Planning for the Worst: Code Status, POLST, and Advance Care Planning

Washington ACP Chapter Meeting
November 2, 2019

Hope Wechkin, MD
Medical Director
EvergreenHealth Hospice and Palliative Care
Kirkland, WA
Mike

- 68 y.o. retired house painter
- Diagnosed with lung adenocarcinoma 4 months ago
- Has progressed on cisplatin/pemetrexed
- Now receiving pembrolizumab (Keytruda)
- Seen in clinic

Gustave Caillebot, *The House Painters*, 1877
“Let’s talk about a hypothetical situation”

Next week: hospitalized for pneumonia

Increased work of breathing

Transfer to the ICU and intubation are recommended; course is uncertain.

Three Different Responses

Francis Bacon, *Three Studies of Lucian Freud*, 1969
“At this point, I can’t imagine taking any options off the table. I know that I have advanced cancer, but I can’t imagine not allowing for ICU care and possibly intubation, even if it means that there’s a risk that I could die in the intensive care unit.”
“I know I have advanced cancer, and I’m pursuing treatment so that I can get as much time as possible. I can definitely imagine going to the hospital if I get sick. But I draw the line at the ICU. Why? Because at this point, I don’t want to take any chance that I could spend my last days getting aggressive care, including being on a ventilator.”
"Of course I want some more time. But I really don’t want to come back to the hospital if there’s any way I can avoid it. Been there, done that. If I get so sick that I needed to be hospitalized, I’d probably take that as an indication that I should pivot to having all the care come to me at home."
**POLST**

**Physician Orders for Life-Sustaining Treatment (POLST)**

**A. Cardiopulmonary Resuscitation (CPR):** Person has no pulse and is not breathing.

- [ ] Attempt Resuscitation/CPR
- [ ] Do Not Attempt Resuscitation/DNAR (Allow Natural Death)

Choosing DNAR will include appropriate comfort measures.

**B. Medical Interventions:** Person has pulse and/or is breathing.

- [ ] Full Treatment - primary goal of prolonging life by all medically effective means.
- [ ] Selective Treatment - goal of treating medical condition while avoiding burdensome measures.
- [ ] Comfort-Focused Treatment - primary goal of maximizing comfort.

Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no hospital transfer: EMS consider contacting medical control to determine if transport is indicated to provide comfort.

**C. Signatures:** The signatures below verify that these orders are consistent with the patient’s medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

<table>
<thead>
<tr>
<th>Discussed with:</th>
<th>PRINT — Physician/ARNP/PA-C Name</th>
<th>Phone Number</th>
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<tr>
<td>Patient</td>
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<tr>
<td>Guardian with Healthcare Authority</td>
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<td>Spouse/Other as authorized by RCW 7.75.365</td>
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**Send Original Form with Person Whenever Transferred or Discharged**

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records. For more information on POLST visit www.wsha.org/po.st.

See back of form for non-emergency preferences.
Nothing’s Off the Table > POLST

Physician Orders for Life-Sustaining Treatment (POLST)

- **A** CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
  - [ ] Attempt Resuscitation/CPR
  - [ ] Do Not Attempt Resuscitation/DNAR (Allow Natural Death)
  - Choosing DNAR will include appropriate comfort measures.

- **B** MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.
  - [ ] FULL TREATMENT - primary goal of prolonging life by all medically effective means. Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.
  - [ ] SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures. Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care if possible.
  - [ ] COMFORT-FOCUSED TREATMENT - primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no hospital transfer; EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.
  - Additional Orders: (e.g. dialysis, etc.)

- **C** SIGNATURES: The signatures below verify that these orders are consistent with the patient’s medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.
  - **Printer**
  - [ ] Patient
  - [ ] Parent or Guardian
  - [ ] Health Care Authority
  - [ ] Spouse/Partner as authorized by RCW 77.04.050
  - [ ] Primary Care Physician/Health Care Agent (DPOA/C)

  - **Printer**
  - [ ] Patient or Legal Surrogate

**SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

Revised 8/2017

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Drawing the Line at the ICU > POLST

Godfrey Jervis Gordon, Royal Naval Hospital, Haslar: massage room

**Physician Orders for Life-Sustaining Treatment (POLST)**

<table>
<thead>
<tr>
<th>Last Name - First Name - Middle Name or Initial</th>
<th>Date of Birth - Last 4 SSN (optional)</th>
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<tr>
<th>Medical Conditions/Patient Goals</th>
<th>Agency Info/Sticker</th>
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Additional Orders: (e.g. dialysis, etc.)

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Person has: | Health Care Directive (living will) | Encourage all advance care planning documents to accompany POLST |
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<td>Durable Power of Attorney for Health Care</td>
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Revised 8/2017

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See back of form for non-emergency preferences

Washington State Medical Association
Washington State Medical Association
Washington State Medical Association
No Hospitalization > POLST

Pablo Picasso, *Science and Charity*, 1897

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

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See back of form for non-emergency preferences.
Antibiotics
Generally select “Antibiotics to prolong life” if Selective Treatment or Full Treatment are selected.

Artificial Nutrition
Generally select “Trial of Artificial Nutrition” and specify goal of “Independent Eating” if Selective Treatment or Full Treatment are selected.
“There are many ways to think about death; one way is to think about it as a process. It’s a process that can be considered to take years, months, weeks, days, or in this very specific instance, minutes.

