

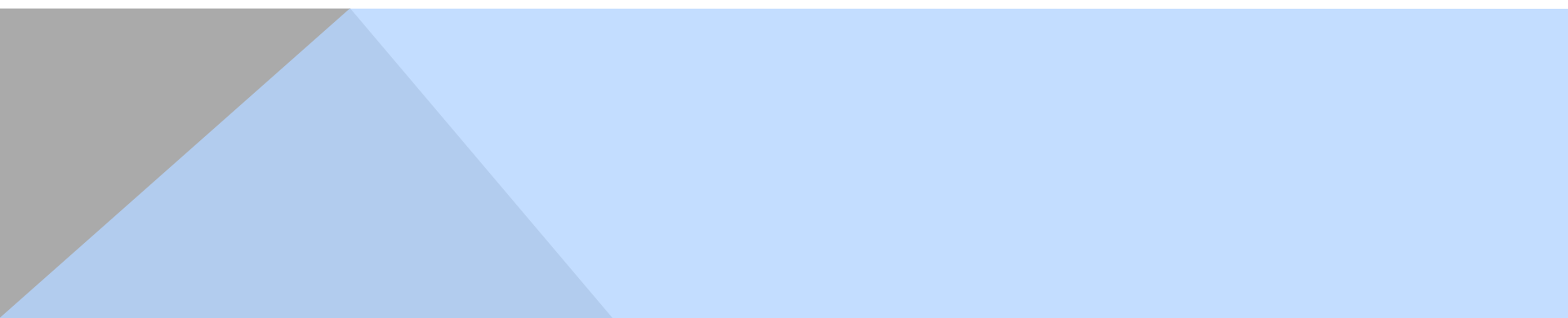


# ADVANCE DIRECTIVES: AN IMPERATIVE

The Importance of a Clinically Focused Advance Directive

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Estate Planning Council of Diablo Valley

# WHY IS IT IMPORTANT TO RETHINK ADVANCE DIRECTIVES?

- Increasing Complexity of the Health Care System
  - Increasing Complexity of Medical Decision Making
  - Managing Clients Fear of Dementia and Stroke
  - Integration of Medical Documents with Advance Directives
  - Suggestions for Making Advance Directives
- 

# THERE IS A NEED

- Families and Patients are Overwhelmed in the Medical System
- Pressure and Misunderstanding of Patients Wishes

# INTEREST AND DEMAND

- **82% of people believe it is important to put their wishes in writing, but only 23% have actually done so**
- Patients
- Publications
- Hospitals
- The Federal Government

# THE COMPLEXITY OF MEDICINE TODAY

- Medical Advances are a mixed blessing
- The Role of the Physician has changed
- Treatments Choices are complex

- Would your clients Advance Directive provide adequate information to prevent suffering or promote aggressive care?
- Are your Agents prepared?

# 3 ELEMENTS OF A GOOD ADVANCE DIRECTIVE

- Choose an Agent Judiciously
- Create a Clinically Focused Guideline
- Document Accessibility

# IS AN AGENT NECESSARY?

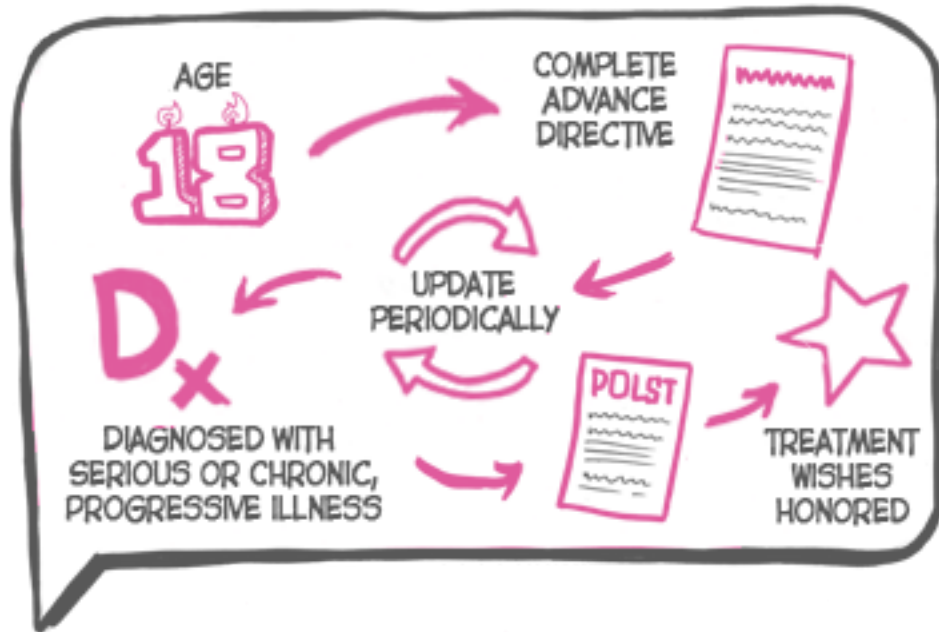
- 47% of hospitalized seniors need assistance with one decision\*
- 25% of hospitalized seniors need assistance with all decisions\*

