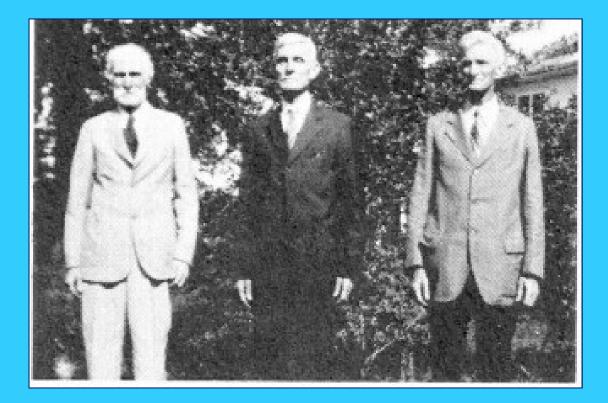
# L\*ve or Let D\*e

# Advance Directives

Marty Pressley-Turner RN-BC, BSN, MS, LCCE, FACCE

# **Funeral Frequent Flyer**



#### Cazort Brothers James Robert Thomas Jay William Alexander

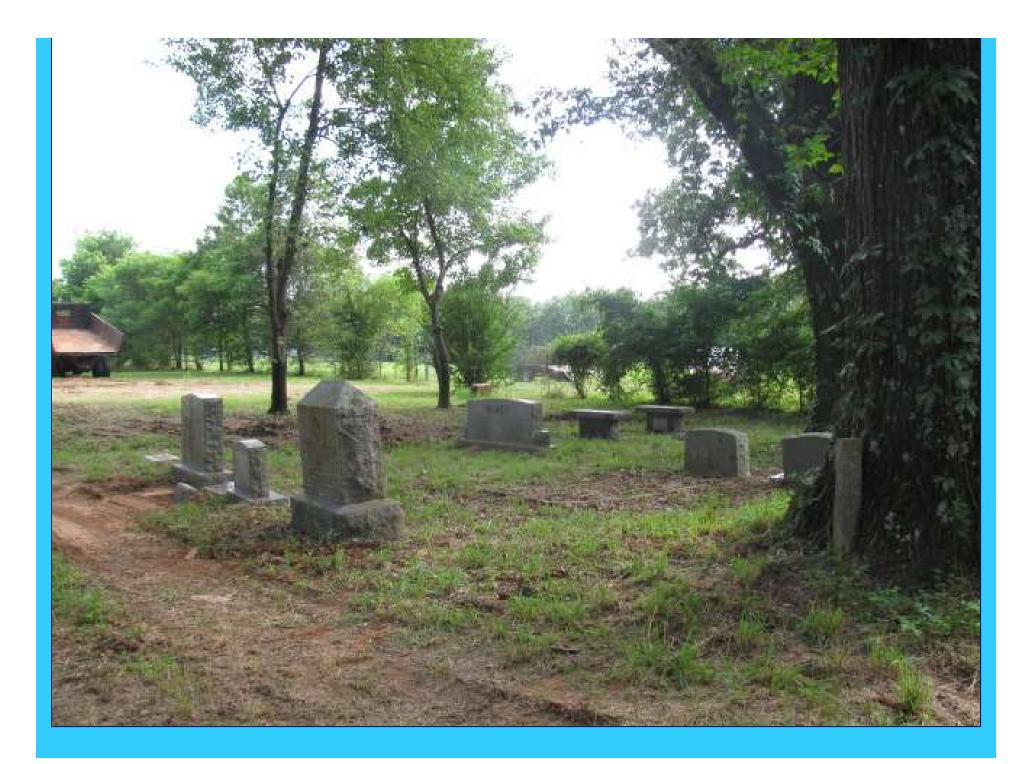
Still Working for You LLC



Garner Twins May Belle

## Cazort Garner Wallace Cemetery













#### Learner Outcomes

The learner will be able to start documenting your own advance directives.

The learner will be able to create an ethical framework to guide discussions related to end of life.

#### • <u>Conflict of interest</u>:

- The planners and presenters of this activity has disclosed no relevant financial relationships with any commercial interests pertaining to this activity.
- Conflict of interest disclosures are on file for all presenters and planners.

