Advance Care Planning

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Advance care plan or directive

A plan made when competent about their medical treatment which will come into effect when the patient loses capacity

-recognized by the Medical Council of Ireland - (16)

-recognized by the HSE Consent Policy – (7.8)

Advance care plan or directive

Has same status as a current plan provided

- The request or refusal was an informed choice
- The decision covers the situation that has arisen
- Nothing to indicate a change of mind

Advance care plan or directive

- No obligation to give treatment which is not clinically indicated
- If there is doubt about the ACP, doctors should act in patient’s interest, establish if anyone has legal authority to make a decision, and consult with the healthcare team and patient’s family if possible

Additional guidance in 2016

- Should do your best to help and support a patient to make an advance care plan
- Should ask patients with long-term conditions or who may lose mental capacity or die in the foreseeable if they had made an advance care plan

Tús Áite do Shábháilteacht Othar
Patient Safety First

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality and Patient Safety Directorate

National Consent Policy

Section 7.8 Advance refusal of treatment

Sometimes service users may wish to plan for their medical treatment in event of their future incapacity, including advance refusal of medical treatment. There is no Irish legislation confirming the enforceability of such advance refusals. However, such an advance care plan should be respected on condition that:

- The decision made was an informed choice according to the principles…
- The situation specifically covers the situation that has arisen
- There is no evidence that the service user has changed their mind since the advance plan was made.

If there is reasonable doubt about the existence of an advance treatment plan, the service user's capacity at the time of making the treatment plan or whether it still applies in the present circumstances, treatment decision should be made according to the principles discussed….

Advance care planning

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

What?

- Values and beliefs
- Health care decision, including requests for treatment, refusal of treatment
- Preferred place of care
- ‘nominee’ for consultation

Who?

- Patient
- Healthcare team-doctor, nurses, social workers
- Family, informal carers, social care workers

When?

- Diagnosis of an illness in which there is likely to be loss of capacity
- Diagnosis of an illness, when there are likely to be complications needing urgent treatment for example respiratory failure in MND, cardiopulmonary arrest
- Disease progression indicators
- Hospital admissions

Where?

Ideally in usual place of care, with usual supports

Why?

- To respect patient's wishes
- To improve end of life care
- To provide clarity for professionals and carers
- To reduce health care costs

Why not?

- Consistency of wishes
- Undermine doctor-patient trust
- Institutional agenda-cost
- Coping mechanism of patients

Advance planning considerations

- Autonomy
- Functional capacity
- Informed decision
- Not obligatory
- Cannot oblige futile or unethical or illegal treatment

Rights of People with Disabilities

Guide to Professional Conduct and Ethics for Registered Medical Practitioners

- 1.3 exercise clinical skills and judgement in patient's interest without allowing ….. disability to affect in a negative way the treatment you give.
- 10.2 adults who are considered not to have the capacity to make a decision are entitled to the same respect for their dignity and personal capacity as anyone with full capacity.
- 27 Protection of Vulnerable Persons
- 63.1 As a doctor in a management role, you have a responsibility to advocate for appropriate healthcare resources and facilities if insufficient resources are affecting or may affect patient safety and quality of care

Ethical Framework for Decision Making in a Pandemic

- Minimizing harm
  - restricting individual liberty

- Fairness
  - Recognize the moral equality of all persons

- Duty to Provide Care

United Nations Convention on Rights of Persons with Disabilities

- Article 5 - equality and non-discrimination
- Article 10 - equal right to life
- Article 11 - obliges states to ensure safety
- Article 25 - right to highest attainable standards of health

Advance planning considerations

- Rarely urgent-a process over a number of encounters, but in context of current Covid pandemic there is greater focus
- Fit for purpose-not so vague as to be useless
- Documented in such a way as to be available when needed
- Encourage engagement with family

Statement of values and beliefs

Specific statements about treatment refused

- An advance decision to refuse treatment

Specific statements about treatment requested

- Can be requested, but not enforced
- Futile treatment
- Respect for autonomy of others
- Fair use of resources

Advance Care Planning

- Part of current care planning
- At patient's request and pace, ideally
- Urgency with new problems
- If patient does not have capacity, there is legislative framework to govern how a decision should be made
- Discuss with those who understands patient's wishes
- On behalf of the person and in patient's best interest
- Document.

So what does this mean?

- Be aware of possibility of Advance Care Planning
- Be alert to patient's questions and comments about their health and their future
- Take opportunity to do ACP when not a crisis
- Document in chart, or health passport; consider giving patient a copy

Anticipatory Prescribing

- In the context of Covid illness
- if patient is deteriorating or likely to deteriorate
- if life-prolonging treatment is not possible
- if life-prolonging treatment is failing
- in last days of life

Likely symptoms in Covid

- Breathlessness
- Delirium

And in last days of life in any illness

- pain
- nausea, vomiting
- secretions

Diagnose dying

- exclude reversible problems (maybe self-evident that patient is dying of Covid)
- If not Covid, is there infection, renal failure, hypercalcemia (cancer) etc. which may be reversible
- medical assessment- may be more difficult to access in pandemic; may happen out of hours; most palliative care teams do not have doctors assessing patients at home

Assess Comfort and Symptoms

- Non- pharmacological interventions for comfort
- Algorithm for PRN meds
- Algorithm for syringe driver

HSE Covid Clinical Guidelines

- https://hse.drsteevenslibrary.ie/Covid19V2
- https://hse.drsteevenslibrary.ie/Covid19V2/palliativecare

Anticipatory Prescribing for Last Days of Life

- Four drug classes for symptoms - pain, breathlessness, secretions, nausea, anxiety, delirium
- Opioids for pain or dyspnoea, for those who are opioid naive or those on opioids
- Benzodiazpeines for anxiety or agitation
- Haloperidol or levomepromazine for delirium or nausea
- Anti-cholinergics for secretions

Management of Persistent Symptoms

- Use of syringe driver
- For opioid naive patients
- For patients on opioids

Patients with intellectual disability

- Multimorbidity
- On medication to maintain health and well being
- Some may be essential to continue
  - anticonvulsants
  - cardiac failure - diuretics
  - need alternate route if PO meds not possible

Prescription

- Drug availability
- Drug storage
- Long - term care/nursing home
- need to have drugs prescribed, available but a system to ensure they are not used inappropriately
- liaison with community palliative care teams

Thank you

References

https://www.gov.ie/en/publication/a02c5a-what-is-happening/#ethical-framework-for-decision-making-in-a-pandemic

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