



End of Life Decision Making

South Peninsula Hospital



End of Life Decision Making

Dr. Giulia Tortora

South Peninsula Hospital

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- Why is this important?
 - What and who is a Power of Attorney?
 - What is a living will?
 - What is an advanced directive?
 - What does it mean to code someone?
 - Review of forms - state, Five Wishes, POLST
-

First:
Do No Harm.



What is a
power of
attorney?



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- Someone who speaks for you when you cannot speak for your self.
 - You can have more than one
 - You have the option to limit the power they have- Agent's authority
 - POA can make all decisions about medications, treatments, health care providers or institutions. They make decisions about all end of life issues. They can agree to or refuse organ donation
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- Long definition of “best interest” in the paperwork.
 - Benefit vs. harm
 - Sometimes guardians are court ordered. The POA means that the person named is the person that should be used, if possible.
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Talk to your power of attorney !
Make your wishes clear!



What is a living will?
What is an advanced
directive?



What is a
comfort one?



Codes

What are they?

Do they work?



End of Life Options

- Resuscitation
 - Codes- chemical, electrical, CPR
 - Intubation
 - Fluids and nutrition
 - Pain control
 - Choosing not to give antibiotics for infections
 - Choosing to stop chemotherapy in cancer treatment
 - Pacemakers and defibrillators
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The Paperwork Available:

- State of Alaska Advanced Care Directive
 - Five Wishes
 - POLST form
 - Comfort One
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DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

(1) DESIGNATION OF AGENT. I designate the following individual as my agent to make health care decisions for me:

_____ (name of individual you choose as agent)
_____ (address) (city) (state) (zip code)
_____ (telephone contact)

DESIGNATION OF FIRST ALTERNATE (OPTIONAL): If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent

_____ (name of individual you choose as first alternate agent)
_____ (address) (city) (state) (zip code)
_____ (telephone contact)

(2) AGENT'S AUTHORITY. My agent is authorized and directed to follow my individual instructions and my other wishes to the extent known to the agent in making all health care decisions for me. If these are not known, my agent is authorized to make these decisions in accordance with my best interest, including decisions to provide, withhold, or withdraw artificial hydration and nutrition and other forms of health care to keep me alive, except as I state here: _____

(Add additional sheets if needed.)

Under this authority, "best interest" means that the benefits to you resulting from a treatment outweigh the burdens to you resulting from that treatment after assessing (A) the effect of the treatment on your physical, emotional, and cognitive

functions;

(B) the degree of physical pain or discomfort caused to you by the treatment or the withholding or withdrawal of the treatment;

(C) the degree to which your medical condition, the treatment, or the withholding or withdrawal of treatment, results in a severe and continuing impairment;

(D) the effect of the treatment on your life expectancy;

(E) your prognosis for recovery, with and without the treatment;

(F) the risks, side effects, and benefits of the treatment or the withholding of treatment; and

(G) your religious beliefs and basic values, to the extent that these may assist in determining benefits and burdens.

(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE.

Except in the case of mental illness, my agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. In the case of mental illness, unless I mark the following box, my agent's authority becomes effective when a court determines I am unable to make my own decisions, or, in an emergency, if my primary physician or another health care provider determines I am unable to make my own decisions.

If I mark this box , my agent's authority to make health care decisions for me takes effect immediately.

(6) END-OF-LIFE DECISIONS. Except to the extent prohibited by law, I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: (Check only one box.)

(A) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards; OR

(B) Choice Not To Prolong Life

I want comfort care only and I do not want my life to be prolonged with medical treatment if, in the judgment of my physician, I have (check all choices that represent your wishes)

(i) a condition of permanent unconsciousness: a condition that, to a high degree of medical certainty, will last permanently without improvement; in which, to a high degree of medical certainty, thought, sensation, purposeful action, social interaction, and awareness of myself and the environment are absent; and for which, to a high degree of medical certainty, initiating or

Advance Health Care Directive page 6 of 13

continuing life-sustaining procedures for me, in light of my medical outcome, will provide only minimal medical benefit for me; or

(ii) a terminal condition: an incurable or irreversible illness or injury that without the administration of life-sustaining procedures will result in my death in a short period of time, for which there is no reasonable prospect of cure or recovery, that imposes severe pain or otherwise imposes an inhumane burden on me, and for which, in light of my medical condition, initiating or continuing life-sustaining procedures will provide only minimal medical benefit;

Also asks about artificial nutrition and hydration, relief from pain, and in the case of pregnancy.