\* JAMA Study 2014



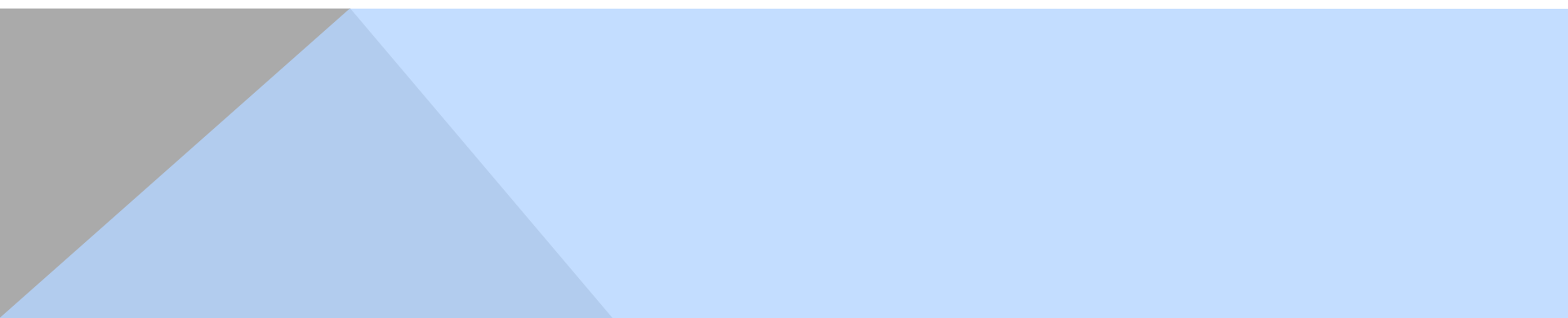


# AGENT NEEDS TO BE KEPT INFORMED



# CREATE A CLINICALLY FOCUSED GUIDELINE

WHY DON'T CLINICAL ADVANCE DIRECTIVES FUNCTION WELL?

- Who?
  - Why?
  - Where?
  - What?
- 

# DOCUMENT ACCESSIBILITY

## *Where is your document?*

- 65-70% of physicians whose patients had an Advance Directive were not aware of it's existence\*
- Less than 50% of severely or terminally ill patients had an Advance Directive in their medical record\*

\*Agency for Health Care Research and Quality Statistics 2003

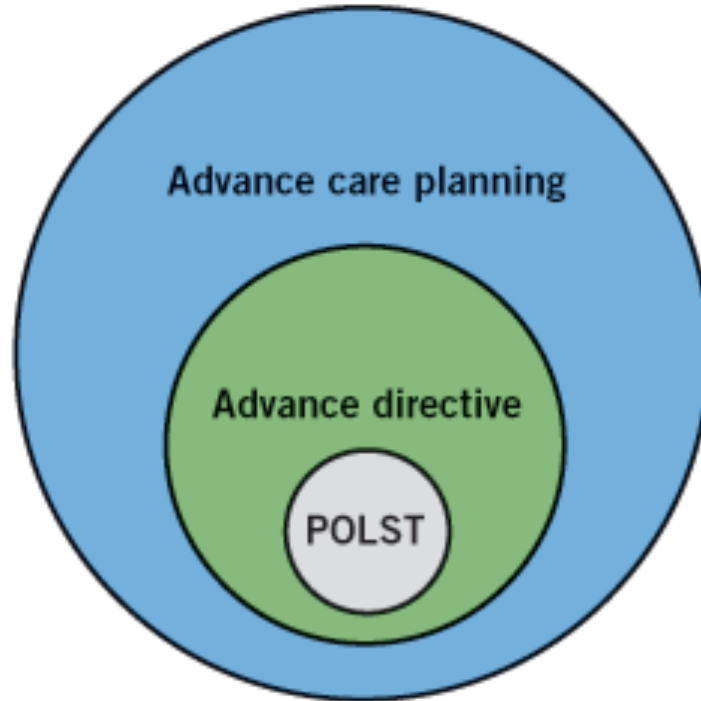
# MEDICAL DOCUMENTS THAT AFFECT TREATMENT CHOICES

