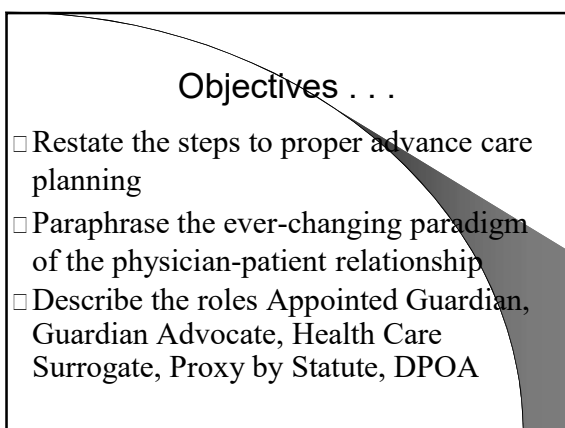
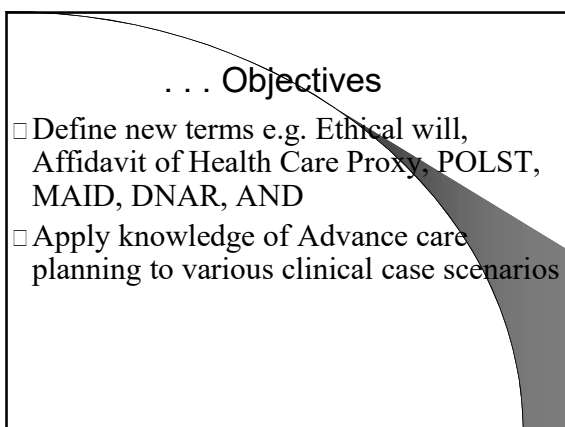


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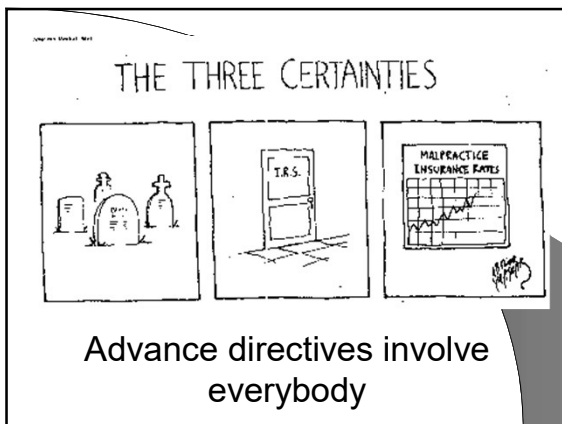
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5



6

Patient Self-Determination Act

- The patient with decision-making capacity may refuse unwanted medical treatment, even if this may result in their death (even in cases where the individual does not have life-threatening illness).
- Patients who lack capacity to make the decisions at hand have the same rights as those who have capacity (through authorized surrogate decision makers).

7

Health care Surrogate vs. Proxy

- “Proxy” - A competent adult who has not been expressly designated to make health care decisions for a particular incapacitated individual, but who is authorized pursuant to FS765.401 to make healthcare decisions for an individual.
- “Surrogate” - Any competent adult expressly designated by a principal to make decisions on behalf of the principal upon the principal’s incapacity.

8

“Seinfeld” The Comeback (1997)



9

Role of the proxy/surrogate

- ☐ Entrusted to speak for the patient
- ☐ Involved in the discussions
- ☐ Must be willing, able to take the proxy role
- ☐ “Substituted Judgment Standard” –what the patient would want under the circumstances
- ☐ If there is no indication what the principal would have chosen, the surrogate may consider the patient’s best interest in deciding what proposed treatments are to be withheld or withdrawn.

10

“Seinfeld” The Comeback (1997)



11

New Provision in the Florida Health Care Surrogate Law

- ☐ A principal may stipulate that the authority of the surrogate to receive health information or make health decisions (or both) is exercisable immediately without the necessity for a determination of capacity as provided in 765.204
- ☐ If disagreement between principal and surrogate, the principal overrides surrogate

12



13

Proxy Statute (FS765.401)

1. Judicial Appointed Guardian/Guardian advocate
2. Spouse
3. Adult Children (majority)
4. Parent(s)
5. Adult Sibling(s) (majority who are reasonably available)
6. Adult Relative (who exhibited special care and concern and who has regular contact)
7. Close adult friend
8. Clinical social worker who is licensed to FS491 or a graduate of a court-approved guardianship program chosen by the bioethics committee (proxy can not be an employee of the medical provider/facility)

14

What is a guardian advocate?

