WVUH Ethics Committee & Ethics Consultation

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Supportive Care Consultation

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Outline/ Objectives

- Provide an example of ethics consultation
- Recognize the most common reasons for ethics consultation
- Appreciate WV-specific health care law- advance directive, DNR, health care surrogate, and POST form
- Present an example of supportive care consultation
- Introduce the comfort care order set in Epic

“Should a feeding tube be placed?”

74 y/o F w end-stage dementia (can’t talk or sit up, incontinent) is less responsive than usual, has new MCA stroke and aspiration pneumonia. Exam finds contractures in arms/ legs, poor breath sounds R lung, not following commands, cachectic.

Primary team discusses hospice, code status, artificial feeding. Son (MPOA) **denies** awareness of dementia hx and that it’s terminal (“How do you know how she is going to die?”). Discussing CPR leads to “CPR might be part of God’s plan” and “might miss the miracle”. In discussing artificial feeding, explain that not doing a feeding tube doesn’t mean suffering. Son: “How can you know that?! You don’t know! I know people who are dehydrated are suffering! You can’t tell me that!”

Would you ask for an Ethics Consult or a Supportive Care Consult?

The Ethical Conflict

- Conflict
  - Doctor and patient
  - Patient and family
  - Many others
  - “This case is really bothering me. I’m not sure what the right thing to do is.”
- Often evokes powerful emotions and strong personal opinions
  - Common sense
  - Clinical experience
  - Good intentions
    - Example: making someone go in a nursing home

Clarify: Ethical issue or not?

- Identify and analyze the nature of the value uncertainty or conflict that underlies the consultation.
  - Values: strongly held beliefs, ideals, principles
- The stakes are high. There will be reverberations for a long time. Stories will be told.
- For us as health care professionals, this case is important, but we move on to another case
- For this family, this means everything right now.

Most Common Reasons for Ethics Consultation

- Patient competency and DMC
- Staff member disagreement of care plans
  - With family/ patient, between staff, between family/ patient
- End of life/ quality of life issues
- Goals of care and futility (medically ineffective)

especially when there is conflict

Who can call an ethics consult?

- Anyone
- Attending physician should be notified
- How?
- Ethics on WVU Connect

Ethics case?

- Example (real case): homeless person found pulseless, coded for 1 hour, currently on 3 vasopressors and still hemodynamically unstable. The cardiology team calls me asking “should we stop treatment when we have tried to find family and cannot find anyone?”
- No: more clarification of policy
  - Instituted WVU 2 attending No CPR policy and…
  - Needs a surrogate: asked SW to help

Decision-Making for Patients without Capacity

- Based on Advance Directives
  - with MPOA representative if named
  - according to the Living Will
- Based on Best Interests
  - with MPOA representative if named
  - with health care surrogate

West Virginia
Health Care Decisions Act

Diagram
Health Care Decision-making for Adults

Does the patient have a medical power of attorney?

If not, what should you do?

For decision-making for a patient without DMC who has not completed a Medical Power of Attorney or had a guardian appointed,...

A health care surrogate is needed.

- Surrogate appointment is to be based on ...
  - Regular contact with patient
  - Demonstrated care and concern
  - Availability to visit patient and make face-to-face decisions with attending MD

Surrogate Appointment

- Confers legal protection for MD/hospital
- Best done on surrogate selection form
- **Work with social workers**

Ethics case?

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West Virginia
Do Not Resuscitate Law

№ 91178

DO NOT RESUSCITATE ORDER

As treating physician of _____
and a licensed physician, I order that this person **SHALL NOT BE RESUSCITATED** in the event of cardiac or respiratory arrest. This order has been discussed with _____
or his/her representative _____
or his/her surrogate decision maker _____
who has given consent as evidenced by his/her signature below.

Physician Name_____

Physician Signature_____

Address _____

Person Signature _____

Address _____

Surrogate Decision Maker Signature

_____

Address _____

Priority for No CPR order

As soon as a treating physician determines that a patient with DMC does not want CPR, the physician shall enter a No CPR order. A licensed physician is responsible for issuing the NO CPR order.

Do not need to be terminally ill for this decision

Responsibility to Establish Code Status in Terminally Ill Patients

If code status has not yet been established... and the patient's illness is terminal..., the attending physician or his/her designee should as soon as reasonably possible talk to the patient about preferences with regard to CPR.

How do you discuss CPR?

