HOPE Hospice & Health Services

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May 20, 2020

End Of Life Care

Starting the conversation

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Palliative Care

- Palliative care is a term derived from Latin **palliare**, "to **cloak**.". It refers to specialised medical care for people with serious illnesses. It is focused on providing people with relief from the symptoms, pain and stress of a serious illness—whatever the prognosis.

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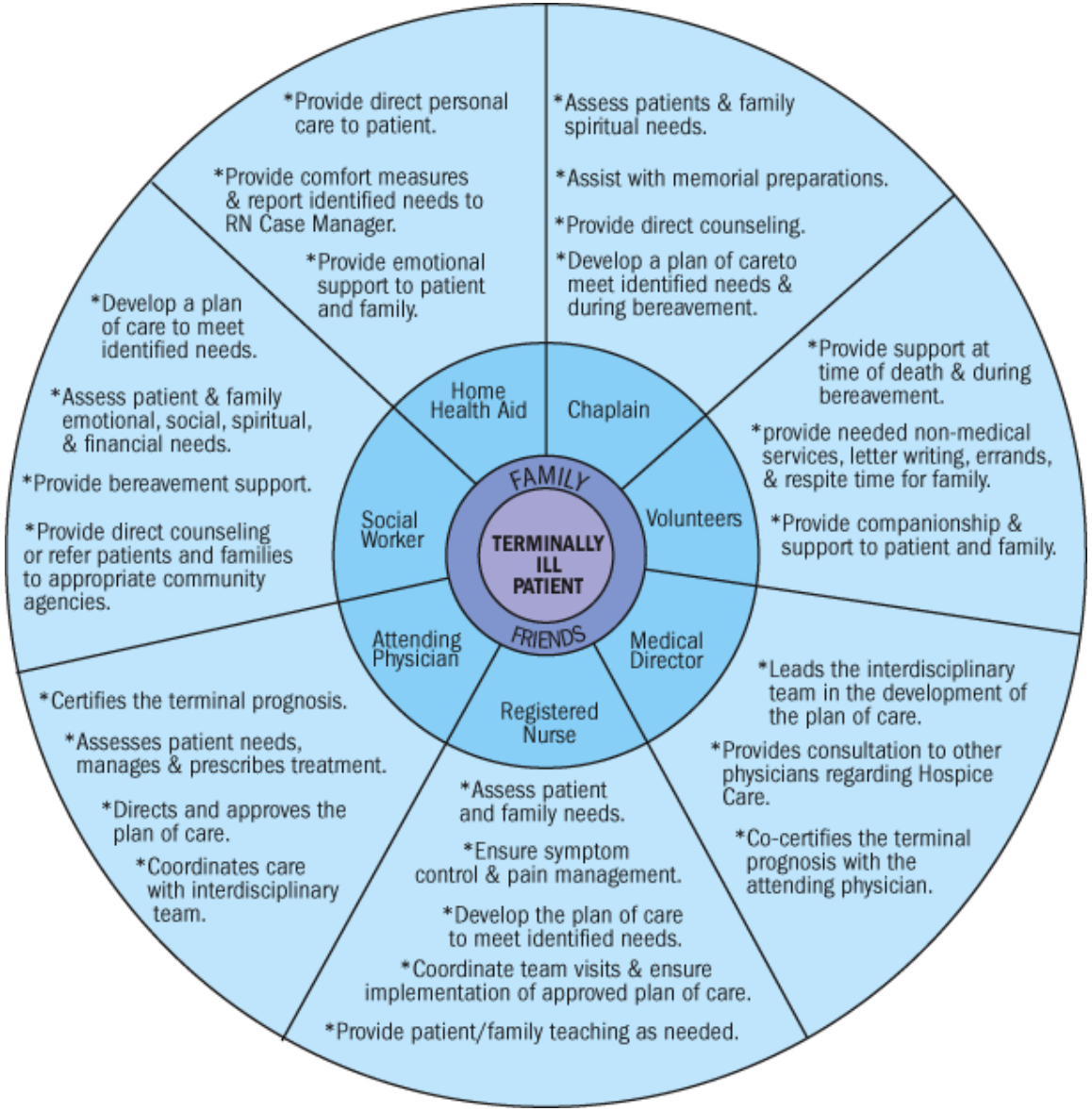
Philosophy…

- Palliative or comfort care recognizes that death is a normal part of life and strives to prepare patients and their families→ so we can all die on our own terms

