



END OF LIFE CARE

A Physician's Perspective

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Palliative Medicine

- Pt's with critical/life limiting illness
- Symptom management
- Quality of life
- **Goals of care**

Advance Directives/POLST

Advance Directive



- For anyone 18 and older
- Includes living wills, Do Not Resuscitate decisions, organ donation preferences and power of attorney forms

*Instructions for **future** treatment*

POLST



- For the seriously ill
- Includes directives for intubation, antibiotic use, feeding tubes and other treatments

*Medical orders for **current** treatment*


Effectiveness of Advance Care Planning

- Roadmap to patients care and beliefs
- ACP increased quality of life for the patient and family
- The presence of a Do-Not-Resuscitate (DNR) order was associated with a decreased use of cardiopulmonary resuscitation and an increased use of hospice and palliative care.
- Higher satisfaction for quality of care

Ambiguities in Advance Directives

- ? Permanent vegetative state
- ? Terminal illness
- ? Brain dead

- Only about 37% pts complete AD

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED To follow these orders, an EMS provider must have an order from his/her medical command physician	
	<p align="center">Pennsylvania Orders for Life-Sustaining Treatment (POLST)</p>
	<p>Last Name _____</p>
	<p>First/Middle Initial _____</p> <p>Date of Birth _____</p>
<p>FIRST follow these orders, THEN contact physician, certified registered nurse/practitioner or physician assistant. This is an Order Sheet based on the person's medical condition and wishes at the time the orders were issued. Everyone shall be treated with dignity and respect.</p>	
<p>A Check One</p>	<p>CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing.</p> <p><input type="checkbox"/> CPR/Attempt Resuscitation <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death)</p> <p>When not in cardiopulmonary arrest, follow orders in B, C and D.</p>
<p>B Check One</p>	<p>MEDICAL INTERVENTIONS: Person has pulse <u>and/or</u> is breathing.</p> <p><input type="checkbox"/> COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. <i>Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</i></p> <p><input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i></p> <p><input type="checkbox"/> FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care.</i></p> <p>Additional Orders _____</p>
<p>C Check One</p>	<p>ANTIBIOTICS:</p> <p><input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms.</p> <p><input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal</p> <p><input type="checkbox"/> Use antibiotics if life can be prolonged</p> <p>Additional Orders _____</p>
<p>D Check One</p>	<p>ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION: Always offer food and liquids by mouth if feasible</p> <p><input type="checkbox"/> No hydration and artificial nutrition by tube.</p> <p><input type="checkbox"/> Trial period of artificial hydration and nutrition by tube.</p> <p><input type="checkbox"/> Long-term artificial hydration and nutrition by tube.</p> <p>Additional Orders _____</p>
<p>SUMMARY OF GOALS, MEDICAL CONDITION AND SIGNATURES:</p>	
<p>E Check One</p>	<p>Discussed with</p> <p><input type="checkbox"/> Patient</p> <p><input type="checkbox"/> Parent of Minor</p> <p><input type="checkbox"/> Health Care Agent</p> <p><input type="checkbox"/> Health Care Representative</p> <p><input type="checkbox"/> Court-Appointed Guardian</p> <p><input type="checkbox"/> Other: _____</p>
<p>By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.</p>	
<p>Physician/ACORN Physician Name: _____ Physician/ACORN Provider Number: _____</p>	
<p>Physician/ACORN Signature (print name): _____ Date: _____</p>	
<p>Signature of Patient or Surrogate: _____ Date (day): _____ Authorizing (date) "use" if patient: _____</p>	

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Case

- 65 yr old female with liver cancer
- Progressive disease despite chemo
- No further treatment options

- Hospice
- POLST completed

Case Cont'd.

- Declined at home
- ED and then ICU
- Per husband, “I don’t want to die”
- Hospice revoked

- *Mrs. SR was understanding of this and has been thinking time is limited. Readdressed code status today with regard to metastatic cancer and infection, and she confirmed she would not want any "heroic measures" as this would likely not change the outcome and communicated wishes consistent with DNR/DNI.*

Case Cont'd.

- Unable to discuss with pt, intubated
- Treated for an infection
- Couldn't be weaned from the ventilator
- Ethics consult

- “Trach would be **futile**. Poor prognosis.”

Challenges with POLST

- POLST are appropriate for persons with serious illnesses or frailty where it would not be surprising if they died within a year.
- A POLST may be revoked by a patient or surrogate at any time and in any manner.
- The living will law allows for revocation “at any time and in any manner by the principal regardless of the mental or physical condition of the principal”

THANK YOU
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