In this case, we’re imagining a scenario in which there’s no pulse and no breathing, the process of dying has started, and it’ll likely be over in a matter of minutes. The question is, how should medics -- or anyone else on the scene -- respond? Should there be an attempt made to reverse that process, or should the process be allowed to continue, in order to allow a natural death?”
Out of Hospital Cardiac Arrest Survival-to-Discharge Rate: 5.5%

Mike’s Choices

- **Code Status:** DNAR/Allow Natural Death
- **Medical Interventions:** Selective Treatments
- **Antibiotics to Prolong Life**
- **Artificial Nutrition:** Trial of Artificial Nutrition w/Goal of Independent Eating

Vincent van Gogh, *Ward in the Hospital at Arles*, 1889
Sally

- 73 y.o.
- Diagnosed with COPD 9 years ago
- Also has CHF, DMII
- Has been intubated three times in the last 2 years
- FEV 1: 35% predicted

Rachel Nelson, *Breathless*
Nothing’s Off the Table > POLST
Sally’s Choices

- **Code Status:** DNAR/Allow Natural Death
- **Medical Interventions:** Full Treatment
- **Antibiotics to Prolong Life**
- **Artificial Nutrition:** Trial of Artificial Nutrition w/Goal of Independent Eating

Georges Chicotot, *Le Tubage (The Intubation)*
Two weeks later: In the ED

- POLST reviewed – “She’s a DNR”
- Code status of DNAR is placed in hospital orders
- Discussion with Sally’s husband the next morning

Jan Steen, *The Doctor’s Visit*, 1663
In-hospital Cardiac Arrest Survival-to-Discharge Rate: 24%


Douglas Manry, *The Hospital at 4 am*
Sally’s Choices

- Changed Code Status to Full Code during hospitalization
- Reviewed and confirmed choices on POLST form prior to discharge

Yvette Lauer, DNR – Do Not Resuscitate
67 y.o. with family h/o Alzheimer’s dementia who comes to clinic with his wife for a Medicare wellness check.

Attended community advance care planning meeting in which Dementia Directives were discussed.
Dementia Directives: What Would Be My Goal?

☐ To live for as long as I could.
  * Full efforts to prolong life, including resuscitation and intubation.

☐ To receive life-prolonging care, but not cardiac resuscitation and intubation.

☐ To only receive care in the place where I’m living.
  * No transfer to the ER or hospital.
  * Oral antibiotics are ok.

☐ To receive comfort-oriented care only.
  * No transfer to the ER or hospital.
  * No antibiotics.

Josee St. Amant, Dementia, 2016

Early Dementia
- To receive life-prolonging, but not cardiac resuscitation and intubation.

Moderate Dementia
- To only receive care in the residence.

Severe Dementia
- To receive comfort-oriented care only.

Gloria

- 84 y.o.
- Mild dementia
- Now has assistance for driving, cooking, shopping.
- MoCA score = 22
- Accompanied by son Dan, who has questions about advance directives.

Vincent van Gogh, *An Old Woman of Arles*, 1888
Many people who are starting to have memory problems prefer to turn over the responsibility for big decisions -- like what level of medical care they’d receive if they get sick -- to someone close to them, while continuing to be in charge of day-to-day decisions. Other people want to work at making those decisions themselves for as long as they can. Do you have any thoughts about what you’d prefer?”
• **UNDERSTAND** the information presented ("Can you tell me what choices you could make if you got sick?")

• **APPRECIATE** how this information relates to a personal situation ("Have you been in the hospital before?" etc.)

• **RATIONALLY use this information** to arrive at a decision ("How does this affect your thinking now?")

• Maintain a **CONSISTENT CHOICE** over time ("Is this how you’ve thought about things before?" "Is it ok if we check back on this in a few months?")
Guidance for Dan

• Clarify the role of the DPOA
• Complete POLST
• Introduce Dementia Directives to frame choices available in the future

Paul Cezanne, *Young Man and Skull*, c.1898
**Honoring Choices PNW Offerings**

Honoring Choices PNW partners with health care and community organizations to offer:

- Individualized consulting
- Tailored implementation plans
- Training
- Ongoing support
- Resources
  - *Including POLST Best Practices Guide coming soon!*
  - Materials available for co-branding

**Training Offerings Include:**

<table>
<thead>
<tr>
<th>Training Offerings</th>
<th>Hours</th>
<th>Participants</th>
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<tbody>
<tr>
<td>Respecting Choices® First Steps® Training</td>
<td>8 Hours</td>
<td>Anyone</td>
</tr>
<tr>
<td>Honoring Choices PNW Upstream ACP Training</td>
<td>4 Hours</td>
<td>Multi-D Team</td>
</tr>
<tr>
<td>POLST Grand Rounds</td>
<td>1 Hour</td>
<td>Physicians and Advance Practitioners, Multi-D Team</td>
</tr>
<tr>
<td>Improving Dementia Care</td>
<td>Flexible length</td>
<td>By primary care, for primary care</td>
</tr>
<tr>
<td>Serious Illness Communication Training</td>
<td>Coming in 2020</td>
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Thanks to the generous support of our donors, Honoring Choices PNW services are provided free of charge in our service area.
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Medical Director
EvergreenHealth Hospice and Palliative Care
hawechkin@evergreenhealthcare.org
Cell: 206.730.6395