Five Wishes



- Wish one- Power of Attorney

- Wish two- specific wishes in regards to:

- Life support treatment means any medical procedure, device or medication to keep me alive.
 - - breathing devices
 - - tube feeding
 - - CPR
 - -major surgery
 - -blood transfusions
 - - dialysis
 - -antibiotics
 - There is a space to be specific on the form.
-

Specific issues addressed

treatment if it is not helping my health condition or symptoms.

- Options listed are:
 - I want to have life support treatment
 - I do not want life support treatment. If it has been started, I want it stopped
 - I want to have life support treatment if my doctor believes it could help. But I want my doctor to stop giving me life support
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- Specific instances listed are:
 - Close to death
 - In a coma and not expected to wake up or recover
 - Permanent and

severe brain damage and not expected to recover

- Any other condition under which I do not wish to be kept alive.
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- Wish 3 is about how comfortable you want to be
 - Wish 4 is about how I want people to treat me
 - Wish 5 is what I want my loved ones to know.
 - Needs to be signed by two people. They cannot be the POA, working at a health care provider's office, financially responsible for your health care, someone who works for your life insurance or health insurer, related in any way, a beneficiary, or a creditor of the estate.
 - Can be signed with a notary.
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What is a POLST form?



- Physician Order for Life Sustaining Treatment

- It requires a full conversation with a care provider.

- The form states ‘Health care providers should complete this form only after a conversation with their patient or the patient’s representative. The POLST decision making process is for patients who are at risk for a life threatening clinical event because they have serious life limiting medical condition, which may include advanced frailty”

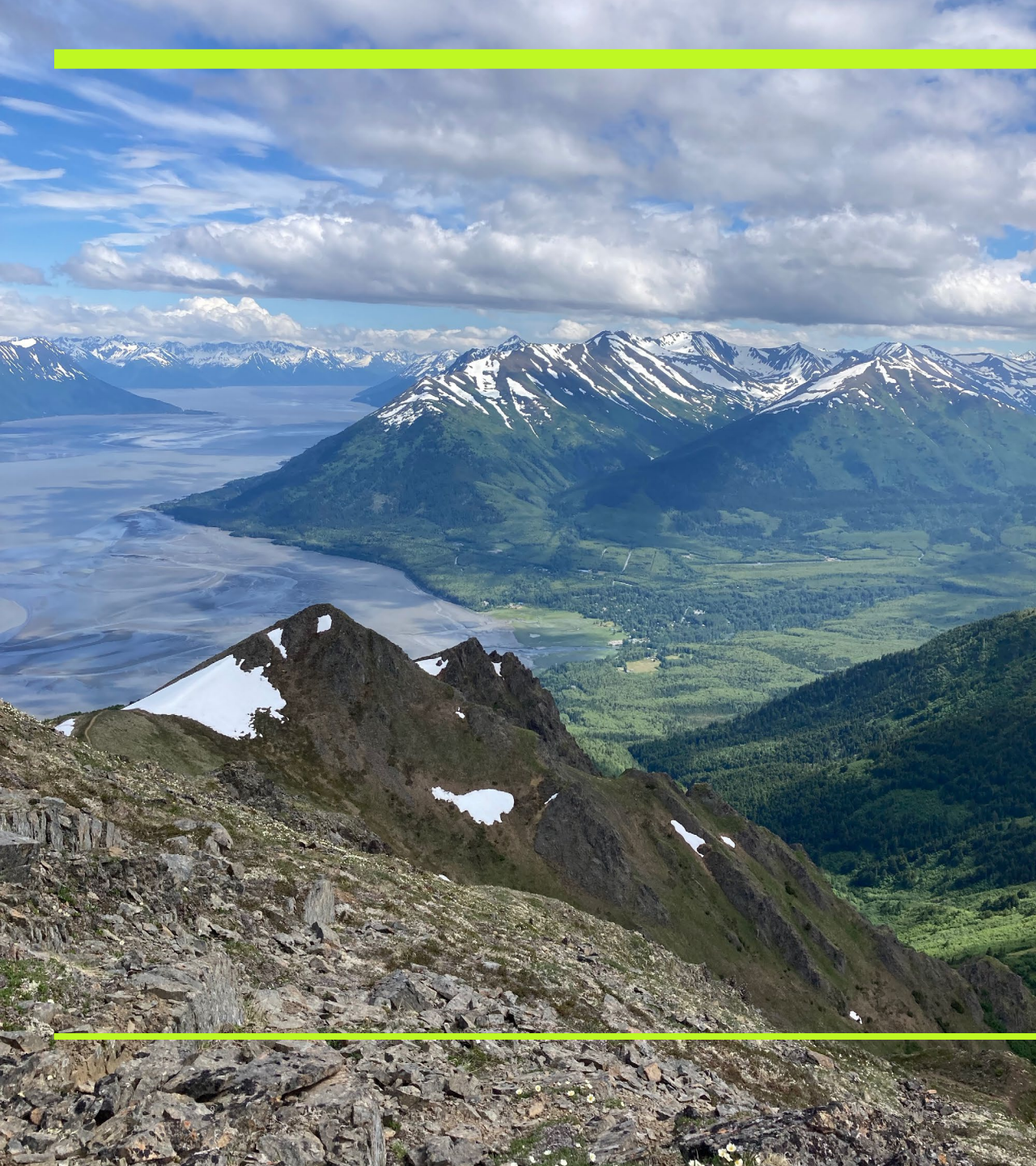
- This is a medical order. It is not an advanced directive.

