Key Health Care Decision Making Processes

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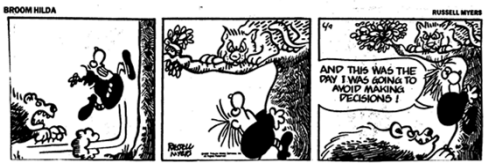
Always Tough Decisions



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Key Steps: Challenges

- Time
- Complexity
- Staff
  - Availability
  - Knowledge
  - Skills
- Lawyers
- Surveyors
- Too many forms to complete

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Key Steps: Why Bother

- Organizes a complex topic
- Helps optimize results for patients
- Needed to address rights effectively
- Efficient use of time
- Helps match tasks to appropriate skills
- Helps ensure legal, regulatory compliance
- Prevents expensive complications
- Helps teach important principles

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Key Steps in Making Ethics Decisions

- 1-Identify
  - Individuals who wish to discuss LSTs
  - Situations where discussion of LSTs is indicated
- 2-Obtain existing care instructions
  - Clarify individual's values, goals, wishes
- 3-Clarify relevant medical issues
  - Including physical condition, prognosis, and decision-making capacity
- 4-Define decision-making capacity
  - Try to optimize capacity
- 5-Identify primary decision maker
- 6-Certify qualifying conditions

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Key Steps in Making Ethics Decisions (continued)

- 7-Define and discuss treatment options with patient or authorized decision maker
  - Match medical findings with individual's values, goals, wishes
- 8-Implement treatment options
  - Document medical orders (MOLST form) about life-sustaining treatments
- 9-Review situation periodically and continue or modify approaches, as appropriate

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1-Identify Need For Discussion

- Individuals who want to discuss or review further
- Situations where life-sustaining treatment options are, or are likely to be, pertinent in the short-term
  - During the individual's stay
  - Within the next 4-6 months
- CPR

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2-Identify and Obtain Existing Care Instructions

- Some individuals have already participated in advance care planning
- Some decisions already made and documented
- A key step to help identify values and wishes (explicit and implicit)
- Federal and state laws/regulations identify individual rights to
  - Advance care planning
  - Input into medical treatment decisions

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2-Identify and Obtain Existing Care Instructions

- Identify and obtain existing information and documents
  - Regarding health care decisions and other evidence of patient values and wishes
- Explain rights to advance care planning and to have input into medical treatment decisions
- Transfer copies of documents to those needing them, place in medical record

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2-Identify and Obtain Existing Care Instructions

- Review and clarify existing documents
  - People may not know what their documents say or what they don't cover
  - Written documents may be general, vague, or place conditions on implementation of specific choices
- MOLST form will need review
  - On admission
  - Under other circumstances

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2-Identify and Obtain Existing Care Instructions

- Offer general guidance/support about MOLST and advance care planning
  - Laws and regulations require this
  - Many individuals need information and assistance
- General advice and help is not the same as discussing and choosing specific treatment options
  - Beware of mixing the two

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3-Clarify Relevant Medical Issues

- Clarify the individual's current medical situation (what are active illnesses, problems, conditions?)
  - Understanding problems and prospects is a key starting point for identifying benefits, risks, and pertinence of potential interventions
  - Vital participants: physicians and others

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3-Clarify Relevant Medical Issues

- Establish prognosis
  - How likely is the individual to stabilize, improve, decline, die, etc.?)
  - Often possible to establish a most likely course or outcome
    - Helps clarify relevance of potential treatments
  - Prognosis is based on likelihood, not on certainty
  - Evidence about factors that predict poorer outcomes

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4-Define Decision Making Capacity

- Define or confirm an individual's decision-making capacity
  - Essential to optimize patient participation in health care decisions
  - Decision making capacity is not the same as legal competence or mental status
    - Adjudication of incompetence is not routinely necessary and is harder to reverse if condition changes

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4-Define Decision Making Capacity

- As appropriate, inquire about prior decision making capacity
  - Decision making capacity is three dimensional, and should be evaluated across time, not just at one moment
  - Factors that have affected decision making capacity may still be pertinent
    - Delirium, recent illness, medication effects