	Hospice Care	Palliative Care (encompasses hospice)
Timing	Less than 6 months to live	Begins at diagnosis, no time frame required. Illness m may not be terminal.
Place	Provided in home or as a facility (the norm is home care)	Most normal to receive care in an institution such as h extended care facility or nursing home.
Team members	Team includes healthcare professionals such as doc-tors and nurses, but also social workers, health aids and chaplains.	Team includes physician, nurse, social worker and a cl who consult with your primary physician.
Payment	Insurance and Medicare generally pays for it.	Medicare and private insurance covers in-hospital car 20 percent of the costs are covered by the patient.
Treatment	Focused on comfort rather than aggressive disease treatment and ensuring that the patient achieves a high level of comfort that allows them to concentrate on the emotional and practical issues of dying.	Provides for comfort but there is no expectation that l longing treatments will be avoided.

Hospice Team and Services



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Attitude of People towards Death

AGE

- people of different ages have different attitudes towards death
- children see death as temporary
- Adults develop fears and sufferings of being alone
- elderly generally have fewer fears

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Attitude of People towards Death

Religion And Beliefs

- Life after death
- Reunion with loved ones
- Reincarnation
- Punishment for sins
- No afterlife

Attitude of People towards Death

Individuals Reaction to Death

- they may accept or completely deny death
- open and receptive
- they may talk about their uncertainties
- may be fearful or angry
- may be anxious
- hostile
- or thoughtful and meditative

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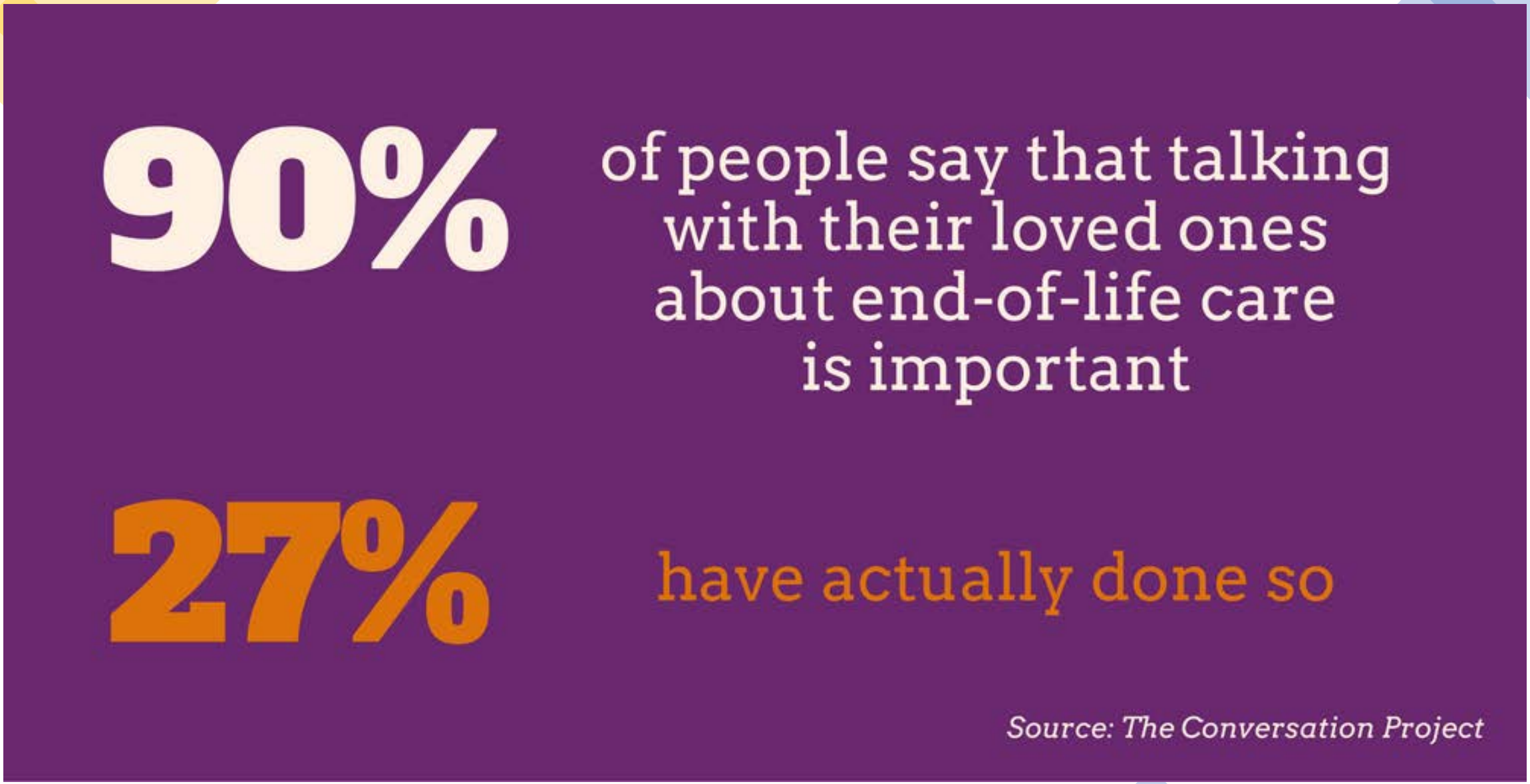
90%
of people say that talking with their loved ones about end-of-life care is important
27%
have actually done so
Source: The Conversation Project

