



Advance Care Planning

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Advance Care Planning Austin Health



What is Advance Care Planning?

“a process of planning for future health and personal care, whereby the person’s values and preferences are made known so that they can guide decision-making at a future time when the person cannot make or communicate their decisions”.

(2015 National Consensus Statement: essential elements for safe and high-quality end-of-life care)

- NOT about death!!
 - About improving care including end-of-life care
 - Allowing patients to have a say, now and in the future

Aims of the ACP discussion

- Establishing how decisions will be made if the person becomes unable to make decisions for themselves?
- What will these decisions be?
 - What factors need to be considered?
 - **Goals, Values, Beliefs , “reasonable outcome”**
 - What information is required to assist with this?
 - Any specific treatments the person does not want
 - Other wishes regarding future care
- Documentation– advance care directives

Advance Care Planning

- Advance care planning ideally results in:
 - the designation of a substitute decision-maker
“How would you like decisions made, if you become unable to make them yourself?”
 - the creation of a written plan, ideally an *advance care directive*.

Advance Care planning in acute care

BMJ

RESEARCH

The impact of advance care planning on end of life care in elderly patients: randomised controlled trial

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ABSTRACT

Objective To investigate the impact of advance care planning on end of life care in elderly patients.

Design Prospective randomised controlled trial.

Setting Single centre study in a university hospital in Melbourne, Australia.

Participants 309 legally competent medical inpatients aged 80 or more and followed for six months or until death.

Interventions Participants were randomised to receive

decisions,¹⁻³ resulting in patients being cared for in a way they would not have chosen.² This has continued to the present day.⁴ Apart from progress in palliative care, the main focus to deal with these needs has been the development of advance care planning. Advance care planning is a process “whereby a patient, in consultation with health care providers, family members and important others, makes decisions about his or her future health care, should he or she become incapable of participating in medical treatment decisions.”⁵ The

- Competent, English-speaking patients, aged > 80

Patients are interested (81% completed ACP)

- 86% expressed wish re EOL care
- Patient and family satisfaction higher
- Patient's EOL wishes known and respected
 - Intervention 86% vs. Control 30% ($p < 0.001$)
- No difference in mortality between groups
- Surviving family members in intervention group
 - Satisfied with quality of patient's death
 - Improved psychosocial outcomes

Survey of surviving family members

“He had a very peaceful death, just as it should have been, & I would like to thank all staff for this.”

“Even though we already knew what he wanted it was great to be able to talk about it so openly.”

“Mum didn’t want heroics. I was horrified to hear she received 45 minutes of CPR. She didn’t want it. All anyone had to do was ask.”

“The doctors kept asking if dad should be resuscitated. I didn’t think they should keep asking, as they also told us it wouldn’t help him. It was obvious to us he was dying.”

ACP in other patient groups



Other significant ACP research outcomes:

- Reduction in aggressive medical care near death including hospitalisation and use of ICU
- Increases likelihood of dying in preferred place
- No increase in depression or “worry” in patients
- Reduce moral distress in health care providers

Austin Health ACP facilitation



Consultation with ACP Clinician



ACP outcome

Not completed



Conversation no ACD doc



Completed ≥ 1 ACD



SDM



Wishes documented

The Austin Health Advance Care Directives:

- Medical enduring Power of Attorney
- Refusal of Treatment Certificate

Austin Health
Statement of Choices - Competent Person
A record of my future health care wishes

U.S. Number _____
Surname _____
Given Name(s) _____
Date of Birth _____
AFFIX PATIENT LABEL HERE

I, _____ of _____ (address) _____
declare that:

- 1) My current health problems* include: _____
- 2) This document has been explained to me and I understand its importance and purpose. I may complete all or part of this document. It is a guide for my future medical treatment. It will only be used if I am unable to make decisions for myself, and will be taken into account when determining my treatment.
- 3) I understand that it is important to discuss my wishes with my doctor, and my family, including the Person Responsible or my Medical Enduring Power of Attorney (if appointed).
- 4) I request that my wishes, and the beliefs and values on which they are based, are respected. I have written on page 2 of this form the things that I value most in life, and other things that may help my doctors and other decision makers.
- 5) I understand that doctors will only provide treatment that might be medically beneficial. I also understand that, irrespective of any decisions by the doctor about CPR and life prolonging treatment, I will continue to be cared for, including care to relieve pain and alleviate any suffering.

A CPR (Cardiopulmonary Resuscitation) (initial appropriate box)
 It has been explained to me by Dr. _____ that I would not benefit from attempted CPR and I understand and accept this.
 I would like CPR attempted if it might be medically beneficial.
 I do NOT want CPR even if the doctors think it could be beneficial.

