

ASSEMBLY2018

# How Palliative Care is Reshaping Our Idea of Medicine

JAMES ROBINSON  
Advance Care Planning Coordinator  
CHRISTUS Physician Group



*"It says, 'Someday you will die.'"*



I know from my own experience that patients often face difficult and deeply personal decisions about their care.

However, I also know that even a person who decides to forgo treatment does not necessarily choose death.

Rather, he chooses life without the burden of disproportionate medical intervention.

*~Joseph Cardinal Bernardin*



Somebody should tell us right from the start of our lives that we are dying.

Then we might live life to the limit every minute of every day.

Whatever you want to do, do now. There are only so many tomorrows.

*~Pope Paul VI*



## Advance Care Planning Consultation

Consultation Provided by James L. Robinson

Certified Respecting Choices® First Steps Advance Care Planning Facilitator

**Date:**

**Begin Time:**

**End Time:**

**Total Time of Visit:**

**Others Present in Consultation: None**

**Does patient currently have Advance Directives?**

**Were copies of Advance Care Planning documents and information packet given to patient?**

**Were Advance Directives filled out in office? No**

Notes:

Topics Discussed: Advance Care Planning purpose, ACP documents (Medical Power of Attorney and Advance Directive to Physicians), reasons for filling out documents, relieving healthcare decision-making burden on family, ensuring that patient's wishes are followed, hospital required to ask at admitting if patient has AD documents.

<<Patient visit-specific comment here>> ; patient very receptive to listening to ACP explanation; discussed filling out *Medical Power of Attorney* and *Advance Directive to Physicians*, discussed who should have copies and where copies should be kept; discussed making copies for <<Dr. Name>> and other specialist providers; discussed travelling with documents, making digital iPhone copy; discussed digital In Case of Emergency (ICE) application; discussed DNR and differences with AD; gave patient set of AD documents with information packet.

Billing Code: 99497



- ✚ Complete both Advance Directive documents today!
  - ✚ **Medical Power of Attorney**
  - ✚ **Advance Directive to Physicians and Family or Surrogates**
- ✚ Keep original documents in a file at home. Keep several copies readily available.
- ✚ Review your end-of-life healthcare wishes with your physician and give copies of Advance Directive and MPOA to your primary care physician and other providers.
- ✚ Give copies to family members, your Medical Power of Attorney and MPOA alternates.
- ✚ Discuss your end-of-life wishes and review your Advance Directives with your family and Medical Power of Attorney annually.
- ✚ If you travel, take copies with you.
- ✚ Scan copies to your iPhone or tablet.
- ✚ If admitted to the hospital, take Advance Directive documents with you.
- ✚ Encourage all adults in your family to complete Advance Directive documents.



Advance Care Planning discussion 'always seems too early until it's too late'

By Leah L. Johnson
The conversation about end-of-life care is often avoided...

It's a conversation that is often avoided until it's too late... The spiritual writer Henri Nouwen took this notion of celebrating the gift of life that...

During Lent, reflect on life, death as dual blessings

By James L. Robinson
When Joseph Cardinal Bernardin of Chicago realized in 1996 that the pancreatic cancer he...

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Campaign to shine light on end-of-life care choices

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'I know from my own experience that patients often face difficult and deeply personal decisions about their care. However, I also know that some patients decide to forego treatment that does not necessarily ease death. Rather, they choose life without the burden of disproportionate medical intervention.'

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BELIEF

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deaths can become true gifts. That is, we can show others through a prayerful life of preparation, how to achieve a 'good death.' There is a practicality in Nouwen's words, much as the New Christian community of the early 15th century viewed the writings on 'ars moriendi.'

Belief by James L. Robinson

Campaign to shine light on end-of-life care choices

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Talk to family about health care wishes

The reasons given for not discussing advance care planning are many and varied as there are New Year's resolutions at this time of year. Not discussing personal health care choices is certainly easier than having a conversation with a family member or close friend about our wishes. And there's always tomorrow, right?

Belief by James L. Robinson

Talk to family about health care wishes

James Robinson says "shared decision-making" starts with filling out advance directives.

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END OF LIFE ISSUES

FROM THE CATECHISM OF THE CATHOLIC CHURCH

"Death is the end of earthly life. Our lives are measured by time, in the course of which we change, grow old and, as with all living beings on earth, we share the normal end of life. That aspect of death leads us to our lives, remembering our mortality helps us realize that we have a limited time in which to bring our lives to fulfillment. We ask you, Creator in the days of your youth... before the end of the earth as it was, and the spirit returns to God who created it." (CCC 1412, 1413)

EXCERPT FROM THE CATECHISM OF THE CATHOLIC CHURCH

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Talk to family about health care wishes

James Robinson says "shared decision-making" starts with filling out advance directives. Sometimes we are even called upon to make those health care decisions for that person, and we experience a sense of helplessness or unpreparedness. "She never talked about her wishes" or "I have no idea what he would have wanted in this situation" are common responses in hospital intensive care units, when a health care decision needs to be made and the patient is unable to express himself or herself.

