

ADVANCED DIRECTIVES

NAVIGATING UNCERTAIN WATERS - Dying Well

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END OF LIFE PLANNING *A CHRISTIAN MEDICAL PERSPECTIVE*

John 14:2

In My Father's house there **are** many dwelling **places** (homes). If it were not so, I would have told you; for I **am** going **away** to **prepare a place** for you.



PREPARING FOR THE END OF LIFE

- **Death and the healthcare system**
 - Average life- expectancy in US 79 years
 - 3 million deaths annually
 - 500,000 (16%) people die in Intensive Care Units (ICUs) annually
- **Causes of Death in the US- CDC**
 - Heart Disease- 23% of all deaths
 - Cancers- 22%
 - Coronavirus - 6.4%
 - Accidental death- 6%
 - Type II Diabetes Mellitus- 3%
 - Pregnancy- 700 women die giving birth/year

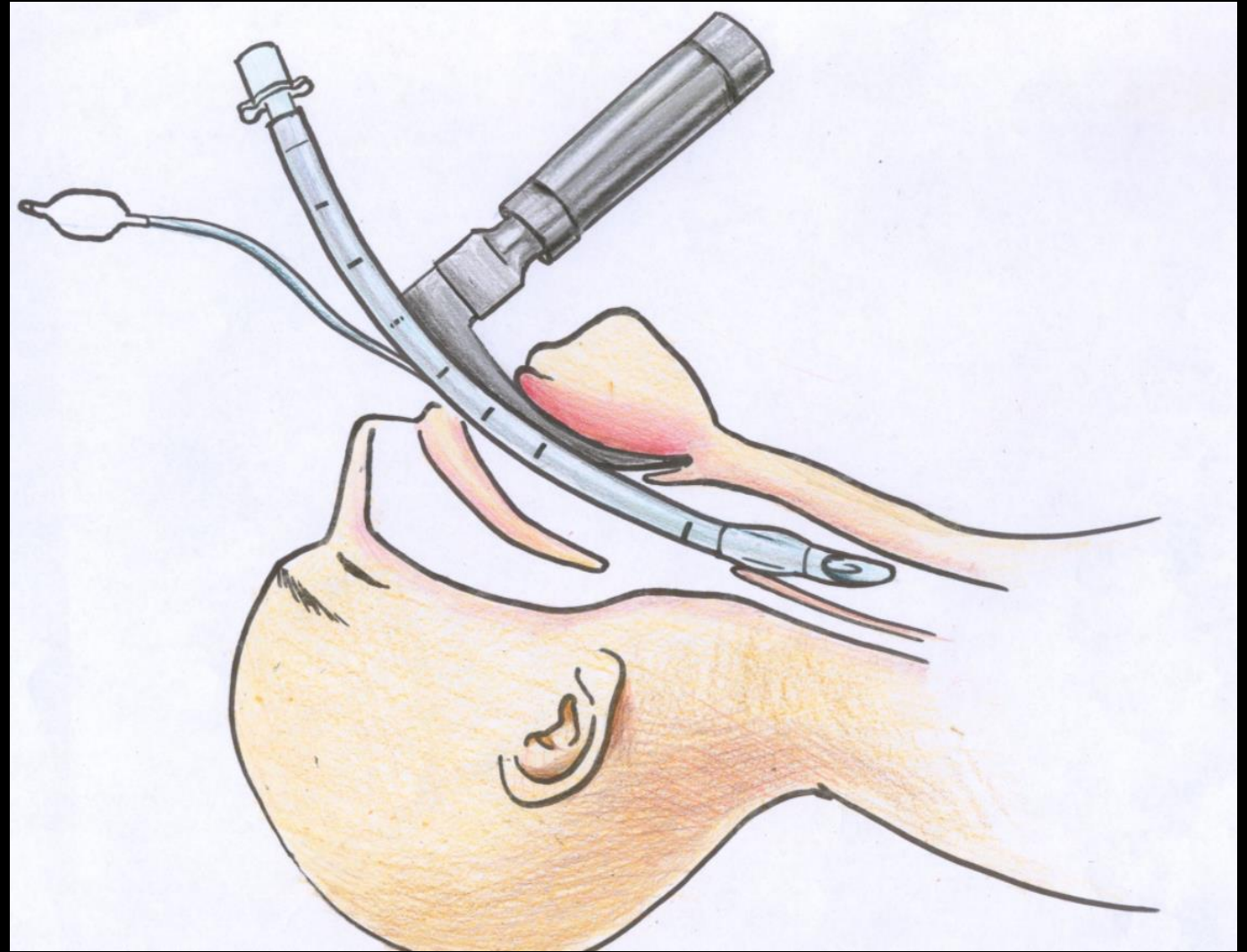


TERMS TO KNOW

- DNI
- DNR
- DNT
- Capacity
- Competence
- Guardianship
- Medical Futility
- Coma