B Life Prolonging Treatments (initial appropriate box)
e.g. breathing machine (ventilator), kidney machine (dialysis), feeding tube, surgery
 I would like life prolonging treatment in order to prolong my life as long as possible.
 I would like life prolonging treatments only if the doctors expect a reasonable outcome. To me, a reasonable outcome means: _____
 I do NOT want life prolonging treatments at all. If life prolonging treatment has been commenced I request that it be discontinued and that I receive palliative care.

C I choose to delegate decisions regarding CPR and life prolonging treatments to my Medical Enduring Power of Attorney or the following person:
(insert name of MEPOA and contact number) _____
or
(insert name and relationship) _____

* If you have specific health problems you may choose to complete a Refusal of Treatment Certificate which is legally binding (unlike the Statement of Choices which is a guide). Refer to Advance Care Plan Information Sheet.

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SOC - Competent - L30

The things that I most value in my life are: (eg. independence, enjoyable activities, talking to family and friends):

Future situations that I would find unacceptable in relation to my health:

Specific treatments that I would NOT want considered for me:

Other things that I would like known, which may help with making decisions about my future medical treatment:

I ask that, if possible, my Medical Enduring Power of Attorney and/or family include the following people in discussions and decisions about my health care:

If I am nearing death I would like the following (for example, music, spiritual care, customs or cultural beliefs met, family members present):

This is a true record of my wishes on this date.

My signature _____ Date _____
Witness' signature _____ Witness name (write preferably Medical Enduring Power of Attorney) _____
I, Dr. _____ (Registered Medical Practitioner) believe that _____ (your name) _____ is competent and understands the importance and implications of this document.

Doctor's signature _____ Date _____

The contents of this Statement of Choices have also been discussed with:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

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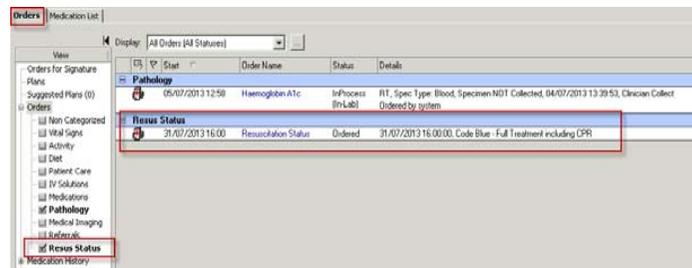
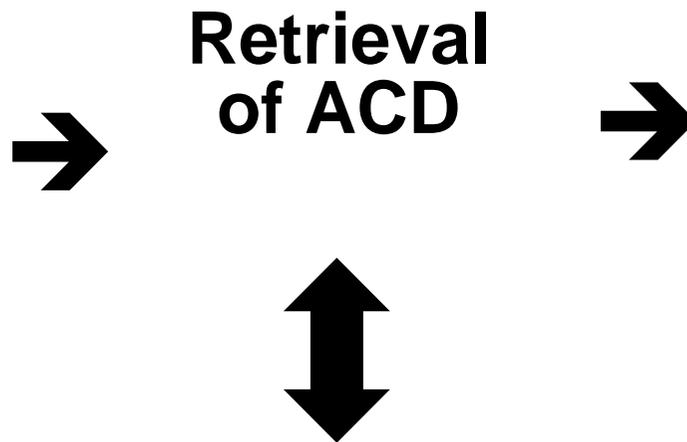
ACP discussions at Austin Health

Year	No. Referral	No. Seen	New documents completed			Time-minute
			MEPOA*	ACD*	RTC*	
2010	642	597 (93%)	82 (14%)	138 (21%)	8 (1%)	86
2011	938	872 (92%)	326 (37%)	232 (26%)	40 (5%)	89
2012	1068	1021 (96%)	167 (16%)	178 (17%)	30 (3%)	82
2013	1105	1016 (92%)	229 (23%)	198 (19%)	20 (2%)	76
2014	1396	1124 (81%)	210 (19%)	222 (20%)	26 (2%)	72
2015 (6/12)	755	516 (68%)	122 (24%)	118 (23%)	11 (2%)	64

Effective advance care planning approaches:

1. Initiate ACP conversations with adults
2. Create an effective plan, including:
 - a) Select / prepare a substitute decision maker.
 - b) Documentation of wishes in an advance care directive.
3. ACDs available when needed.
4. ACDs inform medical decisions.

Translation of ACP into treatment orders



Austin Health

RESUSCITATION PLAN

U.R. Number: _____

Surname: _____

Given Name(s): _____

Date of Birth: _____

AFFIX PATIENT LABEL HERE

Complete either section A or section B AND complete the Reason for Decision in section C.

