



ADVANCE CARE PLANNING IN THE SETTING OF COVID

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This work is conducted by the Illinois Area Health Education Centers Network Program, funded by grant No. U77HP26847 from the Health Resources and Services Administration, and administered by the National Center for Rural Health Professions at the University of Illinois at Chicago, College of Medicine - Rockford.

Presenters have no financial relationships to disclose.

Learning Objectives

1. Understand the importance of Advance Directives in the setting of a global pandemic.
2. Review necessary paperwork and documentation
3. Be prepared to speak with patients and families about Advance Directives in the setting of a global pandemic

Global Pandemic

- This has touched all of us and reactions vary person to person
 - Anger
 - Anxiety
 - Exhaustion
 - Avoidance
- There is universal ***fear, uncertainty, and rapid change***
- Uncertainty increases the importance of being ***proactive***
 - Advance Care Planning offers certainty and control

What is Advance Care Planning?

- **Living Wills**

- Only apply in terminal, irreversible conditions
- Can be useful in understanding values, but not helpful in this pandemic

- **Durable Power of Attorney – Health Care**

- Most flexible
- Ideally a patient has discussed their wishes with their agent(s)

- **5 Wishes**

- Appoints DPOA-HC and offers exploration/specification of wishes
- Legal in 44 states (excluding IN, NH, KA, OH, OR, TX)
- Needs a notary in some states (NC, SC, WV, MO)

- **Provider Order for Life Sustaining Treatment (POLST)/Medical Orders for Life Sustaining Treatment (MOLST)**

- Some variation in all states + DC

In the Absence of Advance Directives...

- **Alternate (Surrogate) Decision Makers**
 - Appropriate decision maker is determined by state law and varies significantly state-by-state
 - Vast majority of states have a surrogate hierarchy
 - MO, MA and NE have no identified law to designate surrogate decision maker
- **Considerations**
 - Surrogate may not be prepared to make medical decisions
 - Surrogate may not know or share patient's values

Role of Palliative Care

- Role of Palliative Care can vary from hospital-to-hospital
 - Ensures flow of information between primary team and patient/family
 - Assists with medical decision making
 - Offers symptom management and relief of suffering
 - Interdisciplinary team (MD, APP, RN, SW, Chaplain)

Palliative Care during a Global Pandemic

- Everyone is being asked to perform “***primary palliative care***”
 - Identification of Surrogates
 - Assist with symptoms and alleviate discomfort
 - Advance care planning and values exploration (outpatient)
- Specialty Palliative Care
 - Help advocate for and facilitate virtual or in-person visits
 - Explore patient’s and surrogate’s values
 - Assist surrogate to align medical care with values
 - Navigate family dynamics
 - Assist health care team with communication and engagement with surrogate
 - Provide logistical and/or emotional support to surrogate as needed

Performing Primary Palliative Care

- Inpatient Considerations
 - Consistent and predictable communication with family
 - Identify DPOA-HC or Surrogate Decision Maker
 - Offer choice, recommendation, and guidance on treatment options, aligning with values, when known
- Outpatient Considerations
 - Discuss Advance Care Planning early and often
 - Prioritize outreach to high-risk patients
 - Implement models to promote completion
 - Presentations in infusion pod
 - Web-based seminars
 - Sending online resources

Global Pandemic Special Considerations

- Health care system overwhelm resource allocation
 - What do we do when wishes can't be respected?
 - How do we address patient or surrogate fears?
- Surrogate or DPOA-HC is unavailable
 - Acknowledge decision maker autonomy
 - Encourage and normalize secondary agent
- Disability community
 - How will allocation protocols impact your patient?
 - How do we best communicate with our patients?

Life Support During the COVID-19 Pandemic

This is an unusual time, with very large numbers of very sick people right now. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

Because of the current pandemic, there might not be enough life support machines for everyone who needs them. Hopefully, this does not happen.

In this very difficult time, it's really important to be clear about your values and main concerns for your health care.

How would decisions about who gets a life support machine be made?

If there is a shortage, a team of doctors and nurses will review all cases of patients who need life support machines. This team will make tough decisions based on the best medical information available. The team will not be given information about patient race, ethnicity, religion, insurance or other unrelated things.

What are my choices?

You may not have a choice. But this is an important time to think about what you would want. People often have thoughts about life support machines.

- Some people say, "I would like to have a life support machine if there is one."
- Others may say, "I want a life support machine if there is one, but first think of others who may be more likely to survive."
- A third group of people may say, "I do not want any kind of life support or breathing machine. If it comes to that, please let me have a natural death."

For people who do not get life support machines, care and treatment will focus on the relief of pain and suffering. The goal is to make sure patients are comfortable.

Your health care team **and your loved ones** need to know what you want if you need a life support machine.



Used with permission: Cleveland St. Lukes Hospital

If you become sick enough to need a life support machine, what would you want?

- ☐ I want to be on a life support machine, if a machine is available.
- ☐ I want one **if it is available**, but first consider others who may be more likely to survive. I understand this would mean that I am more likely to die.
- ☐ I **don't want one**, even if it is available. I understand this would mean that I am more likely to die.

Are you sure that your answer above says what you really want?

- ☐ Yes, I understand and my answer above says what I really want.
- ☐ No, I need to ask questions and talk to a doctor and my loved ones before I can be sure.

What are the next steps?

Even if you do not know the answers to the above questions right now, you should do one very important thing:

- Name a **medical power of attorney**:
 - The medical power of attorney is the person who speaks for you if you can't speak for yourself.
 - If you already have one, please give a copy of that document to your health care team.
 - If we do not have it in your records, complete a medical power of attorney document now.
- Talk to this person so they know what is truly important to you. **This is the most important step.** This is a hard time for everyone. We're all working together. Please continue this conversation with your medical team with any questions you may have.

Resources for Clinicians

- Coleman Palliative Medicine Training Program

<https://colemanpalliative.org/courses/free-cme-ce-webinars-palliative-care-skills-in-the-setting-of-covid-19>

- VitalTalk COVID Communication PlayBook

<https://www.vitaltalk.org/guides/covid-19-communication-skills/>

- Respecting Choices:

<https://respectingchoices.org/covid-19-resources/>

- Center for Advance Palliative Care (CAPC) COVID Response Resources

<https://www.capc.org/toolkits/covid-19-response-resources/>

Resources for Patients and Families

- Respecting Choices

https://respectingchoices.org/wp-content/uploads/2020/04/Proactive_Care_Planning_for_COVID-19_A_Guide_for_High_Risk_Adults.pdf

- Prepare for Your Care

<https://prepareforyourcare.org/welcome>

- Aging with Dignity and Five Wishes (paid)

<https://fivewishes.org/Home>

- California Program for Patient Centered Decisions

<https://patientdecisionaid.org/covid19/>

- CAPC Patient and Family Support Resources

<https://www.capc.org/toolkits/covid-19-response-resources/>



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