NEGOTIATING THE DYING PATIENT CLUB RULES

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SOCIAL, STRUCTURAL, ECONOMIC AND PSYCHIC TRANSFORMATION
OECD countries allocated 8.9% of their GDP to health in 2013 (excluding investments), ranging from over 16% in the United States to 5-6% in Turkey, Estonia and Mexico.

Health expenditure as a share of GDP, 2013 (or nearest year)

Note: Excluding investments unless otherwise stated.
1. Data refers to 2012.
2. Including investments.

Source: OECD Health Statistics 2015, OECD; WHO Global Health Expenditure Database.
YOU ARE GOING...
AAMC NEWS-PATIENT CARE TUESDAY SEPTEMBER 27, 2016

"HAVING THE TALK"
MIS-CUES, BAD CUES, CLUELESS…

- IOM 2014 – Dying in America
  - Few EOL conversations or communications with physicians
  - Many receive care and treatment they don’t understand and don’t want
  - Many die in “ways and places they would not have chosen”
As of 1 January 2016, Medicare reimburses for EOL discussions

15-25% of Medicare expenses are for last year of life

But more than an encounter is needed

Developing a relationship is essential

Praying for miracles (patients and physicians)
YOU ARE GOING TO DIE……

Patient
Family

Adult?
Elderly?
Competent?

Trauma? Illness? Child?

Acute Chronic

“Reasonable Medical Certainty” Issues
1. **Set up the conversation**
   - Introduce the idea and benefit
   - Ask permission

2. **Assess illness understanding and preferences**
   - Tailor information to patient preference
   - Allow silence, explore emotion

3. **Share prognosis**
   - “I’m hoping we can talk about where things are with your illness and where they might be going — is this okay?”
   - “What is your understanding now of where you are with your illness?”
   - “How much information about what is likely to be ahead with your illness would you like from me?”
   - Prognosis: “I’m worried that time may be short.” or “This may be as strong as you feel.”

4. **Explore key topics**
   - Goals
   - Fears and worries
   - Sources of strength
   - Critical abilities
   - Tradeoffs
   - Family
   - “What are your most important goals if your health situation worsens?”
   - “What are your biggest fears and worries about the future with your health?”
   - “What gives you strength as you think about the future with your illness?”
   - “What abilities are so critical to your life that you can’t imagine living without them?”
   - “If you become sicker, how much are you willing to go through for the possibility of gaining more time?”
   - “How much does your family know about your priorities and wishes?”

5. **Close the conversation**
   - Summarize what you’ve heard
   - Make a recommendation
   - Affirm your commitment to the patient
   - “It sounds like _______ is very important to you.”
   - “Given your goals and priorities and what we know about your illness at this stage, I recommend…”
   - “We’re in this together.”

6. **Document your conversation**
CT Scan
(Normal and Schiavo)
RE-MYSTIFYING THE PVS ISSUE
YOU ARE GOING TO DIE.... CAN WE HARVEST YOUR......
CAN THE END OF THE DAY BE DE-LEGALIZED?

- Removing obstacles to death planning
  - Passive avoidance
  - Misplaced active engagement
  - The importance of a legal documentation