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4-Define Decision Making Capacity

- Assess or confirm decision making capacity initially (for example, upon admission) and periodically thereafter
- Decision making capacity
  - Can fluctuate
  - May change with time or as new factors or conditions arise

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4-Define Decision Making Capacity

- Reconcile diverse opinions about decision making capacity
  - It is important to have one single operating perspective about decision making capacity
- Certify decision making capacity or incapacity
  - HCDA requires physicians to certify lack of decision making capacity
  - This information will be relevant to many situations, not just end-of-life

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4-Define Decision Making Capacity

- Document basis for conclusions about decision making capacity
  - Various individuals will need to refer to this information to understand how these conclusions were reached
- Reassess or confirm periodically, as needed
  - Decision making capacity may change with time

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4-Optimizing Decision-Making Capacity

- Identify and address factors affecting decision making capacity
  - Underlying causes of lethargy, confusion, delirium, etc. often affect decision making capacity; some can be addressed
  - Medications, medications, medications
  - Medical conditions such as hypothyroidism and fluid and electrolyte imbalance

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4-Define Decision Making Capacity

- Define the individual's role in making health care decisions, based in part on decision making capacity determinations
  - The patient will play a more or less substantial role, depending on the scope of decision making capacity and extent and causes of incapacity

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5-Identify Primary Decision Maker

- Identify appropriate primary decision maker
  - The patient or someone else
    - Patient may still participate despite not being primary decision maker
- Beware of claims to be authorized decision maker despite lack of documents or of legally valid succession

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5-Identify Primary Decision Maker

- Guide substitute decision makers regarding roles and responsibilities
  - The primary decision maker will need to communicate with other family members
  - Substitute decision maker should
    - Take into account
      - Patient's explicit and implicit wishes and best interest
      - Discuss and consider relevant medical information
    - Not impose personal values or choices

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5-Identify Primary Decision Maker

- Follow succession identified in HCDA
- Document primary decision maker and basis for his/her designation
  - When decision making succession is unclear, it is important to be able to show (now and subsequently) that someone was chosen by making best effort to follow a legally valid sequence
- Prepare for challenges in doing this

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5-Identify Primary Decision Maker: Challenges

- Unavailable, unwilling, or unable
- Conflicts within a category
- Conflicts among different categories
- Multiple claims to be authorized decision maker
- No authorized decision maker
- Attempted bypass of explicit patient wishes

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6-Certify Qualifying Conditions

- Identify terminal, end-stage, or persistent vegetative state (PVS)
  - Important to follow HCDA definitions
  - Terminal or end-stage relate to individual's overall condition, aggregate of their burdens of age and illness
    - Not necessary to have specific fatal condition in order to be terminal or end-stage

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6-Certify Qualifying Conditions

- Purposes
  - To provide overview of patient condition and prognosis
  - Some advance directives only triggered by presence of qualifying condition
  - To permit certain decisions about life-sustaining treatments
    - For example, surrogate decisions to withhold or withdraw treatment

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6-Certify Qualifying Conditions

- HCDA requires certain physician certifications
  - Practitioners should be guided by HCDA definitions
    - May confuse meanings of these terms or apply personal interpretations
  - Relates to medical information about condition and prognosis

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6-Certify Qualifying Conditions

- Based on probability, not certainty
  - That is true of all ethics decision making
- Document basis for conclusions about qualifying conditions
  - Others may need to understand the basis for such determinations

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7-Define and Present Health Care Issues & Options

- Convergence of

Patient values, wishes, goals →

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Medical considerations →

- Condition and prognosis
- Treatment indications, availability, effectiveness

TREATMENT OPTIONS

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7-Define and Present Relevant Health Care Issues

- Identify the pertinence of various treatment options
- Should be done in context of
  - medical condition
  - prognosis
  - available treatment options
  - qualifying conditions
  - patient goals, wishes, and values

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7-Define and Present Health Care Issues & Options

