

**Advance Care Planning
in the age of COVID-19**

Trinity Cathedral
Dr. Jeff Spiess
<https://drjeffspiess.com>
jpspiess@icloud.com

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Objectives

- Ethical & legal framework and components of advance care planning
- Advance Directives
- Anticipatory Physician Orders
- Impact of COVID-19

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Advance Care Planning

- Three major areas:
 - *Financial (estate planning)*
 - *Final arrangements (funeral, body disposition, etc.)*
 - *Health care decisions (today's topic)*
- The process of establishing and communicating your preferences for your future needs should you be unable to speak for yourself
- Informal conversation and/or legal documents

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Advance Care Planning

- Anticipates scenarios involving serious / terminal illness
- Advance Directives: legal mechanism if you are unable to speak for yourself
 - *Living Will*
 - *Health Care Power of Attorney*
- Anticipatory Physician Orders for your care in specific situations
 - *Portable Do Not Resuscitate (DNR)*
 - *Physicians Orders for Life-Sustaining Treatment (POLST)*

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Autonomy (bioethical)

- A competent adult has the right to accept or refuse virtually any medical intervention or treatment
- Informed consent example
- Legal basis
 - *Quinlan, 1976*
 - *Cruzan, 1990*
 - *Statutory, reciprocity*
 - *Regulatory opportunity mandate*

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Autonomy is Not Absolute

- Specific statutory exclusions (state to state)
- Ability to accept or refuse, but not demand
- To whom or what have you given your life?
- Stewardship
 - *e.g. BCP 491*

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Advance Directives: Living Will

- States your directions for care if you are in a persistent comatose state or are terminally ill and unable to speak for yourself
- Usually:
 - *Refusal of resuscitation, intensive care, ventilators & other aggressive support devices*
 - *Request comfort care interventions*
 - *Separate section on artificial nutrition & hydration (tube feeding)*

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Living Will: Value & Limitations

<ul style="list-style-type: none"> • Universally recognized • Enforceability • Reciprocity • Outweighs others' opinions 	<ul style="list-style-type: none"> • Only in force in limited situations
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Health Care Power of Attorney

- Gives a person of your choosing authority to make medical decisions on your behalf when you are unable to speak for yourself
 - *Usually at least one alternate*
- Universally recognized; more wide applicability than Living Will
 - *LW outweighs if contradiction*
- Few restrictions on the designated surrogate (vary by state)

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Advance Directives: Caveats

- Duty of surrogate to chose what YOU would want, not their choice
 - *Choose carefully, communicate honestly*
- To be effective, need to be known
 - *EMR goal of ACA, not in place now*
- Ohio forms: <https://www.nhpco.org/wp-content/uploads/Ohio.pdf>

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Anticipatory Physician Orders

- Advance directives are your instructions to future caregivers
 - *Rely on someone else to initiate (e.g. doctor's order)*
- Anticipatory physician orders come into play when the anticipated situation arises
- EMT example

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Portable “Do Not Resuscitate (DNR)”

- Orders that in case of cardiac arrest, CPR / resuscitative attempts not be done
- Orders comfort care
- Portable: follow you wherever you go (OH)
- Ohio DNR information: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/do-not-resuscitate-comfort-care/DoNotResuscitateDNR>

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CPR Statistics:

- Public, witnessed arrest, immediate bystander CPR with defibrillation, prompt EMT arrival:
 - *Make to the hospital: 24%*
 - *Discharged alive from hospital: 10%*
- With frailty, chronic illness, “success” rates approach negligible
- Risks of CPR injury, brain hypoxia

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POLST (Not Available in OH)

- Physician Orders for Life-Sustaining Treatment
 - *Sometimes called MOLST or other*
- Anticipates scenarios and orders desired interventions
 - *Antibiotics*
 - *Tube feeding*
 - *Hospitalization*
- Particularly useful in dementia, facilities

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Death and Dying in the ERA of COVID-19: Additional Considerations

- In the hospital or other facilities, visitors are markedly limited
- If you are hospitalized, where can you go after discharge?
 - *Rehab unit: hospital, NH*
 - *Home?*
- If you require care / assistance at home, who will do it?
 - *Hospice tremendous help but not for 24/7 personal care*
 - *High risk of virus exposure for personal caregivers*

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