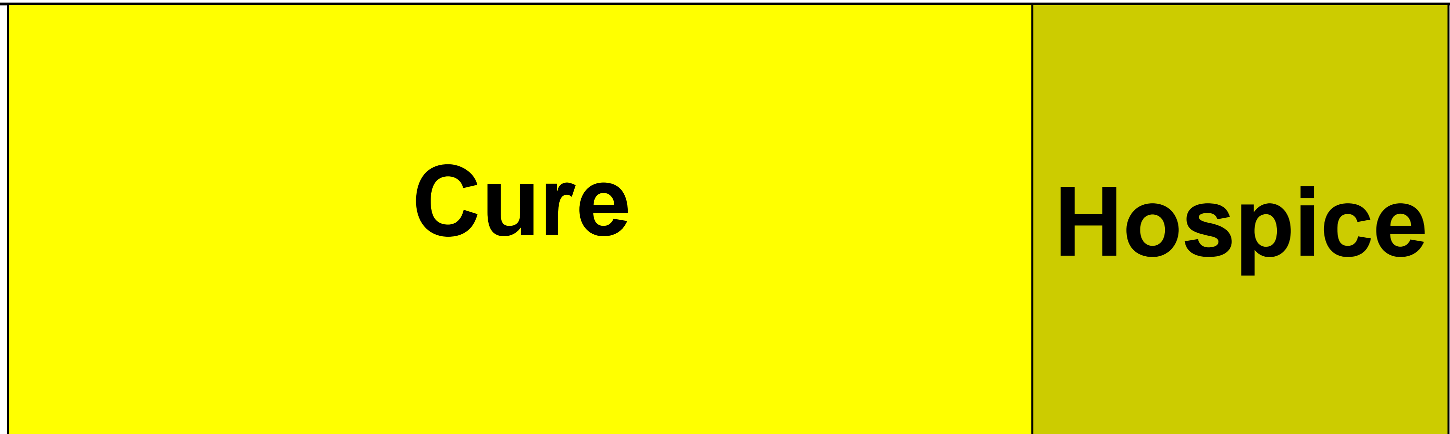


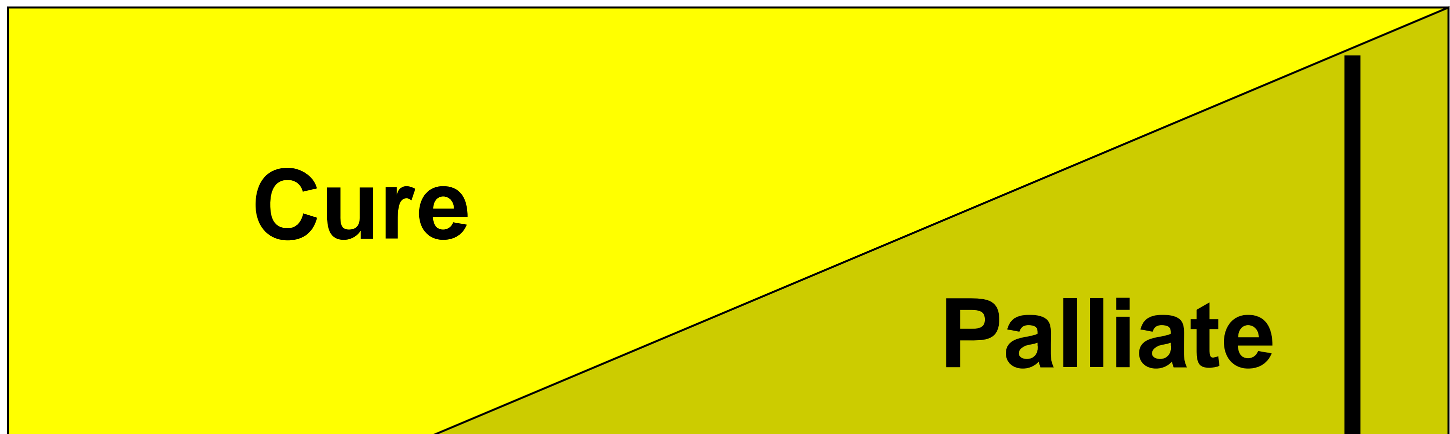
"In my day, people died."