- It does not include a power of attorney

- For that reason, it is not a stand alone document. You also need either a state or Alaska advanced directives or Five Wishes if you wish to have a POA
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- Decisions that need to be made include: CPR or no CPR
 - Initial treatment orders- if there is a pulse and there is breathing-
 - either full treatment (which includes CPR), to attempt to sustain life by all medically effective means
 - Selective treatment- attempt to restore function while avoiding intensive care and resuscitation efforts

- Comfort focused treatments.
 - There is an option for medically assisted nutrition- feeding tube or not
 - Have to confirm that this does not conflict with a standing advanced directive
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- How do I make sure that my advanced directives are seen and acted upon?



Estate Planning

Lindsay
Wolter

Durable Power of Attorney

- Legislatively created form
- Designate agent(s) to act on your behalf for non-medical decisions
- May be effective immediately or only when you cannot manage your own affairs
- Can be terminated or updated at any time during your lifetime
- Is effective only while you are alive
- Can find form on Alaska Court Form website

Advance Health Care Directive

- Legislatively created form
- Designate agent(s) to act on your behalf for only medical decisions
 - Provide guidance to your agent(s)
- Can be terminated or updated at any time during your lifetime
- Alternatives: Five Wishes and Compassion & Choices

Living or Community Property Trusts

- Avoids probate
- You are the trustee of your trust
- Names successor trustee
- States how assets in trust are to be distributed after your death
- Can be amended or revoked during your lifetime
- After creating the trust, you must “load” it (put assets into it)
 - Personal property
 - Real property
 - Financial Accounts
 - USCG documented vessels
 - Motor vehicles
 - LLC/Corporation
 - Owner financed sale

Transfer on Death Deed

- Great for some (simple) situations; possible to avoid having a trust
- Possible delay in sale of property

Last Will and Testament

- Does not avoid probate, but does allow you to direct how your assets will be distributed (otherwise law of intestate succession would apply)
- Written in your own handwriting and signed *or* typed, signed and witnessed by two people
- Identifies your Personal Representative
- States how your assets are to be distributed after your death
- Can indicate burial/cremation, and guardians for minor children