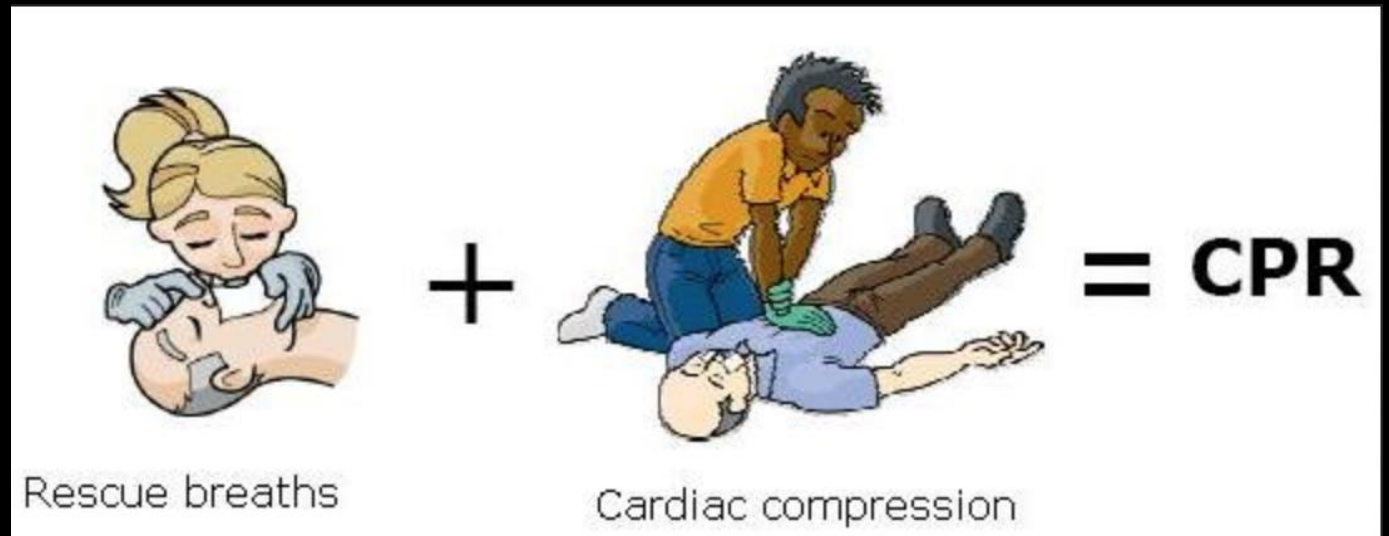
INTUBATION

- Tube placed in airway to provide oxygenation to tissues when respirations have ceased or when breathing is compromised.
- Intended to provide a bridge to normal spontaneous breathing.



DO NOT RESUSCITATE (DNR)

- No chest compressions
- No assisted ventilation



DO NOT TREAT (DNT)

- No Intubation
- No chest compressions
- No IV medications
- No Antibiotics
- Can include oxygen and comfort care

CAPACITY

- **Capacity** is the ability of a patient to understand the benefits and risks of, and the alternatives to, a proposed treatment or intervention (including no treatment). Capacity is the basis of informed consent. Capacity is continuous and exists in varying gradations.
- **Competence** is a legal term that can be defined as being “duly qualified: having sufficient, capacity, ability or authority” . Competence is all or none.
 - Legal competence is specific to the task at hand. It requires the mental capacities to reason and deliberate, hold appropriate values and goals, appreciate one's circumstances, understand information one is given and communicate a choice. These capacities can change over time.
- 20-30% of patients with psychiatric disorders lack the capacity for informed consent

GUARDIANSHIP- THE COURT- APPOINTED PROXY

Original Research | [Published: 27 April 2010](#)

Medical Decision-making During the Guardianship Process for Incapacitated, Hospitalized Adults: A Descriptive Cohort Study

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[Journal of General Internal Medicine](#) **25**, 1003–1008(2010) | [Cite this article](#)

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Abstract

Background

It is sometimes necessary for courts to appoint guardians for adult, incapacitated patients. There are few data describing how medical decisions are made for such patients before and during the guardianship process.