A Patient is for treatment aimed at PROLONGING LIFE (Tick one option only) Guide to staff

Patient is for FULL TREATMENT including CPR _____ → For Code Blue

OR

Patient is NOT FOR CPR (but is for intubation for respiratory failure) _____ → For Code Blue

OR

Patient is NOT FOR CPR OR INTUBATION (but is for non-invasive ventilation or inotropes) _____ → Not for Code Blue

OR

Patient is NOT FOR CPR, INTUBATION, OR VENTILATION but is for the following ACTIVE MANAGEMENT (eg. antibiotics, tube feeding) _____ → Not for Code Blue

Must specify: _____ For MET call? Yes No

(CPR = Cardio-Pulmonary Resuscitation - provision of cardiac compression, ventilation, DC reversion)

OR

B Patient is for treatment aimed at SYMPTOM MANAGEMENT → Not for Code Blue or MET call

Ensure that palliative care plan has been made, and medication prescribed
Indicate other medical orders (consider appropriateness of other treatments, investigations, review all medications)

C REASON FOR DECISION: (tick all that apply)

Medical decision based on what is medically indicated for this patient. Reason for decision: _____

Has patient been informed of decision? YES NO previously informed N/A

Has family been informed of this decision? YES NO previously informed N/A

Decision of competent patient or Medical Enduring Power of Attorney

Family has indicated that additional treatment is not in the patient's best interests and the doctor concurs

Name of Person Responsible/MEPOA: _____ Relationship to patient: _____

Doctor's Signature: _____ Doctor's Name: _____

Doctor's Position: _____ Date: _____

Consultant who approved: _____

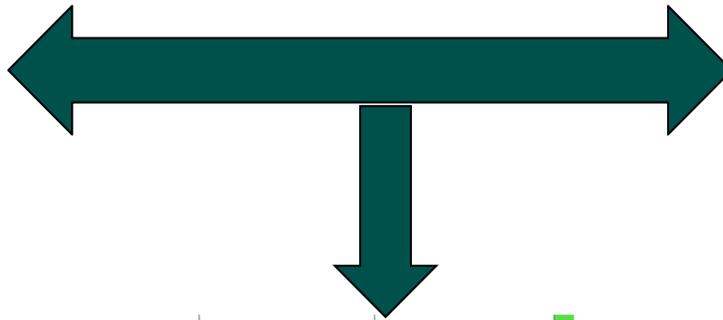
If changes are required the Plan should be rewritten and the old Plan crossed through and marked "VOID"

RESUSCITATION PLAN

1.05

ACP informs medical treatment decisions

? What treatment



Austin Health

RESUSCITATION PLAN

U/R Number: _____
 Surname: _____
 Given Name(s): _____
 Date of Birth: _____

APPROXIMATE PATIENT LABEL HERE

Complete either section A or section B. **AND** complete the Reason for Decision in section C.

A Patient is for treatment aimed at PROLONGING LIFE (Tick one option only) **Subs to shift**

Patient is for FULL TREATMENT including CPR → For Code Blue
 OR
 Patient is NOT FOR CPR but is for intubation for respiratory failure → For Code Blue
 OR
 Patient is NOT FOR CPR OR INTUBATION but is for non-invasive ventilation or mask CPAP → Not for Code Blue For MET call
 OR
 Patient is NOT FOR CPR, INTUBATION, OR VENTILATION but is for the following ACTIVE MANAGEMENT (eg. sedation, pain control) → Not for Code Blue For MET call
 Most specify: _____ Yes No

B Patient is for treatment aimed at SYMPTOM MANAGEMENT → Not for Code Blue or MET call

Ensure that palliative care plan has been made, and medication prescribed
 Indicate other medical orders consider appropriateness of other treatments, investigations, review of medications

C REASON FOR DECISION: tick all that apply

Medical decision based on what is medically indicated for this patient. Reason for decision: _____

Has patient been informed of decision? YES NO previously informed N/A
 Has family been informed of this decision? YES NO previously informed N/A
 Decision of competent patient or Medical Enduring Power of Attorney
 Family has indicated that additional treatment is not in the patient's best interests and the doctor concurs

Name of Person Responsible/METCA: _____ Relationship to patient: _____

Doctor's Signature: _____ Doctor's Name: _____
 Date: _____

Consultant who approves: _____

If changes are required the Plan should be rewritten and the old Plan crossed through and marked "VOID"

RESUSCITATION PLAN L90

Austin Health

U/R Number: _____
 Surname: _____
 Given Name(s): _____
 Date of Birth: _____

APPROXIMATE PATIENT LABEL HERE

Complete either section A or section B. **AND** complete the Reason for Decision in section C.