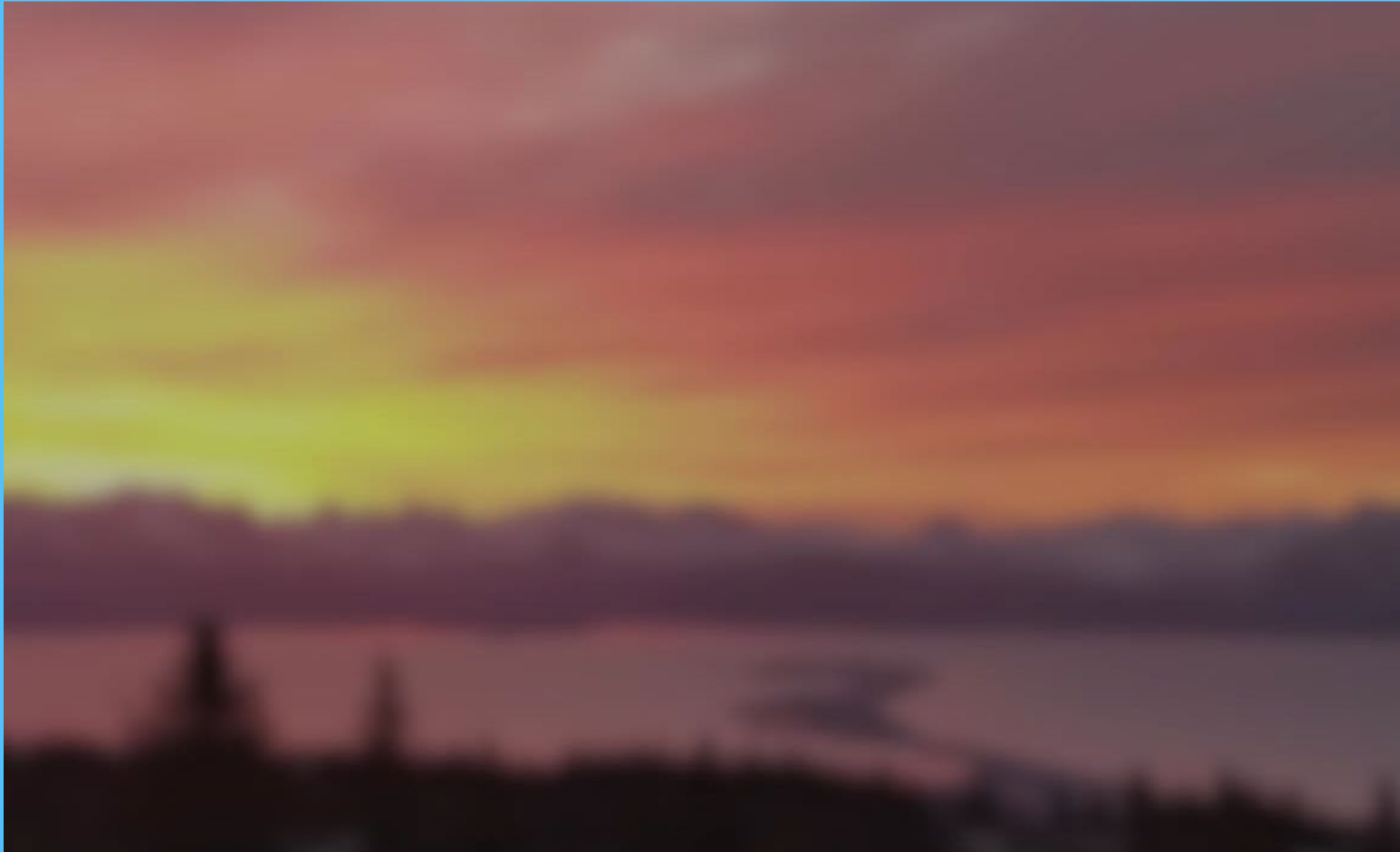
Thank you!





Morgan Laffert
Homer Hospice
Volunteer Coordinator

What would you like at the end of life?





Talking about death won't kill you.

An End of Life Doula is a person who provides emotional, social, spiritual and practical support to those who are planning for or nearing end of life.

Think about this:

What do you want your relationships to look like at end of life?

How do you want to feel at end of life?

What do you want to do before end of life? Do you feel any regrets?

Do you want to be buried or cremated? Funeral/Celebration of Life?

Resources:

-The Conversation Project

-Five Wishes

-Stanford Friends and Family Letter Project

-Hospice of Homer

Bringing 20 Death Douglas to Hospice of Homer Clients and the Homer Community!

WALKING EACH OTHER HOME

Supporting Hospice of Homer clients before
and during end-of-life transition

Receive intensive
training as a Death
Doula, explore your
own end-of-life
attitudes, receive
grief training and a
mentor for the
learning journey.

University of Vermont
End of Life Doula
Certification

Course begins October
4th

Space available



RurAL CAP
Rural Alaska Community Action Program, Inc.

Training is offered free of charge
to all new and current volunteers.

**Hospice of Homer 265 E. Pioneer Ave.
Call 235-6899 to find out more or to register.**

With support from Rural Alaska Community Action Program, Inc., (RurAL CAP), funding is provided by the Alaska Department of Health's Healthy & Equitable Communities program, part of the Alaska Division of Public Health.

Questions?





Thank you for coming!

This presentation will be posted
on the South Peninsula Hospital
website at www.sphosp.org

*South Peninsula Hospital Community
Health and Wellness Education*