- ☐ Florida statutes allows a Guardian Advocate to be appointed as a less intrusive and costly alternative to full guardianship. However, it is only available for persons with a developmental disability (as explained in Chapter 393,FS) or a person with mental illness (as explained in Chapter 394,FS).

15



16

Patient and proxy education

- ☐ Define key medical terms
- ☐ Describe possible situations and outcomes—common and severe
- ☐ Instead of citing statistics on risks (pneumonia, infection, stroke, etc.), explain what may happen if things go well or go badly
- ☐ Explain benefits, burdens of treatments
 - Life support may only be short-term
 - Any intervention can be refused
 - Recovery cannot always be predicted

17




18

**REMEMBER:
IMPLIED CONSENT!**

The patient and physician need to realize that not wishing to complete an advance directive is the same as consenting to all possible treatment in an emergency situation including electrocardioversion, intubation, and ventilation

19


DOC VADER



TALKS "END-OF-LIFE"

20

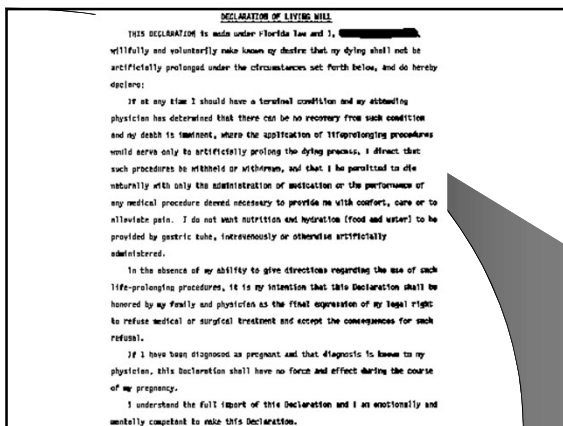
The Living Will



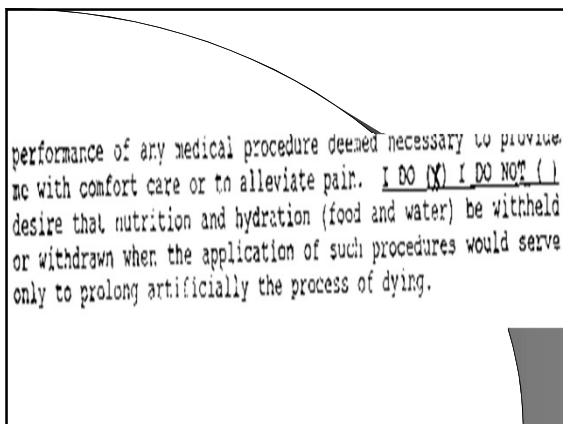
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23



24

DECLARATION

Declaration made this 19th day of May, 2000, I, [redacted], willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare:

If at any time I should suffer from a condition from which I am not expected to recover, I direct that life prolonging procedures be withheld or withdrawn as provided in this Declaration, when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort, care or to alleviate pain.

With regard to the use and implementation of this declaration, I direct that the instructions contained herein which I have read and checked and which represent my wishes be followed:

(☒) 1. If I am terminally ill and permanently incompetent I do not want life sustaining treatment continued.

(☒) 2. Whether terminally ill or not, if I am permanently unconscious I do not want life sustaining treatment continued.

(☒) 3. Whether terminally ill or not, if I am unconscious, have little chance of recovering consciousness and if I would almost certainly be very brain damaged if I did recover consciousness, I do not want life sustaining treatment continued.

25

(☒) 1. If I am terminally ill and permanently incompetent I do not want life sustaining treatment continued.

(☒) 2. Whether terminally ill or not, if I am permanently unconscious I do not want life sustaining treatment continued.


(☒) 3. Whether terminally ill or not, if I am unconscious, have little chance of recovering consciousness and if I would almost certainly be very brain damaged if I did recover consciousness, I do not want life sustaining treatment continued.

26

Five Wishes

My wish for:

- ☐ The person I want to make care decisions for me when I can't
- ☐ The kind of medical treatment I want or don't want
- ☐ How comfortable I want to be
- ☐ How I want people to treat me
- ☐ What I want my loved ones to know



27

Ethical Will (Zava'ah)

The ethical will is a document designed to pass ethical values from one generation to the next.



The original template for its use came from Genesis 40:1-33. A dying Jacob gathered his sons to offer them his blessing and to request that they bury him not in Egypt, but instead in Canaan in the cave at Machpelah with his ancestors.

28

The purpose of the ethical will is pass on wisdom and love to future generations.