Disease Trajectory



Palliative Care





Informed Consent

- What is informed consent?
  - Helping you to make the best decision for you
  - Understanding your desires and goals
- What informed consent isn't
  - Getting you to sign a consent form
  - Getting you to agree to something you don't want

Informed Consent

The doctor should:

- Provide enough information to allow you make a decision
- Give a recommendation
- Discuss the alternatives
  - Including not doing anything
- Ask for your decision
- Ask if you have questions

Reasons to Plan Ahead

- The future is known
- Things happen that people do not like
- You can control the future
- These decisions are something everybody should talk more about

- Deciding on medical treatments you want or don't want – in advance
- Informing your loved ones what is important to you
- Informing the doctor what your values and desires are
- Ensuring legal protections if you can't make decisions for yourself later

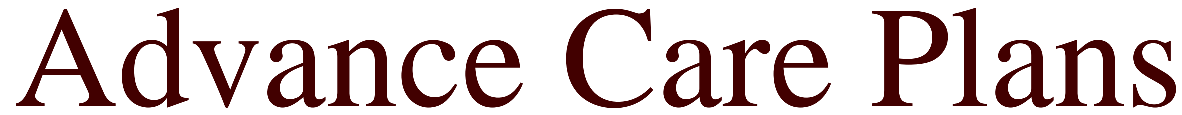
- A process over time
- Discussing desires and wishes for future medical care
- Used when patient can’t make his/her own decisions
- A routine part of medical care

ACP - Goals

- Name a surrogate decision maker
- Clarify goals and values
- Identify care the patient wants and doesn’t want
- Have forms documenting this
- Prevent later family or legal battles

Ultimate goal: support the patient’s self-determination

Advance Care Plans



- Health Care Surrogate
- Advance Directive
  - Living will, or
  - 5 Wishes, or
  - Advance Care Planning Document
- Drs. Orders

These will be discussed in more detail

Surrogate Decisions

- Must name a surrogate
- Must tell the surrogate what you want or don’t want
- The job of the surrogate
  - To communicate known wishes of the patient
  - To act in the patient’s “best interest”
- Wishes may change when the situation changes
  - Be ready to “re-discuss”

- Name someone you can trust
- Someone who can “live without you”
- Someone who is available
- Tell them what you want

Florida Definitions

- **Health care surrogate** - someone <u>expressly</u> named to make health care decisions for you
- **Proxy** - someone who has <u>not</u> been <u>expressly</u> named
- Durable power of attorney for health care -essentially the same as a surrogate

FL Statutes 765

1. Legal guardian
2. Spouse
3. Adult child
4. Parent
5. Adult sibling
6. Adult relative
7. Close friend
8. Clinical SW

FL Statutes 765

Living Will

- A expression of wish to die naturally if:
  - Terminal condition
  - End-stage condition
  - Persistent vegetative state
- No reasonable hope for recovery
- Problems:
  - Vague terms
  - Two physicians must document state

- Combines forms
  - Name a surrogate
  - Medical directives
  - Values history/end-of-life wishes
- Problems
  - Cost ($5)
  - Witness restrictions more strict than FL law
  - Medical directives vague

www.agingwithdignity.org 1-888-5WISHES (594-7437)

- Name a surrogate
- Specific choices on medical treatments
  - CPR
  - Life support
  - Surgery, antibiotics
  - “Tube feeding”
- Problems:
  - Vague terms
  - Only conditions listed

www.pgrace.org 1-877-994-7223

Physician Orders

- Do Not Resuscitate Order [1]
  - "DNRO form"
  - the "Yellow Form"
  - Used in FL
- Physician Orders for Life-Sustaining Treatment [2]
  - "POLST form"
  - the "Pink Form"
  - Used in 13 states, 20 more evaluating

1- FL Statute 401.45, 2- www.polst.org

DNRO vs. POLST

- DNRO
  - CPR
  - DNR
- POLST
  - CPR
  - DNAR
  - Level of care
  - Artificial nutrition or hydration

- CPR or DNAR
- Level of care intensity
  - Comfort (no hospitalization)
  - Limited advanced interventions (no ICU)
  - Full treatment (ICU)
- Artificial nutrition

Physician Orders for Life Sustaining Treatment

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

Physician Orders
for Life-Sustaining Treatment (POLST)

This is a Physician Order Sheet. It is based on patient/resident medical condition and wishes. It summarizes any Advance Directive. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.

Last Name of Patient/Resident

First Name/Middle Initial of Patient/Resident

Patient/Resident Date of Birth

Section A — *Check One Box Only*

RESUSCITATION. Patient/resident has no pulse and is not breathing.

- ☐ Resuscitate
- ☐ Do Not Resuscitate (DNR)

When not in cardiopulmonary arrest, follow orders in Sections B, C and D.

Section B — *Check One Box Only*

MEDICAL INTERVENTIONS. Patient/resident has pulse and/or is breathing.