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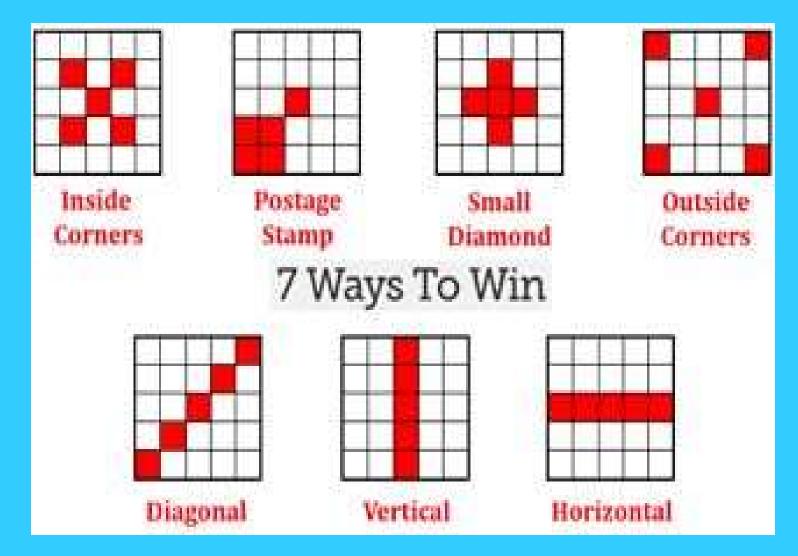
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- This continuing nursing education activity was provided by Wild Iris Medical Education, Inc. an accredited provider by the American Nurses Credentialing Center's Commission on Accreditation for 1.5 hours of CNE.
- CCMC Ethics credit approval is approved for 1.5 hours for this course. The CCMC Code of Professional Conduct will be referenced in this presentation.
- In order to receive these credits, a participant must:
  - Be present for 80 minutes of the presentation
  - Sign-in on the provided sign-in sheet
  - Complete an evaluation at the end of the program

### Learner Outcomes

•The learner will be able to start documenting your own advance directives.

# L\*ve or Let D\*e BINGO



L FILE NO.					nesaran an n		STATE FILE NO.		
. DECEDENT'S LEGA	I <mark>l Name (I</mark> r	nclude AKA's	if any) (Firs	t, Middle, Last)			2. SEX	3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR		4c. UNDER 1 DAY		5. DATE OF BIRTH (Mo		Day/Yr) 6. BIR	BIRTHPLACE (City and State or Foreign Country)	
	Months	Days	Hours	Minutes					
7a. RESIDENCE-STAT	E	_	7b. COL	INTY			7c. CITY OR	OR TOWN	
7d. STREET AND NUMBER 7e. APT					. NO. 7f. ZIP CODE			7g. INSIDE CITY LIMITS? 🗆 Yes 🗖 No	
8. EVER IN US ARMED	) FORCES?	9. MARIT	AL STATU	S AT TIME OF	DEATH	8	10. SURVIVI	IVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
			Married  Married, but separated  Widowed					김 사람 중 전사학	
□ Yes □ No		Marrie	a 🗆 Marri	ed, but separat	eu⊔w	luuweu			

#### **U.S. STANDARD CERTIFICATE OF DEATH**

**1.** DECEDENT'S LEGAL NAME **2.** SEX **4a.** AGE-Last Birthday **5.** DATE OF BIRTH (Mo/Day/Yr) **6.** BIRTHPLACE **7a**. RESIDENCE-STATE **7b**. COUNTY **7c.** CITY OR TOWN **7d.** STREET AND NUMBER **7e**. APT. NO. **7f**. ZIP CODE **7g**. INSIDE CITY LIMITS? 
Q Yes Q No 8. EVER IN US ARMED FORCES? □ Yes □ No **9.** MARITAL STATUS AT TIME OF DEATH  $\square$  Married  $\square$  Married, but separated  $\square$  Widowed □ Divorced □ Never Married □ Unknown **10.** SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) **11.** FATHER'S NAME (First, Middle, Last) **12**. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **14.** PLACE OF DEATH OCCURRED IN A HOSPITAL: □ Inpatient □ Emergency Room/Outpatient □ Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 