- ☐ Cultural and spiritual values
- ☐ Blessings and expressions of love for, pride in, hopes and dreams for children and grandchildren
- ☐ Life-lessons and wisdom of life experience
- ☐ Requests for forgiveness for regretted actions
- ☐ Rationale for philanthropic and personal financial decisions
- ☐ Stories about the meaningful "stuff" for heirs to receive
- ☐ Clarification about and personalization of health directives
- ☐ Requests for ways to be remembered after death.

29

Advance Directive Documents

- ☐ Last Will and Testament (DPOA)
- ☐ Living Will (HCS)
- ☐ Ethical Will
- ☐ Florida DNRO (yellow form)
- ☐ CMO/AND
- ☐ POLST/MOLST

30

DO NOT RESUSCITATE

Florida
Physician's Certificate to Refrain from Resuscitation (PDNR)

Physician's Full Legal Name: _____ Date: _____

CRITICAL CARE PHYSICIAN

I, the undersigned, a physician licensed pursuant to Chapter 458, Florida Statutes, hereby certify that the above-named patient is in a permanent state of irreversible unconsciousness and that the patient's condition is such that the patient will not regain consciousness. I have made this determination after consultation with the patient's family and after a thorough review of the patient's medical records. I have also made this determination after consulting with the patient's family and after a thorough review of the patient's medical records. I have also made this determination after consulting with the patient's family and after a thorough review of the patient's medical records.

WITNESSES

I, the undersigned, hereby certify that I am, at the time of signing, a physician licensed pursuant to Chapter 458, Florida Statutes, and that I am not a resident or medical student. I have made this determination after consulting with the patient's family and after a thorough review of the patient's medical records. I have also made this determination after consulting with the patient's family and after a thorough review of the patient's medical records.