Advanced Directive

- **Definition of *advance directive***
- **:** a legal document (such as a living will) signed by a competent person to provide guidance for medical and health-care decisions (such as the termination of life support or organ donation) in the event the person becomes incompetent to make such decisions
- https://prepareforyourcare.org/advance-directive

Durable Power of Attorney

- Durable power of attorney: A type of advance medical directive in which legal documents provide the power of attorney to another person in the case of an incapacitating medical condition. A durable power of attorney allows another person to make bank transactions, sign Social Security checks, apply for disability, or write checks to pay utility bills while an individual is medically incapacitated. Such documents are recommended for any patient who may be unable to make his or her wishes known during a long medical confinement.

Living Will

- **Definition of *living will***
- **:** a document in which the signer requests to be allowed to die rather than be kept alive by artificial means if disabled beyond a reasonable expectation of recovery

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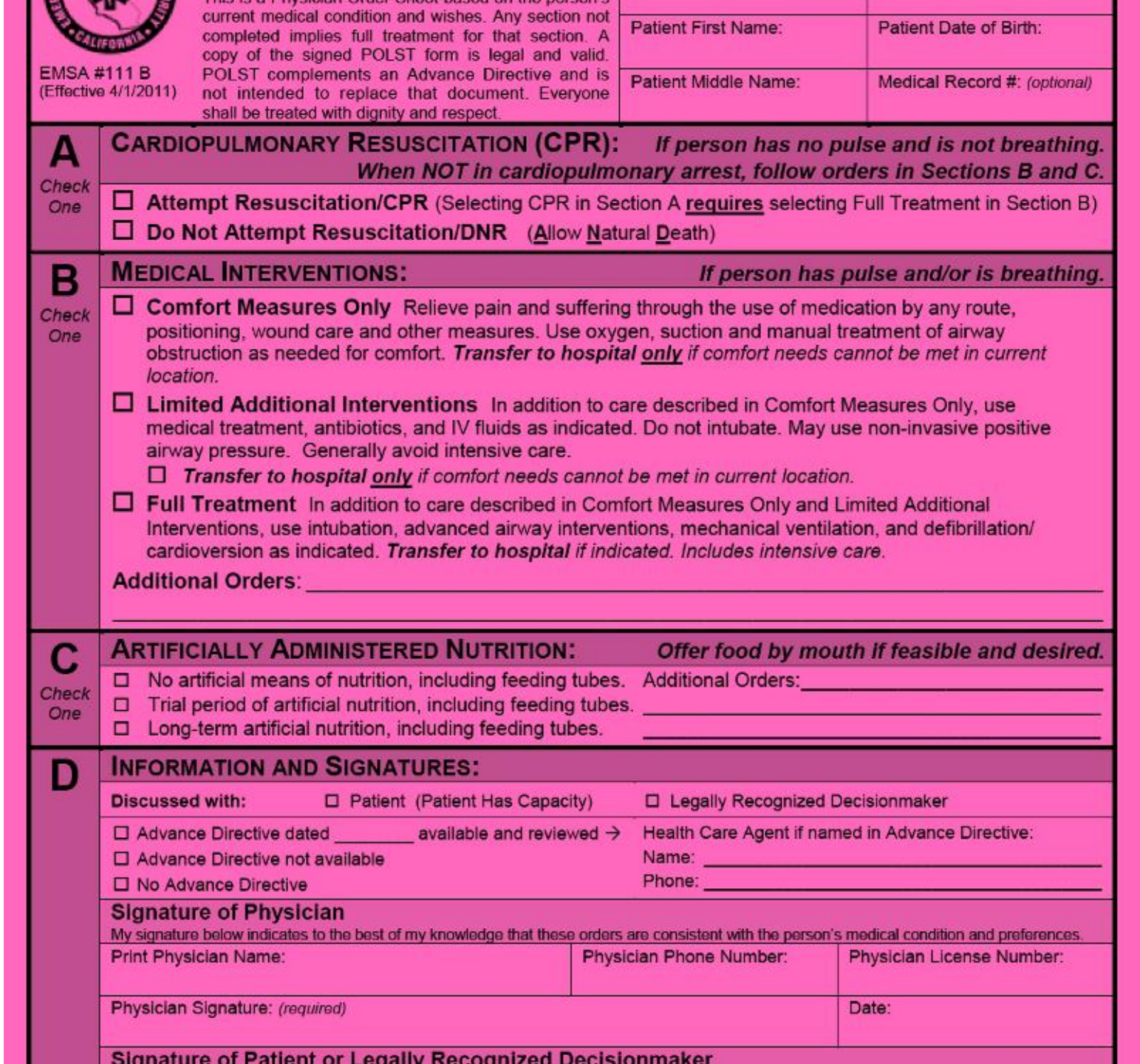
POLST FORM