Hospice facility  $\Box$  Nursing home/Long term care facility  $\Box$  Decedent's home  $\Box$  Other (Specify): **15**. FACILITY NAME (If not institution, give street & number) **16.** CITY OR TOWN , STATE, AND ZIP CODE **17.** COUNTY OF DEATH **18.** METHOD OF DISPOSITION: 
□ Burial □ Cremation □ Donation □ Entombment Removal from State
 Other (Specify): **19.** PLACE OF DISPOSITION (Name of cemetery, crematory, other place) **20.** LOCATION-CITY, TOWN, AND STATE **21.** NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY

#### Causes of Death

Ovarian cancer. Neurological injury s/p parachute malfunction during sky diving..Suicide..Glioblastoma..Blunt force trauma s/p robbery..Type 2 diabetes, obesity, hypertension, and heart failure. P. aeruginosa due to left hemiparesis, due to an old cerebral infarction...Emphysema... Myocardiac infarction during coitus...Pulmonary thrombus while motorcycling across country. Multiple trauma s/p motor vehicle collision during Indianapolis 500...Hemorrage following birth...Aphyxia during surgery. Gunshot wound s/p rescuing a toddler during a drive by shooting.. Escherichia coli sepsis..Crush injury s/p tortoise dropped by an eagle....Tramautic head injury s/p exploding IED.. Tuberculosis... Alcoholic tu liver failure.. Esophageal cancer..HIV/AIDS..Third degree burns s/p house fire.. Multisystem organ failure s/p opiod overdose.. Spinal cord injury s/p horseracing accident..Dance till you drop from a MI....Unknown case of death....Unknown cause of death....Unknown

Advance Directives (provision for health care decisions)

- Health Care Power of Attorney
- •Living Will
- •Five Wishes
- Do Not Attempt Resuscitation
- Allow Natural Death
- Physician Orders for Life-Sustaining Treatment

#### Medicolegal Overview

- 1932 U.S. Public Health Service Syphilis Study at Tuskegee
- 1960s trend away from family doctor
- 1966 Medicare changed structure and organization of healthcare delivery
- 2007 WHO definition of technology; life changing therapies

https://www.cdc.gov/tuskegee/timeline.htm http://www.who.int/medical\_devices/definitions/en/

# Legal Precedents Karen Ann Quinlan

#### 1975 Extensive damage to higher brain function

1976 Parents requested termination of ventilator

1976 Parents won suit with NJ SC Karen Ann taken off life support

1985 Karen Ann died of pneumonia at age of 31



## Legal Precedents Nancy Beth Cruzan

- 1983 Lost control of vehicle; flew out of car face down in water filled ditch
- No vital signs at accident and three weeks later diagnosed in persistent state of vegetation
- Feeding tube (FT) inserted
- 1988 Parents won court order to withdraw FT but state of Missouri appealed. Missouri Supreme Court reversed decision. SCOTUS upheld decision.
- 1990 Probate Court ordered removal of FT
- Nancy died 14 days later



### Legal Precedents Theresa Marie Schiavo

- 1990 She had a cardiac arrest brought on my hypokalemia from an eating disorder; 3 months later emerged from coma but in persistent vegetative state.
- 1998 Husband requested to remove FT but opposed by her parents.
- 2001 FT was removed but reinserted when parents provided new evidence Terri was getting better.
- 2003 FT removed for 2<sup>nd</sup> time. Decision confirmed by lower courts and FL Supreme Court but overturned by FL legislature. (Terri's Law)
- 2005 FT was removed. Confirmed by lower courts and elevated to the US District Court, which upheld the lower court.

#### Terri died thirteen days later

https://www.nejm.org/doi/full/10.1056/NEJMp058062



# LEGAL PRECEDENTS

1990 Patient Self Determination Act (PSDA)

Providers must offer written information to all patients regarding right under state laws to accept or refuse treatment and to make advance directives (AD).

Patient's record must have documented advance directives if present.