Signature of Physician _____ **Date** _____

Signature of Witness _____ **Date** _____

Signature of Second Witness _____ **Date** _____

Signature of Third Witness _____ **Date** _____

Signature of Fourth Witness _____ **Date** _____

Signature of Fifth Witness _____ **Date** _____

Signature of Sixth Witness _____ **Date** _____

Signature of Seventh Witness _____ **Date** _____

Signature of Eighth Witness _____ **Date** _____

Signature of Ninth Witness _____ **Date** _____

Signature of Tenth Witness _____ **Date** _____

Signature of Eleventh Witness _____ **Date** _____

Signature of Twelfth Witness _____ **Date** _____

Signature of Thirteenth Witness _____ **Date** _____

Signature of Fourteenth Witness _____ **Date** _____

Signature of Fifteenth Witness _____ **Date** _____

Signature of Sixteenth Witness _____ **Date** _____

Signature of Seventeenth Witness _____ **Date** _____

Signature of Eighteenth Witness _____ **Date** _____

Signature of Nineteenth Witness _____ **Date** _____

Signature of Twentieth Witness _____ **Date** _____

Signature of Twenty-first Witness _____ **Date** _____

Signature of Twenty-second Witness _____ **Date** _____

Signature of Twenty-third Witness _____ **Date** _____

Signature of Twenty-fourth Witness _____ **Date** _____

Signature of Twenty-fifth Witness _____ **Date** _____

Signature of Twenty-sixth Witness _____ **Date** _____

Signature of Twenty-seventh Witness _____ **Date** _____

Signature of Twenty-eighth Witness _____ **Date** _____

Signature of Twenty-ninth Witness _____ **Date** _____

Signature of Thirtieth Witness _____ **Date** _____

Signature of Thirty-first Witness _____ **Date** _____

Signature of Thirty-second Witness _____ **Date** _____

Signature of Thirty-third Witness _____ **Date** _____

Signature of Thirty-fourth Witness _____ **Date** _____

Signature of Thirty-fifth Witness _____ **Date** _____

Signature of Thirty-sixth Witness _____ **Date** _____

Signature of Thirty-seventh Witness _____ **Date** _____

Signature of Thirty-eighth Witness _____ **Date** _____

Signature of Thirty-ninth Witness _____ **Date** _____

Signature of Fortieth Witness _____ **Date** _____

Signature of Forty-first Witness _____ **Date** _____

Signature of Forty-second Witness _____ **Date** _____

Signature of Forty-third Witness _____ **Date** _____

Signature of Forty-fourth Witness _____ **Date** _____

Signature of Forty-fifth Witness _____ **Date** _____

Signature of Forty-sixth Witness _____ **Date** _____

Signature of Forty-seventh Witness _____ **Date** _____

Signature of Forty-eighth Witness _____ **Date** _____

Signature of Forty-ninth Witness _____ **Date** _____

Signature of Fiftieth Witness _____ **Date** _____

Signature of Fifty-first Witness _____ **Date** _____

Signature of Fifty-second Witness _____ **Date** _____

Signature of Fifty-third Witness _____ **Date** _____

Signature of Fifty-fourth Witness _____ **Date** _____

Signature of Fifty-fifth Witness _____ **Date** _____

Signature of Fifty-sixth Witness _____ **Date** _____

Signature of Fifty-seventh Witness _____ **Date** _____

Signature of Fifty-eighth Witness _____ **Date** _____

Signature of Fifty-ninth Witness _____ **Date** _____

Signature of Sixtieth Witness _____ **Date** _____

Signature of Sixty-first Witness _____ **Date** _____

Signature of Sixty-second Witness _____ **Date** _____

Signature of Sixty-third Witness _____ **Date** _____

Signature of Sixty-fourth Witness _____ **Date** _____

Signature of Sixty-fifth Witness _____ **Date** _____

Signature of Sixty-sixth Witness _____ **Date** _____

Signature of Sixty-seventh Witness _____ **Date** _____

Signature of Sixty-eighth Witness _____ **Date** _____

Signature of Sixty-ninth Witness _____ **Date** _____

Signature of Seventieth Witness _____ **Date** _____

Signature of Seventy-first Witness _____ **Date** _____

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Signature of Seventy-third Witness _____ **Date** _____

Signature of Seventy-fourth Witness _____ **Date** _____

Signature of Seventy-fifth Witness _____ **Date** _____

Signature of Seventy-sixth Witness _____ **Date** _____

Signature of Seventy-seventh Witness _____ **Date** _____

Signature of Seventy-eighth Witness _____ **Date** _____

Signature of Seventy-ninth Witness _____ **Date** _____

Signature of Eightieth Witness _____ **Date** _____

Signature of Eighty-first Witness _____ **Date** _____

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Signature of Eighty-fourth Witness _____ **Date** _____

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Signature of Eighty-sixth Witness _____ **Date** _____

Signature of Eighty-seventh Witness _____ **Date** _____

Signature of Eighty-eighth Witness _____ **Date** _____

Signature of Eighty-ninth Witness _____ **Date** _____

Signature of Ninetieth Witness _____ **Date** _____

Signature of Ninety-first Witness _____ **Date** _____

Signature of Ninety-second Witness _____ **Date** _____

Signature of Ninety-third Witness _____ **Date** _____

Signature of Ninety-fourth Witness _____ **Date** _____

Signature of Ninety-fifth Witness _____ **Date** _____

Signature of Ninety-sixth Witness _____ **Date** _____

Signature of Ninety-seventh Witness _____ **Date** _____

Signature of Ninety-eighth Witness _____ **Date** _____

Signature of Ninety-ninth Witness _____ **Date** _____

Signature of One-hundredth Witness _____ **Date** _____

31

State of Florida
DO NOT RESUSCITATE ORDER
(Physician and Patient)

Patient's Full Legal Name: _____ Date: _____

PATIENT'S STATEMENT
Based upon informed consent, I, the undersigned, hereby direct that CPR be withheld or withdrawn.
(If not signed by patient, attach appropriate form)

☐ Surrogate ☐ Proxy (as defined in Chapter 409, F.S.)
☐ Court-appointed guardian ☐ Durable power of attorney pursuant to Chapter 709, F.S.

Physician's Statement
I, the undersigned, a physician licensed pursuant to Chapter 458, Florida Statutes, am the physician of the patient named above. I hereby direct the withholding or withdrawing of cardiopulmonary resuscitation and defibrillation from the patient in the event of the patient's cardiac or respiratory arrest.

Signature of Physician _____ **Date** _____ **Telephone Number (Emergency)** _____

Signature of Patient _____ **Signature of Medical Professional** _____

Physician's Statement
I, the undersigned, a physician licensed pursuant to Chapter 458, Florida Statutes, am the physician of the patient named above. I hereby direct the withholding or withdrawing of cardiopulmonary resuscitation and defibrillation from the patient in the event of the patient's cardiac or respiratory arrest.

Signature of Physician _____ **Date** _____ **Telephone Number (Emergency)** _____

Signature of Patient _____ **Signature of Medical Professional** _____

Physician's Statement
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Signature of Physician _____ **Date** _____ **Telephone Number (Emergency)** _____

Signature of Patient _____ **Signature of Medical Professional** _____

32

Allow a Natural Death (do not attempt resuscitation) Order

AND DNR

Date of birth: _____

Address: _____

Final Documentation Box

Reason for making decision (e.g. patient's wishes, futility of resuscitation):

Who has been involved in the decision? (give name and relationship/role)

If it has not been appropriate to discuss this decision with the patient then the family/caregivers should be aware of it, as part of the general treatment and care plan.