- Out of hospital DNR forms
  - POLST

HIPAA PERMITS DISCLOSURE OF COLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY	
<b>DNR/COLST</b>	
<b>CLINICIAN ORDERS</b>	
<b>for DNR/CPR and OTHER LIFE SUSTAINING TREATMENT</b>	
Patient Last Name _____	
Patient First/Middle Initial _____	
Date of Birth _____	
FIRST follow these orders, THEN contact Clinician.	
(If patient/resident has no pulse and/or no respirations)	
<b>A</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>DO NOT RESUSCITATE (DNR)</b></p> <p><input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death)</p> </div> <div style="width: 45%;"> <p><b>CARDIOPULMONARY RESUSCITATION (CPR)</b></p> <p><input type="checkbox"/> CPR/Attempt Resuscitation</p> </div> </div>
For patient who is breathing and/or has a pulse, GO TO SECTION B - G, PAGE 2 FOR OTHER INSTRUCTIONS. CLINICIANS MUST COMPLETE SECTIONS A-1 THROUGH A-5	
<b>A-1 Basis for DNR Order</b>	
Informed Consent - Complete Section A-2 Futility - Complete Section A-3	
<b>A-2 Informed Consent</b>	
Informed Consent for this DO NOT RESUSCITATE (DNR) Order has been obtained from:	
Name of Person Giving Informed Consent (Can be Patient) _____ Relationship to Patient (Write "self" if Patient) _____	
Signature (If Available) _____	
<b>A-3 Futility (required if no consent)</b>	
<input type="checkbox"/> I have determined that resuscitation would not prevent the imminent death of this patient should the patient experience cardiopulmonary arrest. Another clinician has also so determined.	
Name of Other Clinician Making this Determination (Print here) _____ Signature of Other Clinician _____	
Dated: _____	
<b>A-4 Facility DNR Protocol (required if applicable)</b>	
This patient is <input type="checkbox"/> is not <input type="checkbox"/> in a health care facility or a residential care facility.	
Name of Facility: _____	
If this patient is in a health care facility or a residential care facility, the requirements of the facility's DNR protocol have been met. _____ (Initial here if protocol requirements have been met.)	
<b>A-5 DNR Identification (optional)</b>	
I have authorized issuance of a DNR Identification (ID) to this patient. Form of ID: _____	
Certification and signature for DNR	<b>A-6 Clinician Certifications and Signature for CPR/DNR (required)</b>
	I have consulted, or made an effort to consult with the patient and the patient's agent or guardian.
	Patient's Agent or Guardian _____ Address or Phone _____
	I certify that I am the clinician for the above patient, and I certify that the above statements are true.
Signature of Clinician _____ Printed Name of Clinician _____	
Dated: _____	
GIVE COPY TO PATIENT AND REPRESENTATIVE SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED	

\*These should align with a patient's Advance Directive

# ADVANCE DIRECTIVES AND THE PLANNING PROCESS



# ADVANCE DIRECTIVES IN PATIENTS FACING STROKE AND DEMENTIA

- Treatment choices often change when anticipating loss of capacity
- Mental or Cognitive ability determined by physician
- Agent activation to determine treatment choices



*"I'm not losing my memory. I'm living in the now."*

AllPosters

# DOCUMENT REVIEW

- To or Not To Prolong Life\*
- Incurable/ Irreversible Conditions Resulting in Death in a Short Time\*
- Reasonable Degree of Medical Certainty as Defined by Physician\*
- Regaining Consciousness\*
- Benefits Vs. Burdens\*
- Relief from Pain\*

\*CA Probate Code Section 4701 (Part 2)



# THE ROLE OF FINANCIAL PLANNERS AND ATTORNEYS IN ADVANCE DIRECTIVES

- Review, Reflect, Refer
- Begin the conversation
- POLST education

# QUESTIONS?

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