ADVANCE CARE PLANNING

ADVANCE DIRECTIVE, CODE STATUS

Henry Ford Health System

PROGRAM OBJECTIVES

- We all have the right to make medical treatment decisions for ourselves. Unfortunately, illness or injury can result in our inability to participate in treatment decisions.
- Advance planning can help to ensure that our wishes are known and respected.

Objectives:

1. Describe common end of life documents and terms.
2. Review individuals who may provide consent.
3. Share rules for witnesses in the state of MI.
4. Prioritize patients using the "surprise" question.

END OF LIFE PLANNING - DEFINITIONS

- **Advance Directive**: A written document in which you specify what type of medical care you want in the future. These may include choices about resuscitation and end-of-life care.
- **Durable Power of Attorney for Health Care (DPOA-HC)**: A legally binding document in which you appoint another individual (Patient Advocate) to make medical treatment and related personal care decisions for you. You can additionally give your Patient Advocate power to make decisions concerning mental health care you may need.
  - A DPOA-HC must be signed and dated by you (the patient) and 2 adult witnesses (see MI witness rules).
  - The Patient Advocate must sign an acceptance.
  - A Patient Advocate will <u>not</u> have general power to handle property and finances. For these types of decisions, a *durable power of attorney for finances* or a *living trust* should be drafted with help from a lawyer.

END OF LIFE PLANNING - DEFINITIONS

- **Patient Advocate**: The person given decision-making authority in a DPOA-HC. This person must be at least 18 years old and should be someone you trust to carry out your wishes.
- **Surrogate**: An individual who has legal status to act on behalf of an individual. Types of surrogates:
  - Powers of attorney (POA) and Durable powers of attorney (DPOA)
  - Medical treatment instruments:
    - Advance Directive (DPOA-HC): Designated Patient Advocate. The DPOA-HC is the "Gold Standard" in Michigan.
    - Legal Guardianship
  - Patients without legal guardians:
    - Next-of-Kin may provide consent *under very limited circumstances.*
    - Next-of-Kin may NOT consent for the "legally incompetent patient" (when the patient has been adjudged incapacitated by a court of law). Refer to Letters of Guardianship designating an individual to act on behalf of the patient.
    - **Contact Case Management/Social Work to request that a Case Manager or Social Worker be assigned.**
    - **Contact Legal Services if emergency Probate Orders are necessary.**

END OF LIFE PLANNING - DEFINITIONS

- **Do-Not-Resuscitate Declaration (DNR, DNAR)**: A legal document in which you express your wish that if your breathing and heartbeat stop, you do not want anyone to attempt to resuscitate you.
  - Valid only in settings other than a hospital. Not to be confused with a DNR Order written by a physician in an in-patient hospital setting.
  - Under recent changes in Michigan law, a legal guardian or Patient Advocate may now sign a DNR.
- **Living Will**: A written statement describing the type of care you want if you become terminally ill or permanently unconscious and unable to make decisions yourself. A Living Will alone is not a binding legal document in Michigan, but may help your care providers and family decide what treatment you would want under various conditions

INFORMED CONSENT

REFER TO HELIOS HFHS INFORMED CONSENT POLICY: EHR022

- **Determine competence or capacity to consent.**
- The following individuals ARE authorized to provide consent:
  - Competent Adults (age 18 or older) may consent for themselves
  - The legal guardian or surrogate or designated patient advocate (DPOA-HC) of an adult incompetent patient
  - Next-of-kin (*under limited circumstances*)
  - Parent or legal guardian of a minor
  - Minors at least fourteen (14) years of age for mental health services
  - Minors of any age that fall under Michigan "special rules":
    - Pregnancy; treatment for substance abuse; treatment for venereal disease, HIV, or AIDS

DPOA-HC: WITNESS RULES

In the state of MI, witness rules are strict. It is best to complete a DPOA-HC before being admitted to hospital.

A witness cannot:

- Be your Patient Advocate
- Be your health care provider
- Work for your health care provider
- Work at the place where you live (if you live in a nursing home or group home)
- Be related to you:
  - A witness under this section shall not be the patient's spouse, parent, child, grandchild, sibling, presumptive heir.
  - Presumptive heir means someone who may be able to inherit under the intestacy statute which in theory could be a relative like a niece or nephew if the person's children or spouse died first.
- Benefit financially (get any money or property) after you die
- Work for your insurance company

PRIORITIZE PATIENTS USING THE "SURPRISE" QUESTION

- Ideally, all patients should have an Advance Directive, but completion rates are low despite efforts to provide information & resources.
- One way to prioritize patients that would benefit from additional counseling is to use the "surprise" question.
- The "surprise" question – **"Would I be surprised if this patient died in the next year?"** is a simple, effective and validated clinical prediction tool that can be used to identify priority patients who might benefit from discussions about end-of-life care to ensure that their wishes are shared and respected.
  - Use the "surprise" question to prioritize patients.
  - Initiate end-of-life discussions and palliative care or hospice referrals when indicated.
  - Document in the medical record.

References:

Alvin et al. (2008). Utility of the "surprise" question to identify dialysis patients with high mortality. *Clinical Journal of the American Society of Nephrology*. 3(5): 1379-1384. DOI: 10.2215/JN.00940208

Alvin et al. (2010). Prognostic significance of the "surprise" question in cancer patients. *Journal of Palliative Medicine*. 13(7): 837-840. DOI: 10.1089/jpm.2010.0018

ADDITIONAL RESOURCES

- Advance Directives Workflow Document for EPIC
- Epic Tips and tricks (Title: Code Status, Advance directives, end of life planning)
- Helios Advance Directive Policy: EHR030
- Helios Informed Consent Policy: EHR022
- Advance Care Planning web page: http://www.henryford.com/advancecareplanning