Medical Practitioner (print name)

Signature _____

Date _____

Next Review Date _____ Signature: review completed _____ Date Signed _____

33

POLST (Physician's Orders for Life-Sustaining Treatment)

Oregon's registry for people who have made decisions about what kind of medical treatment they want in a life-threatening situation.

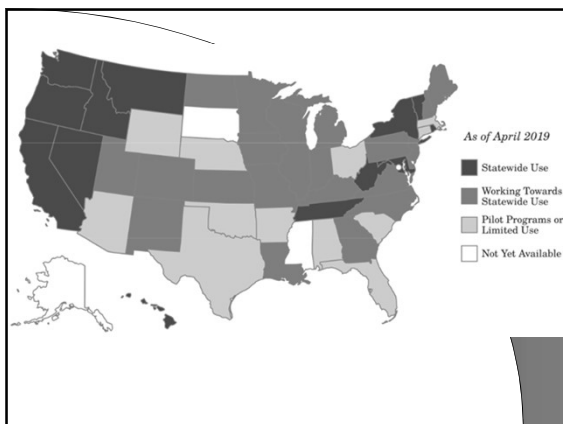
The POLST program has been around for two decades and was created to go further than standard "Do Not Resuscitate" orders in making hospitals aware of people's end-of-life wishes.

The registry was just instituted in 2009 to help streamline communication among medical professionals about POLST, especially in crisis situations. Since then, several other states have created similar programs.

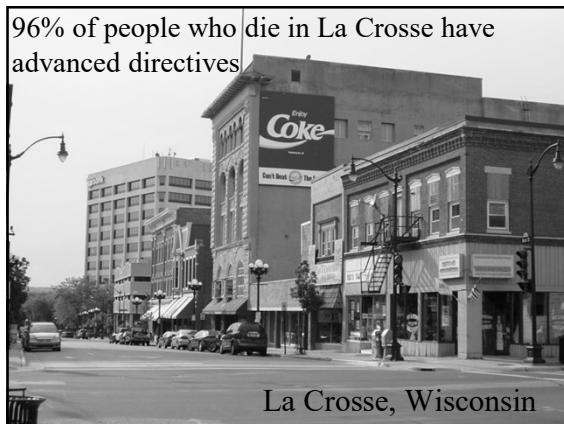


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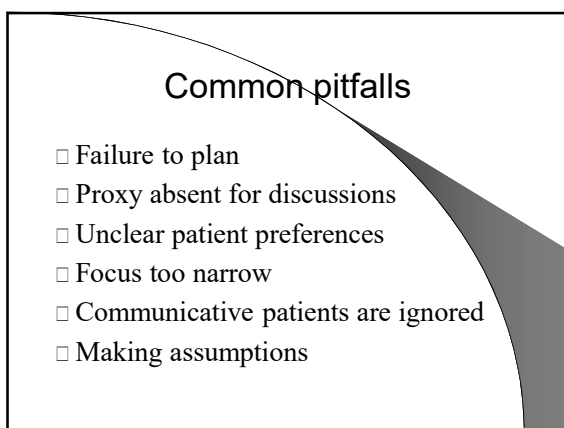
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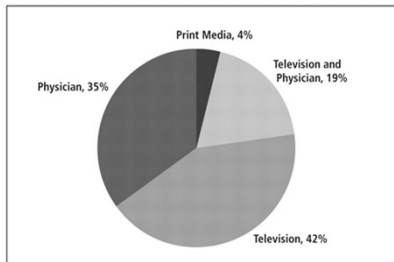


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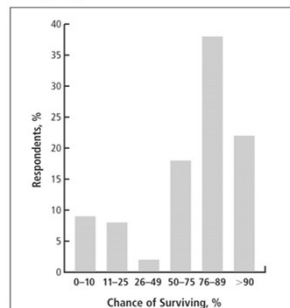
How Misconceptions Among Elderly Patients Regarding Survival Outcomes of Inpatient Cardiopulmonary Resuscitation Affect Do-Not-Resuscitate Orders



40

Misconceptions Among Elderly Patients Regarding Survival Outcomes of Inpatient Cardiopulmonary Resuscitation

- ☐ >60% of older pts believe there is a >75% chance they will be successfully resuscitated
- ☐ >80% believe there is a >50% chance CPR is successful



41

Facts regarding code survival and outcomes

Code success can be reported as high as 60% (13-60%), but large studies regarding overall survival to discharge range from 12-17% (3-22%) for all populations

Patients with metastatic cancer have a 6.2% survival to discharge rate. If condition is deteriorating in hospital, survival drops to 0% (Cancer 2001, 92:1905-1912)

Study of 434,000 Medicare pts found those 85 and older had a 6% chance of surviving hospitalization
Over 50% will die within a year post arrest.