- If someone has found you and you have died...
- (without a pulse and not breathing)
- Often you hear: “Would you want to be revived?”
- “sure, you can try it a few times if you think it will help”
- Better: What is your understanding of CPR?…
- “We get a pulse back 50% of the time, but we are bad at getting people back to who they were before CPR. long hosp stays, often nursing home afterward, maybe brain damage. At best, 1 in 5 leave the hospital alive. In very ill patients, the likelihood is worse”

CPR's original intention

- Early guidelines: "CPR is not indicated in certain situations, such as cases of terminal irreversible illness when death is not unexpected... resuscitation in these circumstances may represent a positive violation of a person's right to die with dignity"
- Full swing from Paternalistic (doctor=expert) approach to Patient Autonomy approach
- Hopes for a shared decision-making approach

What we often do wrong

- give information on the outcomes of CPR before first exploring the patient's goals and understanding
- communicate personal opinions about the value of CPR
- ask for decisions without time for questions and reflection on goals, values, and beliefs
- healthcare agents are not included in advance care planning discussions and thus uninformed
- Be careful about the word futility

Picture is worth 1000 words

Honoring DNR or POST form orders

If the patient has a valid WV DNR Card or a Physician Orders for Scope of Treatment (POST) form indicating Do Not Attempt Resuscitation but a No CPR has yet to be entered, then, provided there are no conflicting directives from the patient, the staff shall respect the patient's wishes as expressed on the DNR card or the POST form and not initiate CPR in the event of cardiac arrest.

West Virginia
Health Care Decisions Act

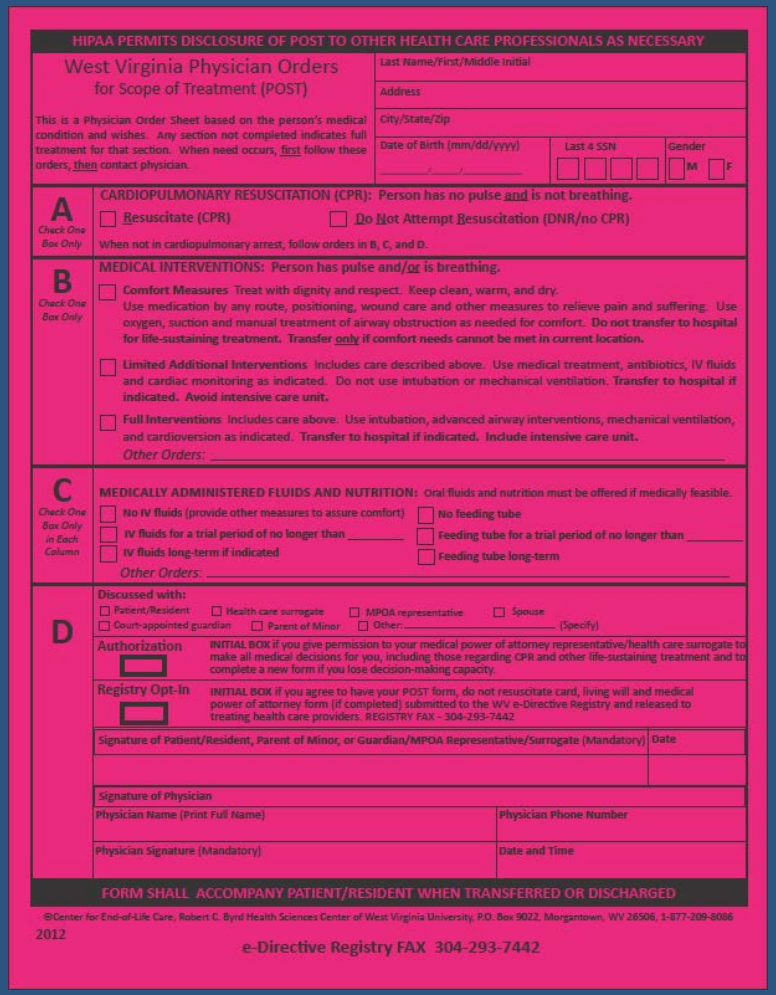
- Appointment of medical power of attorney representative and successor representative
- Selection of health care surrogate
- Living will statute
  - Only in effect when person is terminally ill and lacks DMC
    - Trumps the POST form
- POST form legislation

POST as Means to Implement Advance Care Planning Decisions

Specifies…

- Patients' CPR/DNR preference
- Desired level of intervention
- Preferences re: feeding tubes

NIH-funded study: Residents *with* POST forms had significantly more medical orders about life-sustaining treatments than residents with traditional advance directives



HIPAA PERMITS DISCLOSURE OF POST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

West Virginia Physician Orders for Scope of Treatment (POST)

This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed indicates full treatment for that section. When need occurs, first follow these orders, then contact physician.

