End of life medical perspective

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At the end of this talk---

* Understand the meaning of palliative care and hospice
* What is full code and DNR status?
* What is POLST form and Advance directive ?
* Who can be Organ donor and definition of brain death?

Characteristics of a Shift in the Conception of Health and Health Care

Old Model

Definition: Health as physical health and the absence of disease

Goal: To find a cure for disease

Context: Acute episodic illness and treatment of disease

Value: Defeat of death (Conquer/beat/win/victory)

Characteristics of a Shift in the Conception of Health and Health Care

New Model

Definition: Health as wellness, including mental, social, spiritual and physical health

Goal: To promote functional capacity and well-being

Definition of good death

* "A ***good death*** may be defined as one that is free from avoidable distress and suffering for patients, families and caregivers;
  * **in general accord with the patients' and families' wishes and**
  * **reasonably consistent with clinical, cultural and ethical standards."**

Respecting Choices®

End of life care

* It refers to **the provision of care when death is imminent.**

* **“The active, total care of patients whose disease is not responsive to curative treatment to attain maximal quality of life through control of the myriad physical, psychological , social and spiritual distress of the patient and family” . WHO**

* Leading causes of death over age 65 are cancer, heart disease, stroke, COPD (end stage lung disease), dementia (loss of memory)

* One of four people die at home

* 54% Americans die in acute care hospitals

Factors important at the end of life

* Pain and symptom management
* Preparation for death
* Achieving a sense of completion
* Decisions about treatment preferences
* Being treated as a “whole person”.

Factors important to patients

Attributes	**% of patients**
Be mentally aware	92
Be at peace with God	89
Not be a burden to family	89
Be able to help others	88
Be able to pray	85
Plan funeral arrangements	82
Not be a burden to society	81

Functional decline at the end of life

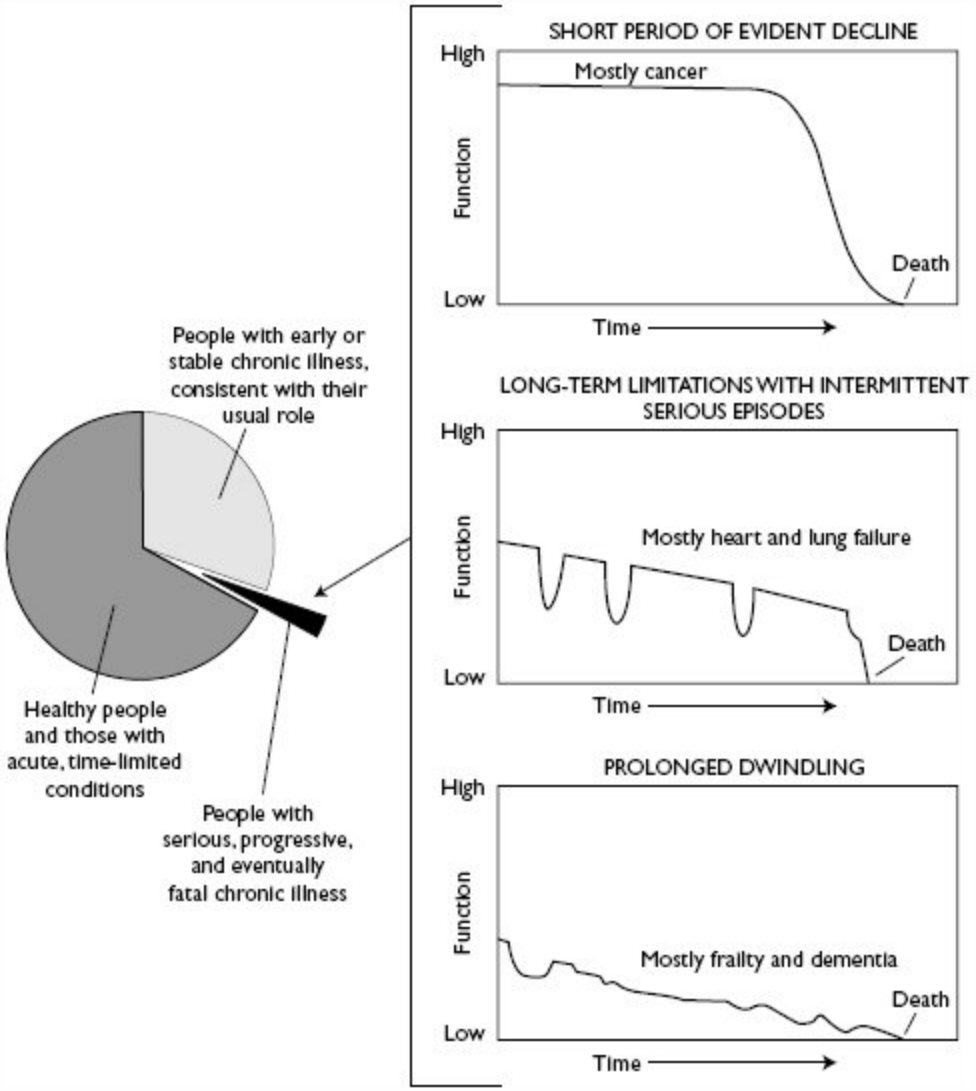

Figure 5. Trajectories of eventually fatal chronic illnesses. Source: Lynn and Adamson 2003.

What is palliative care?