Cardiac arrest in community and nursing facilities have similar outcomes and about 1/2 to 1/3 of the success of a hospital setting.

42

Decreased likelihood of survival to discharge:

- ☐ Age
- ☐ Cancer especially metastatic CA
- ☐ Cerebrovascular accident
- ☐ Congestive heart failure
- ☐ Homebound status
- ☐ Hypotension
- ☐ Pneumonia
- ☐ Sepsis
- ☐ Serum creatinine level above 1.5 mg/dL

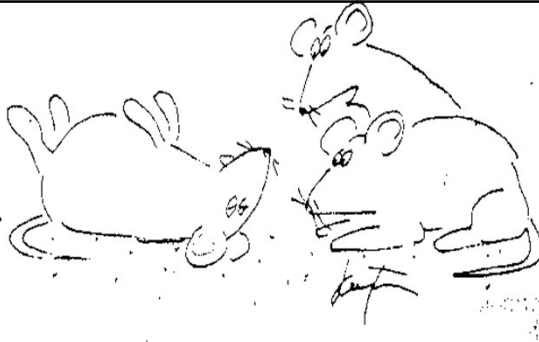
Are cardiac patients more likely or less likely to survive resuscitation?

Acute myocardial infarction on admission and a history of coronary artery disease were both associated with an increased likelihood of survival to discharge.

43

Despite initiatives to require discussion of Advanced Directives with patients on hospital admission, the DNR order is written on approximately 3-4% of the hospitalized patients in U.S.

44



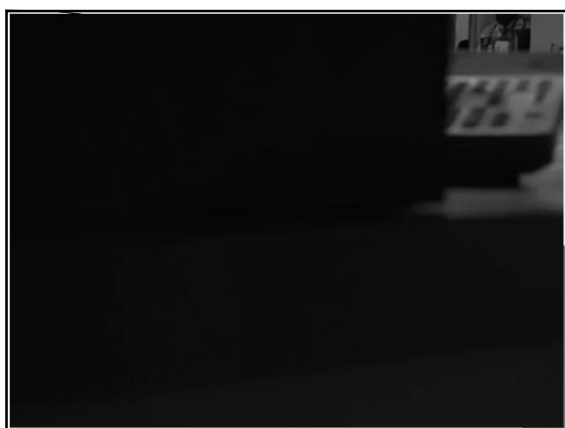
"There's only one thing we can do to save him. Mouse-to-mouse resuscitation."

45

Life-sustaining treatments

<input type="checkbox"/> Resuscitation	<input type="checkbox"/> Diagnostic tests
<input type="checkbox"/> Elective intubation	<input type="checkbox"/> Artificial nutrition, hydration
<input type="checkbox"/> Surgery	<input type="checkbox"/> Antibiotics, O2
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Other treatments
<input type="checkbox"/> Blood transfusions, blood products	<input type="checkbox"/> Future hospital, ICU admissions

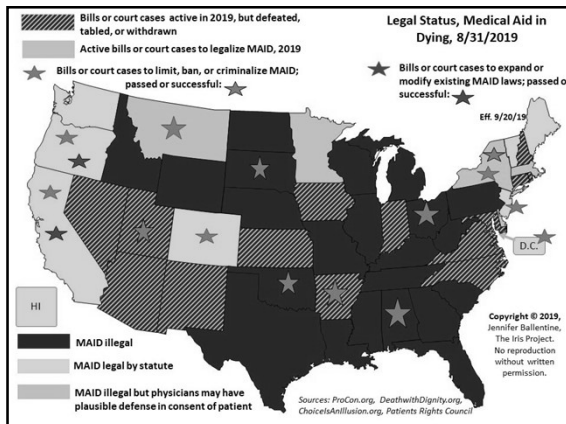
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47



48



49

Determining capacity to give informed consent

- ☐ Problem treatment would address
- ☐ What is involved in the treatment / procedure
- ☐ What is likely to happen if the patient decides not to have the treatment
- ☐ Treatment benefits
- ☐ Treatment risks (common and severe)
- ☐ Other options/alternatives