Institutions cannot refuse care or treatment if a patient does have AD

Institutions have an affirmative obligation to comply with the requirements of AD.

## •WHAT ARE ADVANCED DIRECTIVES?

- Health Care Power of Attorney
- Living Will
- •Five Wishes
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- Allow Natural Death
- Physician Orders for Life-Sustaining Treatment

Who do you trust with your life?

Who understands your values and priorities?

Who can separate their feelings and be a strong advocate to act on your wishes?

Who lives nearby or is accessible??

#### **DO NOT SETTLE FOR SECOND BEST**

### WHY HAVE ADVANCE DIRECTIVES?

The King was in his country house Counting out his money. The Queen was in the parlor Eating bread and honey. The maid was in the garden Hanging out the clothes Along came a black bird And snipped off her nose! **English Nursery Rhyme** 

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• Five Wishes

https://fivewishes.org/fivewishes/advance-care planning

- •Fluid as your life progresses
- •Birth Plan = Death Plan
- •Address matters of comfort care,
- •spirituality, forgiveness, and final wishes
- •Accepted as a legal document in 42/50 states. Used by all 50 states.

### What are Advance Directives? Living Will DO or DO NOT provide nutrition and hydration DO or DO NOT intubate

Five Wishes \*legal document https://fivewishes.org

- 1. The kind of medical treatment I what I want or don't want
- 2. How comfortable I want to be
- 3. The person I want to make care decisions for me when I can't
- 4. How I want people to treat me
- 5. What I want my loved ones to know

#### Artificial Nutrition and Hydration Food = love and comfort

Tube feedings

- Does not prolong life
- Not evidenced based for dementia or terminal illness end of life.
- Pain and infection from insertion; frequently clogged

**Palliative Dehydration** 

Anesthetic effect (encephalopathic)
Reduced pulmonary secretions; death rattle, choking, drowning
Decreased urine output
Decreased peripheral and pulmonary edema
Restraints are unnecessary to prevent dislodged tube
Ketones released which increases endorphins

https://www.nia.nih.gov/health/understanding-healthcare-decisions-end-life https://www.managedhealthcareconnect.com/content/nutrition-end-life-tube-feeding- solution https://www.uptodate.com/contents/stopping-nutrition-and-hydration-at-the-end-of-life

- •Health Care Power of Attorney
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- Do Not Attempt Resuscitation (DNAR);
- •Do Not Intubate (DNI)
  - MD order and Ambulance

Options

- •Full code; CPR is the default option
- Maintain basic Activities of Daily Living
- Comfort care only

# •Allow Natural Death (AND)

https://www.americannursetoday.com/right-refuse-treatment-include-right-demand https://cpr.heart.org/AHAECC/CPRAndECC/ResuscitationScience/UCM\_477263\_AHA-Cardiac-Arrest-Statistics.jsp%5BR=301,L,NC%5D

Hospital Order Abbreviation	DNR	DNAR	AND	
Stands for	Do not resuscitate	Do not attempt resuscitation	Allow natural death	
Pros	Familiar to all	Clearer language indicates only a resuscitation attempt, not that it is likely to succeed	Clearer language affirms that patients want nature to take its course, without CPR/ACLS interventions unlikely to succeed	
Cons	<ul> <li>Can give the misimpression to patients and family that the attempt at resuscitation is likely to succeed</li> <li>Can make patients (or family) think they are deciding whether to live or die, even though in an end-of-life situation, all roads lead to death</li> </ul>	Less familiar than DNR	<ul> <li>Can be confused with the conjunction "and"</li> <li>Clarification needed in orders about what is not wanted (CPR/ACLS) and what is wanted (pain control, hydration, etc)</li> <li>May not fit all situations</li> </ul>	
Examples of who uses it	Most hospitals	AHA, <sup>1</sup> British Medical Association, <sup>3</sup> many hospitals	Hospice Patients' Alliance, <sup>4</sup> some hospitals	

CPR, cardiopulmonary resuscitation; ACLS, advanced cardiac life support; AHA, American Heart Association.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3241061