- Offer support for current treatment orders and advance care planning
  - Should be more than just presenting treatment options
  - People often need time and support from various sources to make decisions
    - Support from staff, practitioners, family, friends, clergy, etc.
- Clarify the individual's goals, wishes, and values as much as possible

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7-Define and Present Relevant Health Care Issues

- Define relevant issues needing discussion or decisions; for example
  - Scope of individual's decision-making capacity
  - Options to address inadequate food intake
  - Potential benefits and limits of CPR
  - Capacity to consent to procedures
- Important to define problem concisely and accurately

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7-Define and Present Relevant Health Care Issues

- Present information to patient or authorized decision maker
  - Review relevance of various treatment options
  - Literature identifies more and less successful ways to do so
  - How information is presented may influence how primary decision maker understands issues and makes decisions

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7-Define and Present Relevant Health Care Issues

- For many individuals, potential treatments will not change the course or materially improve the outcome
- Health care practitioner not obliged to provide a treatment that he/she considers medically ineffective or not in patient's best interest
  - Should explain basis for conclusions
  - Must follow procedures identified in HCDA

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7-Define and Present Relevant Health Care Issues

- Medical literature contains considerable evidence about interventions that are more or less likely to affect outcomes in various situations; for example
  - CPR not effective in people where cardiopulmonary arrest is
  - Limited impact on function and quality of life of tube feedings in end-stage dementia
    - Related to end of life
    - Caused by advanced, irreversible medical conditions

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7-Define and Present Relevant Health Care Issues

- Patients or authorized decision makers may need repeated efforts to make relevant decisions
- Document relevant information that clarifies basis for various decisions
  - Important risk management measure
  - Minimal risk of legal complications when proper process is followed

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8-Implement Treatment Decisions

- Write specific orders regarding withholding or withdrawing life-sustaining treatments
- Use MOLST form or give verbal orders
- Orders should cover CPR and other relevant situations where choices have been made

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MOLST Orders Represent Convergence

- Convergence of

What the patient/ADM authorizes → **MOLST ORDERS**

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The medical issues →

- Patient condition and prognosis
- Treatment indications, availability, pertinence, and potential effectiveness

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8-Implement Treatment Decisions

- Don't confuse CPR status with treatment prior to arrest
  - Wanting other interventions prior to arrest does not automatically mean someone wants CPR
  - "Code status" does not automatically equate with scope of treatment warranted prior to arrest, or the need to hospitalize for illness

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9-Review Periodically / Update as Indicated

- Individuals have right to change or revoke choices about treatment
  - Current orders or advance directives
- Review/confirm decision making capacity prior to accepting changes or revocation
- Sometimes, new or revised care instructions are needed in order to implement treatment choices

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9-Review Periodically / Update as Indicated

- Reevaluate situation periodically
  - Including medical condition and prognosis
  - Reaffirm patient goals, wishes, and values
- Revisit the process outlined herein
  - To greatest possible extent, given the various challenges
- Follow legally required procedures for making changes

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Implementation Challenges

- Obtain consultative support
  - For example, PCAC
    - PCACs advise and support, but don't make or impose decisions on behalf of practitioners, facilities, or patients
- Various individuals (clergy, patient advocates, etc.) may be able to help explain situations and obtain effective decisions

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Implementation Challenges

- Facilities and programs (hospitals, nursing homes, dialysis centers, etc.) or residential care settings can establish organizational policies and procedures
  - Effective if policies are promoted and performance overseen and improved over time

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Implementation Challenges

- Other settings
  - Attaining systematic approach is more challenging, but still feasible
  - Some details that are relevant to institutional settings (for example, PCAC) may not apply in community settings
- In any setting
  - Assign responsibilities such as obtaining copies of advance directives or documenting decision making capacity

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Implementation Challenges

- Helpful to establish a performance improvement activity related to the entire process and its components
  - Are legal requirements followed?
  - Are decision-making capacity determinations done properly?
  - Are specific individuals fulfilling their roles consistently?
  - Is MOLST being used correctly?

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Implementation Challenges: References

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Implementation Challenges: References

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