50

Special Circumstances: Health Care Surrogate Limitations

- ☐ Making End of Life Decisions Without Clear Advanced Directives(Living Will) –degree of certainty varies by state
- ☐ Termination of Pregnancy
- ☐ Electro Convulsive Therapy
- ☐ Futile Care

51

The changing paradigm

- ☐ Paternity
- ☐ Autonomy/Self-determination
- ☐ Mutuality
 - Shared decision making
 - Patient/Family centered care



52

Models of decision making

TABLE 4.3 Models of treatment decision-making in a doctor-patient dyad

Analytical stages		Paternalistic (intermediate)	Shared (intermediate)	Informed
Information exchange	Flow	One way (largely)	Two way ^a	One way (largely)
	Direction	Doctor → patient	Doctor ↔ patient	Doctor → patient
	Type	Medical	Medical and personal	Medical
	Amount ^a	Minimum legally required	All relevant for decision-making	All relevant for decision-making
Deliberation		Doctor alone or with other doctors	Doctor and patient (plus potential others)	Patient (plus potential others)
Deciding on treatment to implement		Doctors	Doctor and patient	Patient

^a Minimum required.

53

QUESTIONS WE NEED TO ASK?

Dr. Ronnie Rosenthal, professor of surgery and geriatrics at Yale School of Medicine and co-leader for the Quality in Geriatric Surgery Project

Dr. Zara Cooper associate professor of surgery at Harvard Medical School

- ☐ What does living well mean to you?
- ☐ How does your health affect your day-to-day life?
- ☐ What do you hope to do in the next year?
- ☐ What should I know about you to give good care?
- ☐ Regarding health, what's most important to you?
- ☐ What are you expecting to gain from this procedure?
- ☐ What conditions or treatments worry you the most?
- ☐ What abilities are so critical to you that you can't imagine living without them?

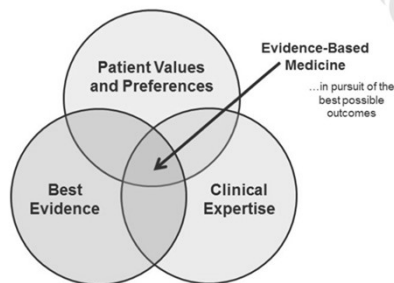
54

“Older patients, it turns out, often have different priorities than younger ones. More than longevity, in many cases, they value their ability to live independently and spend quality time with loved ones”

Dr. Clifford Ko, professor of surgery at UCLA's David Geffen School of Medicine

55

Components of Evidence-Based Medicine



56

Communication is the key

- ☐ Many conflicts occur because of lack of communication between medical staff, patient, and family
- ☐ Most desirable to communicate before major dilemmas occur (if possible) so that everyone is comfortable with the treatment plan.
- ☐ Care plan meetings, frequent telephone and face-to-face communication by physicians, health-care extenders, nursing staff, patients, and families

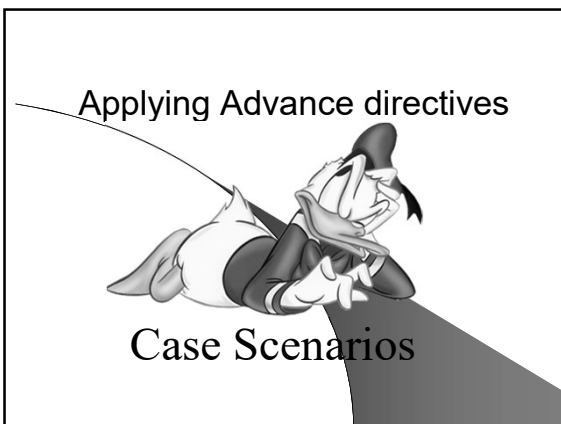
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58



59



60

Minnie is readmitted to your SNF following a stroke. She has mild cognitive impairment. She has no Living Will or HCS designation.

She is noted to have dysphagia with aspiration. She refuses all food and medicine. Her husband, Mickey and their daughter want a feeding tube, and her husband signs the informed consent.



☐ Do you order G-tube placement?



61

Do you order G-tube placement?

☐ A. YES

☐ B. NO

☐ C. NOT ENOUGH INFO

☐ D. TOO HUNGRY TO THINK RIGHT NOW

62

Bert has vascular dementia and suspected sepsis. He has no written Living Will or HCS documentation. His brother, Ernie, visits Burt at your LTC facility everyday. Burt's son, Barney, has never called nor seen his father since admission. His son, Barney, is notified and requests CMO. Ernie wants Bert to be sent to hospital.



Who makes the decision?