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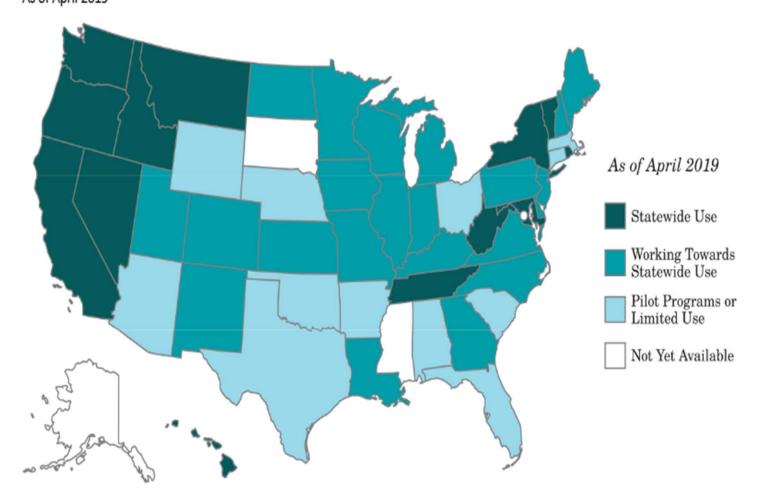
Physician Orders for Life-Sustaining Treatment (POLST)

- Easily identifiable
- Portable medical orders that travel with the patient
- Different names in different states

http://polst.org/



#### National POLST Paradigm: POLST Use by State As of April 2019



# POP QUIZ

# Assisted Suicide Is this part of Advanced Directives??

# 

#### Physician Assisted Suicide

Physicians cannot be prosecuted for prescribing medications to hasten death

#### List as of August 1, 2019

#### Mandated by State Law:

- Colorado
- District of Columbia
- Hawaii
- Maine
- New Jersey
- Oregon
- Vermont
- Washington

https://www.deathwithdignity.org/faqs/ https://www.maliasmiles.com

#### Mandated by Court Ruling:

- California
- Montana

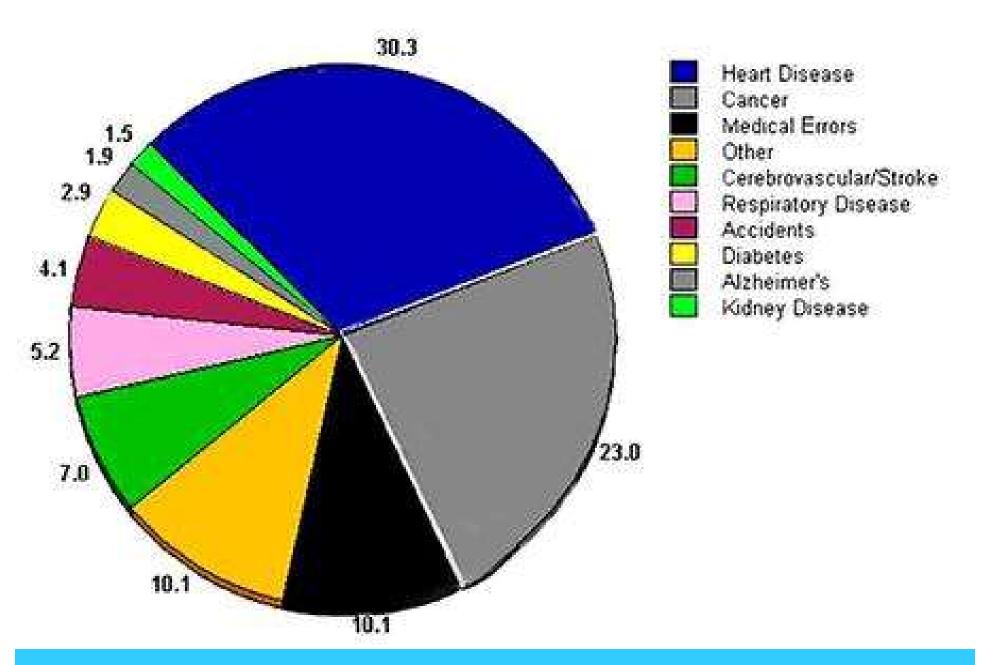
### Suicide Hemlock Society 1980-2003

#### **Final Exit Network** Focuses on legislative change

**Compassion and Choices** Exit Guide services and education in all states, not only for states with Assisted Suicide

http://www.mission22.com/#themission http://www.insurancequotes.org/life/the-truthabout-suicide-life-insurance





http://www.finalexitnetwork.org/Home.html

#### Learner Outcomes

•The learner will be able to create an ethical framework to guide discussions related to end of life.