Objective

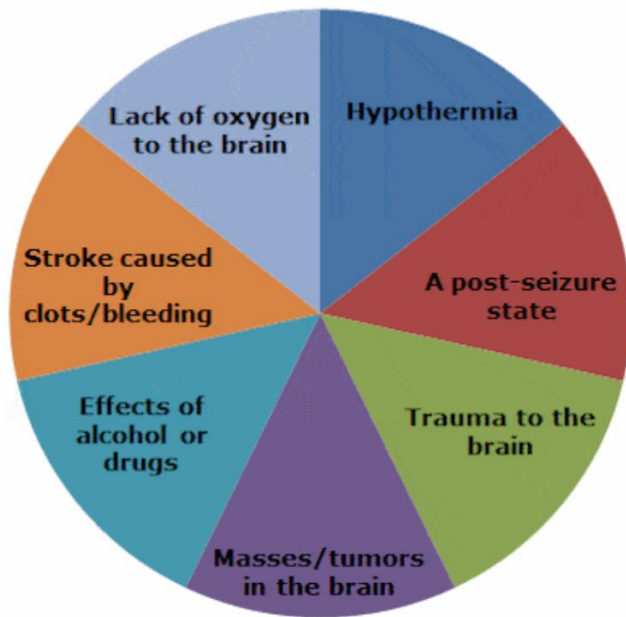
To describe the process of medical decision-making for incapacitated, hospitalized adults for whom court-appointed guardians are requested.

MEDICAL FUTILITY

“Medical futility is the ***unacceptable likelihood*** of achieving an effect that the *patient* has the capacity to appreciate as a *benefit*. ”

- Schneiderman, L.J. Defining Medical Futility and Improving Medical Care. *Bioethical Inquiry* **8**, 123 (2011). <https://doi.org/10.1007/s11673-011-9293-3>

Causes of Coma



Condition	Self-Awareness	Pain and Suffering	Sleep-Wake Cycles	Motor Function	Respiratory Function	Outcome
Coma	Absent	No	Absent	No purposeful movement	Variably depressed	Evolves to persistent vegetative state, dies, or recovers in 2-4 weeks
Vegetative state	Absent	No	Intact	No purposeful movement	Normal	Depends on etiology
Minimally conscious state	Very limited	Yes	Intact	Severe limitation of movement	Variably depressed	Recovery unknown
Akinetic mutism	Limited	Yes	Intact	Moderate limitation of movement	Normal to variably depressed	Recovery unlikely or limited
Locked-in syndrome	Present	Yes	Intact	Quadriplegia; pseudobulbar palsy; eye movements preserved	Normal to variably depressed	Recovery unlikely; remains quadriplegic
Brain death	Absent	No	Absent	None or only reflex spinal movements	Absent	None



Coma



Vegetative
State



Brain Death

Long-term care resident

Middle Aged- Cancer
Patient

Middle-Aged COVID-19
Patient

Motorcycle Accident
Victim

Pregnant COVID -19
Patient

CASES



ELDERLY LONG-TERM CARE RESIDENT

- 90 yo female resident of skilled nursing facility
 - Past Hx- stroke, asthma, hypertension
 - Has a healthcare proxy and a living will
 - Requests DNR status, but wants to celebrate her 100th birthday
 - Chokes at dinner and is intubated and sent to a local ER
- What is your course of action?

MIDDLE –AGED CANCER PATIENT

- 55 yo male with HIV and lymphoma.
 - Patient is estranged from his wife and family due to HIV stigma
 - He has no healthcare proxy or living will
 - His blood pressure drops, and he stops breathing after a round of chemotherapy.
 - The healthcare team intubates the patient and seeks advice from a surrogate or court appointed guardian.

MIDDLE-AGED COVID-19 PATIENT

- 53 yo female
- Past medical history of asthma, obesity, end-stage renal disease, and poorly controlled diabetes
- Social history- single, disabled, lives with her mother and two children
- No healthcare proxy, no living will
- She became short of breath and had a fever and cough
- She went to the ER and was admitted with COVID pneumonia
- She loss consciousness and stopped breathing
- She was intubated and placed in ICU for 30 days
- She is making a full recovery to baseline

MOTORCYCLE ACCIDENT VICTIM

- 42 yo male
- Past history of hypertension
- Social history- single
- No healthcare proxy or living will
- Struck by truck and jettisoned off of bike onto sidewalk
- CPR begun at scene
- Unable to resuscitate in ER
- Contacted parents for consent for organ donation

PREGNANT COVID-19 PATIENT

- 19 yo pregnant female- 32 weeks gestation
- Past medical history- asthma
- Social history, single, lives with mother
- No healthcare proxy or living will
- Developed an inability to taste or smell
- Tested positive for COVID-19 in an outpatient clinic.
- She remained stable with no other symptoms.
- Told to self-quarantine for 14 days.
- What should she do about a healthcare proxy and living will?

PEARLS

- ❑ Coma- Wait 72 hours if patient is not DNR before discontinuing life support.
- ❑ Healthcare proxy should familiarize themselves with the probabilities of survival (get a second medical opinion) .
- ❑ Healthcare proxy should be familiar with ICU terminology. As an advocate, they should request clarification of unfamiliar terminology.
- ❑ Healthcare proxy should have the capacity to analyze analogous scenarios.
- ❑ Healthcare proxy should exhibit *agape love while staying true to advanced directives.*
- ❑ Avoid court-appointed guardians- they favor the healthcare system's goals and desired outcomes.