Last Name/First/Middle Initial

Address

City/State/Zip

Date of Birth (mm/dd/yyyy) ___/___/___ | Last 4 SSN ☐☐☐☐ | Gender ☐M ☐F

A (Check One Box Only)

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

☐ Resuscitate (CPR) ☐ Do Not Attempt Resuscitation (DNR/no CPR)

When not in cardiopulmonary arrest, follow orders in B, C, and D.

B (Check One Box Only)

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

☐ **Comfort Measures** Treat with dignity and respect. Keep clean, warm, and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.

☐ **Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care unit.

☐ **Full Interventions** Includes care above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Include intensive care unit.

Other Orders: _____

C (Check One Box Only in Each Column)

MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Oral fluids and nutrition must be offered if medically feasible.

☐ No IV fluids (provide other measures to assure comfort)
☐ IV fluids for a trial period of no longer than _____
☐ IV fluids long-term if indicated

☐ No feeding tube
☐ Feeding tube for a trial period of no longer than _____
☐ Feeding tube long-term

Other Orders: _____

D

Discussed with:

☐ Patient/Resident ☐ Health care surrogate ☐ MPOA representative ☐ Spouse
☐ Court-appointed guardian ☐ Parent of Minor ☐ Other: _____ (Specify)

Authorization ☐ INITIAL BOX if you give permission to your medical power of attorney representative/health care surrogate to make all medical decisions for you, including those regarding CPR and other life-sustaining treatment and to complete a new form if you lose decision-making capacity.

Registry Opt-In ☐ INITIAL BOX if you agree to have your POST form, do not resuscitate card, living will and medical power of attorney form (if completed) submitted to the WV e-Directive Registry and released to treating health care providers. REGISTRY FAX - 304-293-7442

Signature of Patient/Resident, Parent of Minor, or Guardian/MPOA Representative/Surrogate (Mandatory) | Date

Signature of Physician

Physician Name (Print Full Name) | Physician Phone Number

Physician Signature (Mandatory) | Date and Time

FORM SHALL ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

©Center for End-of-Life Care, Robert C. Byrd Health Sciences Center of West Virginia University, P.O. Box 9022, Morgantown, WV 26506, 1-877-209-8086
2012

e-Directive Registry FAX 304-293-7442

Who is the POST form for?

- Seriously ill
- People who know what they want and are in the last stage of life...
- People you would not be surprised will die in the next year
- Who can fill one out?
- Licensed physician or APP

The POST Form in West Virginia Code

- a STANDARD form
- LEGALLY recognized DNR identification
- legal PROTECTION--health care providers are not subject to civil or criminal liability for good faith compliance with or reliance upon POST
- protocol for inter-institutional TRANSFERS

Supportive Care Consultation

“I want to die at home.”

68 y/o M w end-stage CHF and CKD was admitted 3 wks earlier for heart failure. Each time he was close to discharge, he got worse. The pt had asked his wife "why can’t we just go home? I’m tired of this. I think it is time to die at home.”

He was afraid of suffocating. Dyspnea and swelling were main symptoms. The patient wanted to say good-bye to his brothers and sisters who were out of town. The daughter was not reconciled to patient dying, requesting dialysis. His wife was unsure what to do. What should you do?

Ethics consult or Supportive Care Consult

- There are often similarities between the two
- Most institutions with robust Supportive Care services have much fewer Ethics consults
- There can still be conflict in supportive care consults, but conflict is not always the focus
- Sometimes when you request one, we will let you know if it should be ethics or supportive care

Definition

Palliative care is comprehensive, interdisciplinary care of patients and families facing a chronic or terminal illness focusing primarily on comfort and support.

Billings JA. Palliative Care. Recent Advances. ***BMJ*** 2000:321:555-558.

Reasons for Supportive Care Consultation

- pain and sx assessment and management
- assistance in making difficult decisions, usually about continued use or withdrawal of life-sustaining treatment
- assistance in planning for the most appropriate care setting to meet patient/family goals
- provision of psychosocial and spiritual support to patients, families, and the health care team

Epic Comfort Order Set

- Comfort/Treatment Limitations
  - CPR status
  - Treatment Limitations-no intubation, no ICU, no pressors
  - Comfort Measures
    - Expected to die this admission
  - Pain/Other Symptoms
  - Spiritual/Emotional
  - Hospice/Home Health
  - Advance Directives/Surrogate

Obtaining Supportive Care Consults

- WVU Connect or
  - Supportive Care – phone 75399 M-F 8-4:30
- Curbside us for
  - Guidance on doing a POST form or Advance Directives
  - Guidance for orders