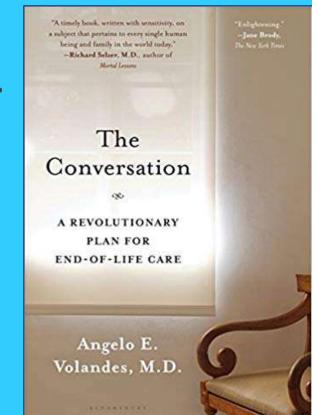
#### **QUESTIONS TO START YOUR ASSESSMENT**

What fills your day with joy and pleasure?

What are you looking forward to?

What is a good day for you now.

What is important to you at this stage of life?



1. What kinds of things are important to you in your life?

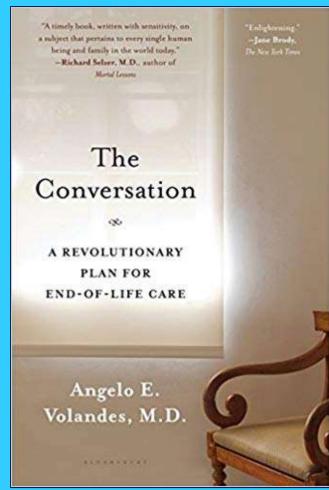
2. If you were not able to do the activities you enjoy, are there any medical treatments that would be too much?

3. What fears do you have about getting sick or medical care?

4. Do you have any spiritual, religious, philosophical, or cultural beliefs that guide you when you make medical decisions?

5. If you had to choose between living longer or having a higher quality of life, which would you pick?

6. How important is it for you to be at home when you die?



## QUESTIONS?



# Or you can show this to your family

https://youtu.be/NAInRHicgWs

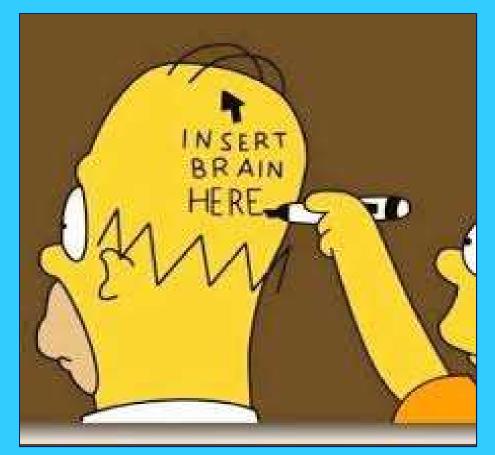
Ain't the Way to Die | Eminem/Rihanna Remixed | ZDoggMD.com

http://ZDoggMD.com for more on how to start this conversation.

#### Learner Outcomes

The learner will be able to start documenting your own advance directives.

The learner will be able to create an ethical framework to guide discussions related to end of life.



Cazort genealogy Legal milestones Advance directives Five Wishes

Assisted suicide/suicide

General questions to start the discussion

Specific questions to start the discussion



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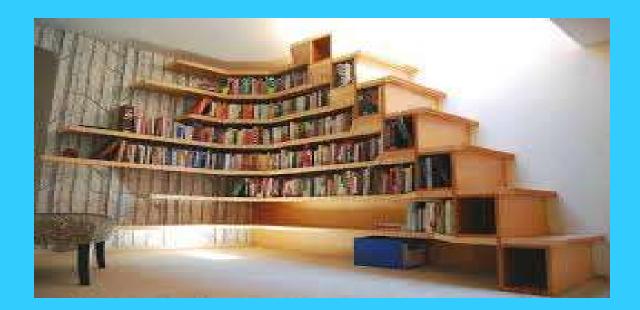


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