

West Virginia Law, Ethics and Supportive Care Consults

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Family wants "everything."

- Frail 96 yo woman admitted c MI in pulmonary edema.
- Has inoperable severe AS and 3 ° HB with a pacemaker.
- Ischemic cardiomyopathy with EF 15%
- 3rd hospitalization in 6 months
- Hypotensive and oliguric. Started on pressors.
- Tachypneic. BUN and Creatinine rise to 53 and 1.7.
- Nephrology declines to dialyze because pt is too unstable.
- Family irate and requests "everything" including dialysis
- Claim age discrimination. Patient lacks DMC.
- What should you do?

Ethics or Supportive Care Consult?

Objectives

- Provide an example of ethics consultation
- Identify the indications and common reasons for an ethics consultation
- Highlight WV-specific health care law-advance directives, DNR, health care surrogate, and POST form
- Present an example of supportive care consultation
- Introduce the treatment limitations order set in Epic

Most Common Reasons for Ethics Consultation

- Assistance with decision-making about life support, especially when **conflict**
- Interpretation of advance directives
- Assistance with assessment of capacity

Decision-Making for Patients without Capacity

- Based on Advance Directives
 - with MPOA representative if named
 - according to the Living Will
- Based on medical orders
 - Physician Orders for Scope of Treatment (POST)
 - Do Not Resuscitate card
- 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

- Legal protection for MD/DO/hospital
- Use surrogate selection form
- Work with social workers

West Virginia
Do Not Resuscitate Law

Date: _____

DO NOT RESUSCITATE ORDER

As treating provider of _____

(patient name)

and a licensed MD/DO/APRN/PA, 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.

MD/DO/APRN/PA Full Name (Printed) _____

MD/DO/APRN/PA Signature _____

Address _____

Person/Surrogate Signature _____

Address _____

Date of Birth (mm/dd/yyyy)

_____/_____/_____

Last 4 SSN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender

<input type="checkbox"/>	M	<input type="checkbox"/>	F
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Honoring DNR or POST form orders

If the patient has a validly completed West Virginia 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 nursing 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
- POST form legislation

Would you be surprised if the patient died in the next year?

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

West Virginia Physician Orders

for Scope of Treatment (POST)

By state law, these medical orders must be followed until changed. Any section not completed indicates full treatment for that section.

Last Name	First	Middle
Mailing Address		
City/State/Zip		
Date of Birth (mm/dd/yyyy)	Last 4 SSN	Gender
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F

REVISE ADVANCE DIRECTIVES AS NEEDED FOR CONSISTENCY WITH POST ORDERS.

A
Check One

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

Attempt Resuscitation/CPR

Do Not Attempt Resuscitation/DNR

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

B
Check One

MEDICAL INTERVENTIONS: Person has pulse and is breathing.

Comfort Measures Treat with dignity and respect. Keep clean, warm, and dry. Use medications by any route, positioning, wound care and other measures to relieve pain and suffering and promote comfort. 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. Treatment Plan: Maximize comfort through symptom management.

Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care unit. Treatment Plan: Hospitalize for routine medical treatment.

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. Treatment Plan: Provide all medically indicated treatment including mechanical ventilation.

Additional Orders: _____

C
Check One
Box Only
in Each
Column

MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Oral fluids and nutrition must be offered as tolerated.

No IV fluids (provide other measures to assure comfort)

IV fluids for a trial period of no longer than _____

No feeding tube

Feeding tube long-term

Additional 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 agree with the following statement: If I lose decision making capacity and my condition significantly deteriorates, I give permission to my MPOA representative/surrogate to make decisions and to complete a new form with my MD/DO/APRN/PA in accordance with my expressed wishes for such a condition or, if these wishes are unknown or not reasonably ascertainable, my best interests.

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 - 844-616-1415

Signature of Patient/Resident, Parent of Minor, or Guardian/MPOA Representative/Surrogate (Mandatory)	Date
Signature of MD/DO/APRN/PA	
MD/DO/APRN/PA Name (Print Full Name)	MD/DO/APRN/PA Phone Number
MD/DO/APRN/PA Signature (Mandatory)	Date and Time

FORM SHALL ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

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 interinstitutional TRANSFERS

Use of POST Form

- Discharge of patients to...
- Nursing Homes
- Hospice
- Home Health

Supportive Care Consultation

“I want to die at home.”

A Supportive Care consult was requested for Harry, a 68 yr. old man w/ end-stage heart disease c CHF. Each time he would get close to being discharged, he got worse. The case manager suggested a supportive care consult to the cardiologist. Harry had been in the hospital four times in the previous month. He had asked his wife "why did you bring me in?" The patient wanted to die at home.

“I want to die at home.”

Harry was afraid of suffocating, but ready to die. SOB and swelling were main symptoms. He wanted to say good-bye to his out-of-town brothers and sisters. Harry lived with his wife and a daughter. The daughter was not reconciled to her father's dying, requesting home monitoring of O2 sats. His wife was willing to honor Harry's wishes. What should be done?

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
 - Chaplain referral



Treatment Limitations



TREATMENT LIMITATIONS

✓ Accept ✗ Cancel

! Limit treatment in the following ways

NO Antibiotics

NO Bipap

NO Dialysis

NO Escalation of Care

NO High Flow Nasal Canula

NO Hyperalimentation

NO Intubation

NO IV Fluid

NO Lab Studies

NO Routine diagnostic tests

NO Supplemental Oxygen

NO Transfer to ICU or Stepdown

NO Transfer to ICU

NO Tube Feedings

NO Vasopressors

NO X-Rays

Other

Comments (F6): [Click to add text](#)

Phase of Care:

! Next Required | Link Order

✓ Accept ✗ Cancel

Obtaining Consults

- Epic On Call
- Paging
 - Ethics
 - Supportive Care – phone 753999
M-F 7:30 am-4:00 pm

Web Search Links

Health Sciences Center

Epic/Clarity Report Request Form

WVU Hospitals

Epic Systems

Clarity Reporting Dictionary

Radar E-Learning Module

Staff ID's

On-Call

WVUHealthcare Connect

OnCore