A Patient is for treatment aimed at PROLONGING LIFE (Tick one option only) **Subs to shift**

Patient is for FULL TREATMENT including CPR → For Code Blue
 OR
 Patient is NOT FOR CPR but is for intubation for respiratory failure → For Code Blue
 OR
 Patient is NOT FOR CPR OR INTUBATION but is for non-invasive ventilation or mask CPAP → Not for Code Blue For MET call
 OR
 Patient is NOT FOR CPR, INTUBATION, OR VENTILATION but is for the following ACTIVE MANAGEMENT (eg. sedation, pain control) → Not for Code Blue For MET call
 Most specify: _____ Yes No

B Patient is for treatment aimed at SYMPTOM MANAGEMENT → Not for Code Blue or MET call

Ensure that palliative care plan has been made, and medication prescribed
 Indicate other medical orders consider appropriateness of other treatments, investigations, review of medications

C REASON FOR DECISION: tick all that apply

Medical decision based on what is medically indicated for this patient. Reason for decision: _____

Has patient been informed of decision? YES NO previously informed N/A
 Has family been informed of this decision? YES NO previously informed N/A
 Decision of competent patient or Medical Enduring Power of Attorney
 Family has indicated that additional treatment is not in the patient's best interests and the doctor concurs

Name of Person Responsible/METCA: _____ Relationship to patient: _____

Doctor's Signature: _____ Doctor's Name: _____
 Date: _____

Consultant who approves: _____

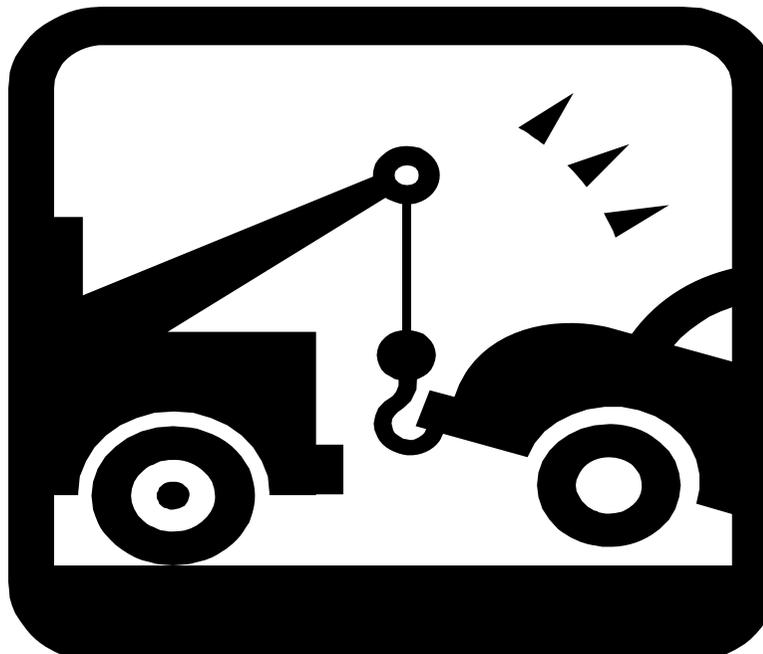
If changes are required the Plan should be rewritten and the old Plan crossed through and marked "VOID"

RESUSCITATION PLAN L90



Medical treatment plan

ACP where prognosis is uncertain?



Hope for the best,
Plan for the rest...

Mr K, aged 62, separated, 5 children

- Medical history
 - Severe lung disease
 - Heart disease
- Undertook advance care planning Dec 12
 - Son appointed as substitute decision-maker
 - Completed ACP electing to have “trial” of life-sustaining treatment

Mr K continued....

- 2013 - 3 admissions - exacerbations COPD & went home
- Early 2014 – 2 admissions – exacerbations COPD
- September 2014 – further exacerbation
 - Managed on ward, deteriorated
 - Intubated, ICU for 3 days
 - no reversible factors identified
 - patient extubated
 - 1/7 later, died on ward with sons, and wife present

Impact of advance care planning for Mr K

- Family very happy with care received
- Staff felt comfortable
 - Clear plan of management / Reduced conflict
 - Reduced time required to manage patient & family
 - Staff happy with outcome as they knew patient wishes followed
- Hospital “happy” as clear plan, and no prolonged ICU stay

Barriers

- Clinician skill and confidence and competence
 - Confusion related to law
- Patient/ community expectations
- Fragmented health services
- Cost benefit discussions “taboo”
- Transferability
- Funding priorities – clinical and research

Enablers

- Victorian ACP strategy
- National quality and safety standards
- Common terminology, approaches
- Victorian law
- Commonwealth networking
- Evidence base