- ☐ **Comfort Measures Only.** The patient/resident is treated with dignity, respect and kept clean, warm and dry. Reasonable measures are made to offer food and fluids by mouth, and attention is paid to hygiene. Medication, positioning, wound care and other measures are used to relieve pain and suffering. Oxygen, suction and manual treatment of airway obstruction may be used as needed for comfort. These measures are to be used where the patient/resident lives. The patient/resident is not to be hospitalized unless comfort measures fail.
- ☐ **Limited Additional Interventions.** Includes care above. May include cardiac monitor and oral/IV medications. Transfer to hospital if indicated, but no endotracheal intubation or long term life support measures. Usually no intensive care.
- ☐ **Full Treatment.** Includes care above plus endotracheal intubation and cardioversion.

Other Instructions: ______________________

Section C — *Check One Box Only*

ANTIBIOTICS. Comfort measures are always provided.

- ☐ **No antibiotics**
- ☐ **Antibiotics**

Other Instructions: ______________________

Section D — *Check One Box Only*

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION. Comfort measures are always provided.

- ☐ **No feeding tube/IV fluids**
- ☐ **Defined trial period of feeding tube/IV fluids**
- ☐ **Long term feeding tube/IV fluids**

Other Instructions: ______________________

Section E

Discussed with:

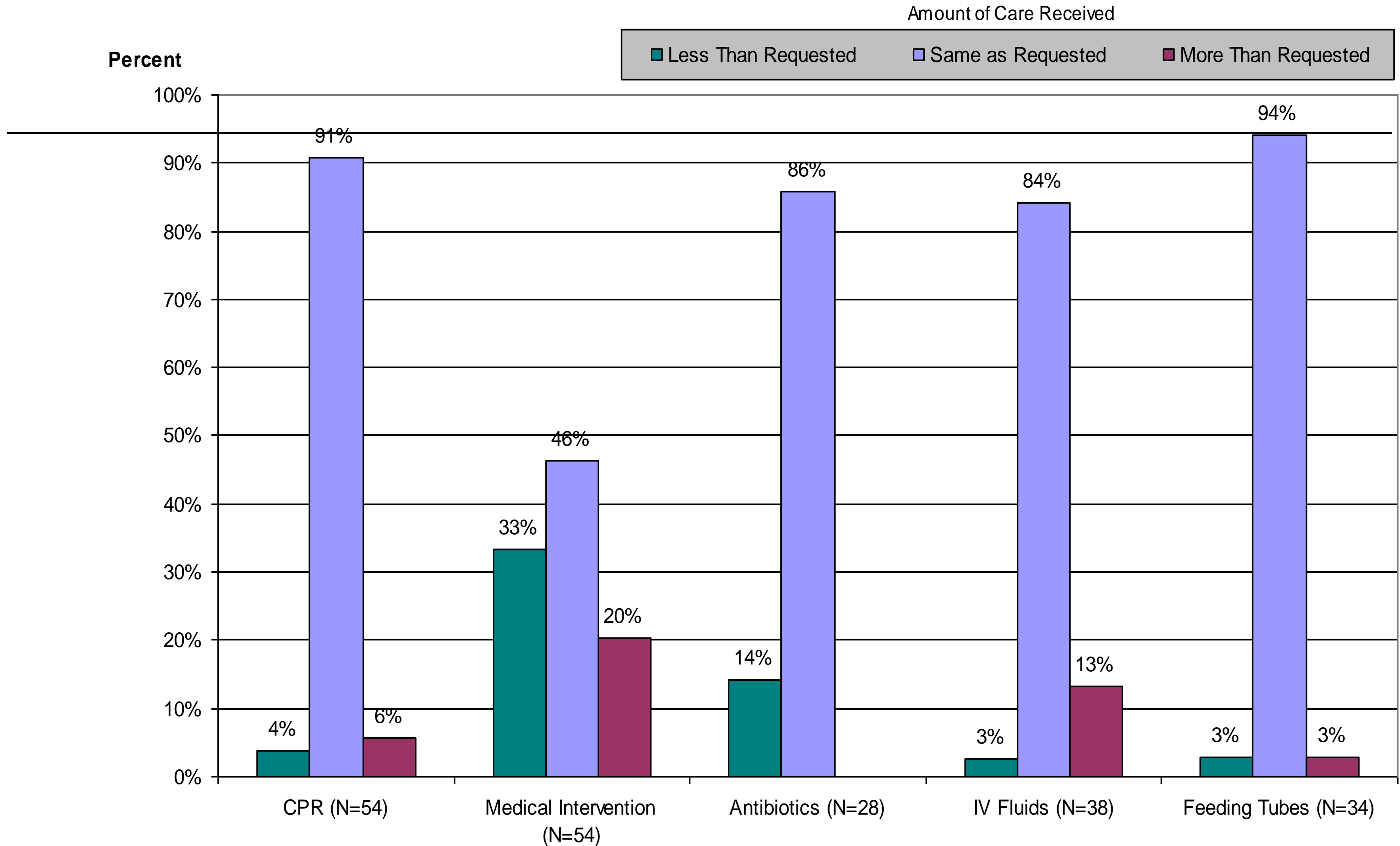
- ☐ Patient/Resident
- ☐ Parent of Minor
- ☐ Health Care Representative
- ☐ Court-Appointed Guardian
- ☐ Spouse
- ☐ Other:

Summarize Medical Condition

Physician/ Nurse Practitioner Name (print)	Physician/ NP Phone Number DAY EVE	Office Use Only
Physician/ NP Signature (mandatory)	Date	

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

© CENTER FOR ETHICS IN HEALTH CARE, Oregon Health Sciences University, 3181 Sam Jackson Park Rd, UHN-86, Portland, OR 97201-3098 (503) 494-4466



Lee, Brummel-Smith, Meyer, Drew, London. *J Am Geriatr Soc*, 2000; 48:1219

- CPR
  - Sudden, unexpected death
- Tube feeding
  - Temporary provision of nutrition and hydration

Problems arise when these are used for other purposes

Cardiopulmonary Resuscitation "CPR"

- Developed to prevent sudden, unexpected death
- Best when instituted immediately
- Best outcome when administered by trained personnel
- Best outcomes when patient responds within 5 minutes of initiation

CPR in Hospitals

- 14% overall survival in hospitals
- 3% on general medical wards
- 80% of those with restored rhythm are comatose
- 50% of survivors do not want CPR again
- 50% of survivors develop major depression or functional decline

CPR in NH

- 0%-3% survival rates in NH
- 1 CPR attempt per 166 beds/yr
- 4% of facilities have "No CPR" policies
- 23% never initiate - call EMT
- DNR - older, more ADL dependent, long stay, dementia, adv directives

Artificial Nutrition

- Old term" "tube feeding"
- Delivered as:
  - Intravenous needle with IV tubing and bag
  - Enteral (into the stomach or intestine) tube:
    - Nasogastric – tube goes through nostril
    - Gastric – tube through surgical opening in abdominal wall into stomach
    - Jejunostomy - tube through surgical opening in abdominal wall into intestine

In the setting of end-stage disease or advanced, progressive neurologic conditions, does it…

- Prolong life?
- Reduce suffering?
- Decrease aspiration?
- Provide ordinary care?

Prolong Life?

- 50%-68% 1 year mortality (Cowen, Callahan, Dharmarajan)
  - dementia
  - stroke
  - CHF
- Survival same as hand fed (Mitchell)
- Improvement in nutritional measures do not affect survival rates (Golden, Kaw, Mitchel)

15% - 16% die before the assessment is completed!

Decrease Aspiration?

- NG tube -
  - 67% aspirated
  - 43% developed pneumonia
  - 66% pulled out
- G tube
  - 44% aspirated
  - 56% developed pneumonia
  - 56% pulled out

Aspiration risk is increased with both NG and G tubes

(Ciocon, Pick)

Reduce Suffering?

- Complication rate 32% - 70% (Taylor)
- Those without hunger or thirst have increased pain with ANH (McCann)
- Increased use of restraints
  - Up to 90% (Peck)
  - NOT significantly different with G tubes (Ciocon)
- 70% had no improvement in function or subjective health status (Callahan)

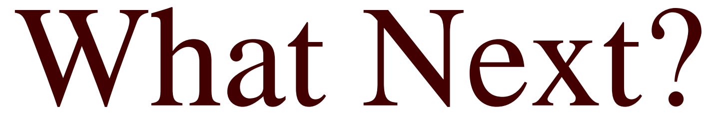
- Decreased human contact (Slovenka)
- Supreme Court ruling in Nancy Cruzan
- Religious stands
  - Catholic - burdens and benefits
  - Jewish - impediments to dying

Benefits of Dehydration

- Lack of thirst
- Decreased sputum production
- Decreased urine production
- Euphoria
- Analgesia
- Anaesthetic effect

These effects apply to patients in hospice care or at the end of life.

(McCann)



- Get the forms
- Try filling them out
- Discuss them with confidants
- Once decided, talk it over with doctor
- Give him or her copies
- Ask for a DNRO form if desired