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Chaplain in outpatient office gets reimbursement for 'the conversation' - by James L. Robinson

Ethical and Religious Directives can help form care plan - by Michael McCarthy

DOLIST might help more patients get the care they want - by Daniel Waters

Chaplains should know advance directive laws in their state - by Danielle Sapego

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Advance care planning — integral part of health care

CHRISTUS Physician is pleased to be the addition of new Care Planning staff to their San Antonio and New Braunfels medicine practices. Care planning is having a conversation with a family and friends about end-of-life and also that they do not receive care that they do not desire. Importantly, it removes the burden of decision-making from relatives, which usually happens during a health crisis. The physicians with CHRISTUS point out that 80 percent of people say that if seriously ill, they would want to talk to their doctor about end-of-life care, but only seven percent have actually had that conversation. They are excited about assisting in the effort to make advance care planning an integral piece of the health care fabric of New Braunfels and San Antonio.

Group recommends reviewing advance directives each year to ensure that the information is current and that all necessary care providers have copies. Completing the advance directives ensures that patients receive the care that they desire at the end of natural life and also that they do not receive care that they do not desire. Importantly, it removes the burden of decision-making from relatives, which usually happens during a health crisis.

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# World Death Rate Holding Steady At 100 Percent

1/22/97 3:00pm - SEE MORE: SURVIVAL 

GENEVA, SWITZERLAND—World Health Organization officials expressed disappointment Monday at the group's finding that, despite the enormous efforts of doctors, rescue workers and other medical professionals worldwide, the global death rate remains constant at 100 percent.



Death rates since 1992

Death, a metabolic affliction causing total shutdown of all life functions, has long been considered humanity's number one health concern. Responsible for 100 percent of all recorded fatalities worldwide, the condition has no cure.

"I was really hoping, what with all those new radiology treatments,





# Where are we going?

- ✚ Make ACP conversations available to all CPG Family Medicine patients.
- ✚ Potential : 7,000 – 9,000 AWP patients per year within CPG.
- ✚ Train existing staff to hold conversations.
- ✚ Toward a robust system-wide ACP Department.
- ✚ *In patient:* encourage all new admits complete AD documents.
- ✚ **In patient: work with Hospitalists/ICU docs/palliative care docs toward sustainable ACP Facilitator as part of the Palliative Care Team.**
- ✚ *In Patient:* System enhancements to bring AD document retrieval within one or two “clicks.”

**Medical Power of Attorney**  
DESIGNATION OF HEALTH CARE AGENT

I, \_\_\_\_\_ (insert your name) appoint \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This Medical Power of Attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

**LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:**

**DESIGNATION OF ALTERNATE AGENT**  
(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated in this document, the designation is automatically revoked by law if your marriage is dissolved, annulled, or declared void unless this document provides otherwise.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

**A. First Alternate Agent**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**B. Second Alternate Agent**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

The original of this document is kept at \_\_\_\_\_

The following individuals or institutions have signed copies:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**DURATION**  
I understand that the power of attorney herein automatically ceases to exist if I am unable to make health care decisions myself. I understand that the power of attorney herein automatically ceases to exist if I am unable to make health care decisions myself because of being in a permanent and irreversible condition from which I am expected to die within six months, even if available life-sustaining treatment is provided in accordance with prevailing standards of medical care.

**Directive to Physicians and Family or Surrogates**

**Advance Directive: An Act (HHS/AMA, Health and Safety Code)**  
This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment to come later in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what happens to health care if treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care providers or medical institutions may provide you with various resources to assist you in completing your advance directives. Initial discussions are free before and after and you may discuss them and advance planning, build the treatment decisions that reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. In periodic review, you can find out what the directive reflects your preferences.

In addition to this advance directive, there are several other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out of Hospital Do Not Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisors. You may also wish to complete a directive related to the discussion of organ and tissue donation.

**Directive:**  
I, \_\_\_\_\_, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am able to consent and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even if available life-sustaining treatment is provided in accordance with prevailing standards of medical care:  
 I request that all treatment other than that intended to keep me comfortable be discontinued or withheld and my physician advise me to the greatest extent possible. OR  
 I request that I be kept alive in this terminal condition using available life-sustaining treatment. (This selection does not apply to hospice care.)

If in the judgment of my physician, I am suffering with an irreversible condition so that I cannot see, feel, or hear or make decisions for myself and am expected to die within six months, even if available life-sustaining treatment is provided in accordance with prevailing standards of medical care:  
 I request that all treatment other than that intended to keep me comfortable be discontinued or withheld and my physician advise me to the greatest extent possible. OR  
 I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (This selection does not apply to hospice care.)

**Additional Request:** (After discussion with your physician, you may wish to consider limiting particular treatments in that space that you do not want in specific circumstances such as artificial ventilation and dialysis, intravenous antibiotics, and IV lines to determine if you do not desire these particular treatments.)

After signing this directive, if you are seriously or I check hospice care, I understand and agree that only those treatments needed to keep me comfortable need be provided and I would not be given available life-sustaining treatment.





A Health System's Innovative & Comprehensive Approach to Advance Care Planning



# Questions?



remains

*"You never think it's going to happen to you."*