EMSA #111 B
(Effective 4/1/2011)

This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

Patient First Name: | Patient Date of Birth:

Patient Middle Name: | Medical Record #: *(optional)*

A *Check One*

CARDIOPULMONARY RESUSCITATION (CPR): ***If person has no pulse and is not breathing. When NOT in cardiopulmonary arrest, follow orders in Sections B and C.***

☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

☐ **Do Not Attempt Resuscitation/DNR** (**A**llow **N**atural **D**eath)

B *Check One*

MEDICAL INTERVENTIONS: ***If person has pulse and/or is breathing.***

☐ **Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*

☐ **Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*

☐ **Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. ***Transfer to hospital*** *if indicated. Includes intensive care.*

Additional Orders: _____

C *Check One*

ARTIFICIALLY ADMINISTERED NUTRITION: ***Offer food by mouth if feasible and desired.***

☐ No artificial means of nutrition, including feeding tubes.
☐ Trial period of artificial nutrition, including feeding tubes.
☐ Long-term artificial nutrition, including feeding tubes.

Additional Orders: _____

D

INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

☐ Advance Directive dated _____ available and reviewed →
☐ Advance Directive not available
☐ No Advance Directive

Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name: | Physician Phone Number: | Physician License Number:

Physician Signature: *(required)* | Date:

Signature of Patient or Legally Recognized Decisionmaker

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Barriers due to patients and families

- Misunderstanding of illness, treatment options and prognosis
- Biases over the role of palliative care in society and medical profession
- Lack of knowledge of social, cultural norms, roles and expectations regarding death
- Re-alignment of roles within the family structure Lack support, lack of coping mechanisms
- Physical and emotional depletion
- Strong emotions
- Differences in values, beliefs or culture

Barriers due to health care providers

- Depth of the physician-patient relationship: health care provider grief over having to impart bad news to well-known patient or difficulty in imparting such news to a new patient.
- Personal experiences of illness and death Physical, emotional and psychological stress and depletion
- Fears of confronting own mortality and fears of death
- Lack of training and poor role models
- Fears of emotional outbursts
- Fears of appearing weak or unprofessional for displaying emotions

Barriers Due to health Care Providers

- Personal beliefs and values regarding treatment, death, palliative care
- Fears of being messenger Guilt and self-blame due to iatrogenic complications resulting in poor quality of life, increased severity of illness and/or death
- Unrealistic expectations of the success of life-sustaining interventions or failure to discuss the role of life-sustaining interventions in view of patient's goals, values and beliefs Inconsistent approach to the issues, differences in language leading to confusion (perception of "mixed messages") and misunderstandings with patients and families

Covid-19 Conversations

- COVID- 19 planning in the midst of this national care crisis may be quite different from what patients and families are used to.
- Here are some of the unfamiliar circumstances that many individuals and families have been experiencing as part of this pandemic:
- You may not be able to talk to your regular doctor in person, only by phone
- Many people are getting very sick and going to the hospital

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Covid-19 Conversations

If you need to go to the hospital:

- Your family may not be allowed to visit you

- You may be taken to a different hospital than where you usually get your care
- Some people with COVID-19 may get so sick they need a breathing machine (ventilator), possibly for many weeks in the ICU

- They cannot talk when on the machine
- Even with a breathing machine, many people will not survive
- For people who survive, their health, physical function and quality of life may never be the same as it was before the illness happened

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Fighting Covid-19

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