West Virginia Law, Ethics and Supportive Care Consults

Alvin H. Moss, MD, FAAHPM
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
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 ____________________________ Gender □ M □ F
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.

REVISE ADVANCE DIRECTIVES AS NEEDED FOR CONSISTENCY WITH POST ORDERS.

Last Name | First | Middle
-----------|-------|--------
Mailing Address
City/State/Zip
Date of Birth (mm/dd/yyyy) | Last 4 SSN | Gender
-----------|-------|--------

CARDIOPULMONARY RESUSCITATION (CPR):
- Person has no pulse and is not breathing.
  - When not in cardiopulmonary arrest, follow orders in B, C, and D.
  - Check One:
    - ☐ Attempt Resuscitation/CPR
    - ☐ Do Not Attempt Resuscitation/DNR

MEDICAL INTERVENTIONS:
- Person has pulse and is breathing.
  - Check One:
    - ☐ 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 units.
      - Treatment Plan: Hospital if 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: __________________________

MEDICALLY ADMINISTERED FLUIDS AND NUTRITION:
- Oral fluids and nutrition must be offered as tolerated.
  - Check One:
    - ☐ No IV fluids (provide other measures to assure comfort)
    - ☐ No feeding tube
    - ☐ IV fluids for a trial period of no longer than _________
    - ☐ Feeding tube long-term
  - Additional Orders: __________________________

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
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MD/DO/APRN/PA Signature (Mandatory) | Date and Time
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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?
Palliative care is comprehensive, interdisciplinary care of patients and families facing a chronic or terminal illness focusing primarily on comfort and support.

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**

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 Vaspressors
- NO X-Rays
- Other

Comments (F6): [Click to add text]

Phase of Care: [Add text]

**Next Required** | **Link Order**
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[Accept] | [Cancel]
Obtaining Consults

- Epic On Call
- Paging
- Ethics
- Supportive Care – phone 75399
  M-F 7:30 am-4:00 pm