Advance Care Planning:
Keeping It Simple

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Objectives

- To explore myths and preconceived notions about advance directives
- To describe advantages of advance care planning
- To understand the cultural barriers that may exist with advance care planning

What is advance care planning?

- Process of planning for one's final phase of life
- Ideally the discussion begins before a health crisis and should be readdressed periodically
- Looks at values and priorities, quality of life and comfort
- More than just a DNR – hospitalizations, feeding tubes, ventilation, dialysis, etc.

BACKGROUND

Who here has an Advance Directive (AD)?

What is an AD?

Who in the room is designated as someone's healthcare durable power of attorney?

What does that mean?

What is a living will?

When does a living will go into effect?

MYTH versus FACT

Myth or Fact #1

- If a loved one has financial power of attorney he/she does not need a separate medical power of attorney?

Myth or Fact #2

- Having an advance directive means…

“don’t treat”

Myth or Fact #3

- Once a person names a proxy in an advance directive they lose control of their own care.

Myth or Fact#4

- Only OLD people need advance directives!

Common case scenarios to illustrate issues surrounding advance directives….

Scenario #1

72 year-old woman who lives alone. Her daughter lives a few blocks away and works full-time. She was recently hospitalized after an exacerbation of her lung disease and is now on home oxygen. You go out to the home on an intake visit.

How do you proceed in discussing advance directives?

The CHECKBOX

- Do you have an AD? YES or NO
- Should it stop there? Is it uncomfortable to ask about?
- **MOST IMPORTANT – Who would you like to make decisions for you should you not be able to? (Healthcare proxy or representative)**

PA Act 169

- November 2006: signed into law.
- Provides legal framework for advanced directives and defines the “incompetent patient.”

PA Act 169

- Unless a person designates a health care representative, it will be determined by a statutory list:
    - Spouse
    - Adult child
    - Parent
    - Adult sibling
    - Adult grandchild
    - Close friend

Scenarios #2

83 year-old woman with advanced dementia who lives with her son and daughter-in-law. She is no longer able to make her own decisions.

How should you proceed?

Surrogate Decision-Making

- Ethical Principle of Substituted Judgment
- “What would your loved-one want should their health decline?”

What are some advantages to planning ahead?

Curb family conflict

Have wishes known

Avoid surprises

Scenario #3

90 year-old woman who has lived in her home for the past 40 years is going to move into a nursing home because of advancing dementia. Her family is concerned about the home and has a bunch of questions about the financial details.

How do you proceed?

Scenario #3

Her family does not want to sign any paperwork that may link them and cause them to be expected to pay the bills.

How do you proceed?

“Fear” of Signing Paperwork

- Education
- Provide information in writing

Scenario #4

86 year-old gentleman with multiple medical problems. He is in his usual state of health when you meet him. His daughter asks you to speak with him about funeral arrangements.

How do you proceed?

Funeral Planning 101

- Pick a funeral home
- Burial or cremation
- Religious rituals and customs
- Organ donation

Scenario #5

88 year-old Russian speaking woman who lives with her eldest son and his family. She has end-stage heart failure.

What types of cultural issues might you encounter in addressing advance directives?

To be ***culturally competent***, you must:

- Be aware of your own cultural and family values
- Be aware of your personal biases and assumptions about people with different values than yours
- Be aware and accept cultural differences between yourself and individual patients
- Understand the dynamics of the difference
- Adapt to, and respect, diversity

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Cultural Barriers

- Mistrust of the healthcare system
- Spiritual/religious belief system

Russian and Eastern European

- Heath care information is shared with family members
- Patient problems are family problems
- Reassuring to any expressions of grief or quality of care issues
- Taking the time to fully explain the situation
- May have specific rituals about end of life care and death

Take Home

- **MOST IMPORTANT !**
  - **Who would you like to make decisions for you should you not be able to (healthcare proxy or representative)?**
  - **COMPLETE healthcare power of attorney paperwork**

Other References and Acknowledgements

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- End of Life Care: The Russian Culture. University of Washington Medical Center. http://depts.washington.edu/pfes/pdf/cclue-russian.pdf

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