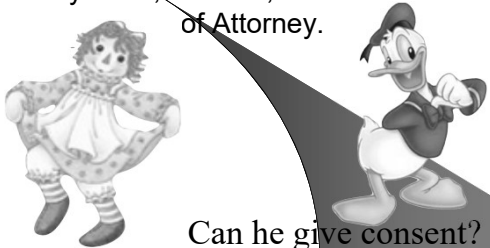
63

Who makes the decision?

- ☐ A. Ernie, the involved brother
- ☐ B. Barney, the distant son
- ☐ C. Courts need to decide
- ☐ D. Not sure, but the question makes me want to sing: "I love you. You love me. We're a happy family."

64

Raggedy Ann has dementia and needs THR after a fracture. She cannot give informed consent and is determined by you to be incapacitated. Her boyfriend, Donald, has Durable Power of Attorney.



Can he give consent?

65

Can he give consent?

- ☐ A. YES
- ☐ B. NO
- ☐ C. NOT ENOUGH INFO
- ☐ D. Only if Donald Duck puts on some pants?

66

Bert is alert, oriented, but depressed. You have discovered that he has cancer. Bert's son, Mickey, the lawyer, and Bert's wife, Barbie, don't want Bert to know this as they feel this info will make him severely depressed, and they believe he will give up.



Do you tell him anyway?

67

Do you tell him anyway?

- ☐ A. YES, the patient needs to know what is going on
- ☐ B. NO, the family knows the patient better than you do and their request should be honored
- ☐ C. Consult psychiatry to get an opinion
- ☐ D. Consult the patient.

68

Ann is admitted to your LTC facility with diagnosis of dysphagia due to end stage dementia with aspiration. Ann has a Living Will and Health Care Surrogate form naming her frail elderly husband as her HCS and her daughter, Barbie as her alternate HCS. Barbie demands G-tube and threatens to sue if her mother is allowed to aspirate.



Do you insert G-tube?

69

Do you insert G-tube?

- ☐ A. YES
- ☐ B. NO
- ☐ C. NOT ENOUGH INFO
- ☐ D. Offer a J-tube instead, as the risk of aspiration is lower

70

Woody has terminal widespread metastatic cancer and has expressed to his wife, family, and you that he wants Hospice and comfort measures only. After Woody lapses into a coma, his wife rescinds DNR/CMO and wants Woody sent to ER via "911" for aggressive intervention.

- ☐ Do you call "911"?



71



Do you call "911"?

- ☐ A. YES
- ☐ B. NO
- ☐ C. Call Hospice instead
- ☐ D. Call Buzz Lightyear

72

Ann has dementia and terminal disease and lacks capacity. She has no Living Will. Her son, Mickey, the attorney, completes a Living Will document through his legal office which he signs and has notarized on her behalf.

Is this document valid?

73



Is this document valid?

- ☐ A. YES
- ☐ B. NO
- ☐ C. Only if 2 witnesses sign the document
- ☐ D. Use your "Call a Friend" lifeline and get Attorney Kane on the phone

74

Goofy is ...well... goofy. He is incapacitated. The psychiatrist recommends ECT. His documented health care surrogate, Buzz, signs consent.

Do you perform ECT?

75

Do you perform ECT?

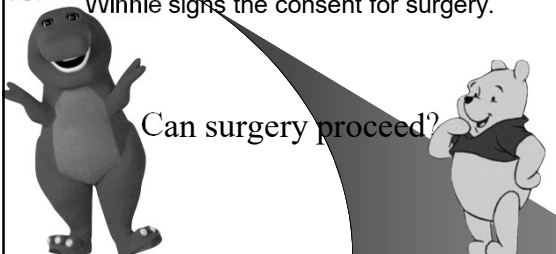
- ☐ A. YES
- ☐ B. NO
- ☐ C. NOT ENOUGH INFORMATION
- ☐ D. Personally, Goofy and Buzz Lightyear both need some serious psychiatric intervention

76

Barney is 102 years old and breaks his hip . Fortunately, his best friend and well-documented healthcare surrogate, Winnie, was present, instructed staff to call "911" and follows Barney to the hospital.

Winnie signs the consent for surgery.

Can surgery proceed?




77

Can surgery proceed?

- ☐ A. YES
- ☐ B. NO
- ☐ C. NOT ENOUGH INFORMATION
- ☐ D. Can we go home?

78

Woody, attending a medical lecture, complains of severe auditory pain after listening to a talk on Advanced Directives. He asks the Doc to end it all.




What do you do?

79

Thank You

Applaud loudly as the Doc LeVine and Attorney Kane end their lecture



THE END

80