* **Palliative care refers to specialized medical care for people with serious illnesses.**
* **Focused on providing patients with relief of symptoms , pain, and stress of serious illness**
* **Establishing goals of care in keeping with the patient's preferences and values**
* **Goal is to improve the quality of life for both the patient and family in all stages of illness**

What is palliative care (cont'd)

* **Provided by a team of doctors, nurses, other specialists**

* **It is appropriate for any age , any stage of serious illness, and can be provided along with curative treatment**

What is hospice

* Hospice is a model of palliative care that is offered to patients at the end of life when curative therapy is no longer indicated. It focuses on symptoms and quality of life for patients with the expected life expectancy of 6 months or less.

Who is a candidate for hospice ?

* **When patients and their families decide to forego curative therapies in order to focus on maximizing comfort and quality of life**

* **When curative treatment is no longer beneficial.**

* **Prognosis of 6 months confirmed by 2 physicians, one should be hospice medical director.**

Is hospice a place?

* **Hospice is a model of care not a physical location and may be provided in the patient's home, nursing home, or in an institution.**

* US has over 5000 Hospice organizations.
* 58% free standing hospice programs
* 21 % affiliated with hospitals
* 19% home health agencies
* 1.4% are nursing home based.

What kind of treatment patients can receive in hospice program?

* **Treatment and services that achieve the goal of maximizing comfort and quality of life.**
* **May continue to receive palliative chemotherapy, radiation, medical treatment for conditions like heart failure.**
* **Can leave hospice at any time if it is not meeting their needs or if a new treatment becomes available.**

Do the patients have to be actively dying to receive hospice services?

* **No.**
* **Patients must show a functional decline and have an estimated prognosis of six months or less to receive hospice services**

Do patients have to be DNR to receive hospice?

* **Patients are not required to be categorized as Do not resuscitate to receive hospice care.**

How do physicians determine hospice eligibility ?

* **For cancer patients it is easy to determine prognosis than any other serious illness.**
* **Clinical course for non cancer patients vary tremendously.**
* **There are guidelines to help determine terminal state for hospice eligibility.**

* Only **25% of patients** eligible for hospice enter hospice programs.
* Average time spent in hospice is 3 weeks.
* Most important barrier in coordinating and providing end of life care is **inadequate communication**.
* Early discussion of prognosis and end of life care options helps facilitate entry into hospice and palliative care programs.

An *Advance Directive* is

* **a plan, indicating preference for future healthcare decisions if a person is unable to make decisions.**
* **generally a written document.**
* **a legal document such as a**
  * ***Living Will***
  * ***Durable Power of Attorney for Healthcare (Healthcare: Agent, Proxy, Surrogate)***
  * ***Medical DNR (MT: Comfort One)***

Advance directive

* **A document which provides guidance that applies when a person later is determined to lack decision making capacity.**
* **Provides either instructions on care decisions or**
* **Directive may name a proxy or surrogate to make decisions.**

Why is advance care planning important for end-of-life decisions?

* **Most of us will die after experiencing a chronic, life-threatening illness**
* **80% of deaths will occur under the care of healthcare professionals.**
* **When the time comes to make important end-of-life decisions up to 50% of patients are incapable of participating in these decisions.**

Why is advance care planning important (cont'd)

* **When healthcare professionals are uncertain about what decisions to make , the default is to treat.**

* **If healthcare professionals or loved ones have not spoken with person about end-of-life decisions they cannot reliably predict what that person would decide.**

‘Five wishes’ living will

* **Who** you want **to make health care decisions** for you when you can't make them.
* The **kind of medical treatment** you want or don't want.
* **How comfortable** you want to be.
* **How** you want people to **treat** you.
* **What** you want **your loved ones to know**

POLST form

* **P**hysician **O**rder for **L**ife **S**ustaining **T**reatment.
* It is a **doctors order that helps you keep control over medical care at the end of life.**
* The form tells emergency medical personnel whether or not to administer cardiopulmonary resuscitation (CPR) to restart your heart in the event of a medical emergency.
* It may be used **in addition to -- or instead of -- a Do Not Resuscitate (DNR) order**

Code status

* CPR technique was originally developed for selective use in acutely ill victims of drowning, electric shock, anesthetic insults.

* **It is law to offer CPR to all patients with cardiac arrest, regardless of underling illness.**

* **It is the default standard of care unless DNR order is in the chart.**

Code status

* Full Code suggests patient is willing to under go chest compressions, shock treatment and breathing on the life support if unable to breath on their own.

* Partial Code ; some component of above treatment

* No Code or DNR; no chest compressions, no shock treatments, no life support treatment on machines to help them breath.

Misconceptions about CPR AND DNR

* **CPR is harmless** procedure with no potential risks and burdens.
* **CPR always restores life** and restores it **to previous level**
* **DNR mean death is imminent**
* **DNR patients will be ignored and will not receive curative treatment**

Success rates of in hospital CPR

* All patients with Cardiac arrest in hospital ; 44%, out of which only 17% survived to discharge home
* Cancer patients; 6.7%
* ICU patients; 2.2%

Brain death

* **Permanent absence of cerebral and brain stem functions of brain.**

  Criteria of brain death ;

* Clinical criteria ; evident cause of brain injury
  no other conditions present
  no drugs or poisons
  body at core temperature
  normal blood pressure

* Neurologic criteria; battery of tests

Organ donation

* Any one at any age (18 and over) can be an organ donor.
* **Do not need permission from family** if patient was ok with organ donation
* Organ donation after brain death and organ donation after death
* Does signing a donor card have an impact on the quality of medical care I get at a hospital?
* **No, Medical team is separate from transplant team.**

“Life is pleasant.

Death is peaceful.

It’s the transition that’s troublesome.”

Isaac Asimov