EOLWA Services

Education & Resources

Support: Volunteer Client Advisors (VCA)

Advocacy & Public Policy

What This Session Will Cover

Part 1: Planning Ahead
Preparing for the unexpected

Part 2: End of Life Choices
Dying on your terms
Talking About End of Life
Complete a Values Worksheet

Review your values and choices

• What does living well mean for you?
• How do you define quality of life?
• How important is your independence?

<table>
<thead>
<tr>
<th>Values Worksheet</th>
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<tbody>
<tr>
<td><strong>VERY IMPORTANT</strong></td>
</tr>
<tr>
<td>Letting nature take its course</td>
</tr>
<tr>
<td>Preparing quality of life</td>
</tr>
<tr>
<td>Staying true to my spiritual beliefs/religion</td>
</tr>
<tr>
<td>Living as long as possible, regardless of quality of life</td>
</tr>
<tr>
<td>Being independent</td>
</tr>
<tr>
<td>Being comfortable and as pain free as possible</td>
</tr>
<tr>
<td>Leaving good memories for my family and friends</td>
</tr>
<tr>
<td>Making a contribution to medical research or health</td>
</tr>
<tr>
<td>Being able to make family and friends</td>
</tr>
<tr>
<td>Being free of physical limitations</td>
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<tr>
<td>Being mentally alert and competent</td>
</tr>
<tr>
<td>Being able to leave money to family, friends, or charity</td>
</tr>
<tr>
<td>Dying in a short time rather than lingering</td>
</tr>
<tr>
<td>Avoiding expensive care</td>
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</tbody>
</table>

PART 1: Planning Ahead

Choose Your Support Team
Choose Your HealthCare Agent

Create a Durable Power of Attorney for Health Care
Complete a Health Care Directive

Health Care Directive

4. WHEN I DO NOT WANT LIFE-SUSTAINING TREATMENT
I value life very much, but I believe that, in certain circumstances, it would be more beneficial to focus on comfort care and pain management, and not to be kept alive as long as possible. (Please initial)

a. Unconsciousness or coma that will likely prevent me from communicating, permanently.

b. Immovable dementia such as Alzheimer’s Disease.

6. LIFE-SUSTAINING TREATMENTS I DO NOT WANT
I understand the potential consequences of my decisions and I authorize my doctor to follow my instructions regarding the treatments specified in this document. (Please initial)

- Artificial ventilation when I can no longer breathe on my own.
- Invasive resuscitation (CPR) or emergency procedures to try to restart my heart and breathing.
- Intravenous fluids, medicines, anti-coagulants, diuretics, heart regulating drugs, or any other treatment for heart failure.
- Artificial nutrition when I can no longer eat or drink on my own.
- Intravenous fluids, if my heartbeats become irregular.
- Nutrition and hydration other than through a nasogastric tube or water delivered by mouth.
- Intravenous drugs, if not enough to sustain life.
- Special care or treatment for the purpose of prolonging my life rather than for providing comfort.

7. MY Wishes CONCERNING COMFORT CARE AND PAIN MEDICATION
If I am experiencing symptoms such as pain, breathlessness, or restless discomfort, I want doctors to stop any painkilling and symptomatic care that are contraindicated, even if medical providers believe this might unreasonably shorten my death. (Please initial)

- Yes
- No

8. CONSENT TO AUTOPSY
I request an autopsy following my death.

- Yes
- No
Create an Advance Directive

Advance Directive (Living Will)

• Health Care Directive

• Health Care Agent (Durable Power of Attorney for Healthcare)
Completing Your Advance Directive

✓ Validate
✓ Share
✓ Make Accessible

✓ Update as Needed
✓ Evaluate Travel
✓ Only Need One
Additional Directives

Living with Dementia Mental Healthcare Directive

My Instructions for Oral Feeding and Drinking

Instructions and Mental Health Advance Directive for Living with Dementia:

The instructions contained in this document will enable you to complete and implement the Living With Dementia Mental Health Advance Directive (referred to from now on as "Directive"). Because this document offers you the option of permanently giving away your rights to make certain decisions, it is very important that you read and fully understand these instructions and the entire Directive before you complete and sign the Directive.

Updated 1-15-2020
Download pdf

My Instructions for Oral Feeding and Drinking:

Instructions and an Advance Directive form protecting against attempts to give you food and water if progressive dementia such as Alzheimer’s cause you to lose the ability to feed yourself, interest in food or water, or the ability to eat or drink without aspirating food and water into your lungs. This document does not apply to people with dementia who still get hungry and thirsty and want to eat and drink.

Updated 10-5-2020
Download the PDF

Evaluate Need for a POLST

Portable or Physician Order for Life-Sustaining Treatment

- Diagnosis of serious illness or end stage of life
- Medical order that documents your choice regarding life-sustaining treatment

Advance Directive & POLST

All Adults

Complete Advance Directive: HC Directives & DPOA for Health Care

Update Periodically or as Needed

Living with an Illness/Over age 70

Evaluate Need for POLST

Update as Status Changes

End of Life Wishes Documented
PART 1: Planning Ahead

Summary & Questions?

✓ Complete a Values Worksheet
✓ Create Advance Directive
  • Complete Health Care Directives
  • Choose your Health Care Agent
✓ Evaluate need for a POLST
✓ Choose Your Support Team
PART 2: End of Life Choices
Know You Always
Have a Choice

Accept or Refuse Treatment
Reducing Discomfort

**Palliative**
- Any stage of disease
- Same time as curative treatment
- Paid for by most insurance
- Home, facility or hospital

**Reduces Pain & Stress**
- Offer complex symptom relief related to serious illness
- Physical and Psychosocial relief

**Hospice**
- 6 months or less prognosis
- Excludes curative treatment
- Paid by Medicaid, Medicare, Insurance
- Home, facility or hospital
- Includes resources for support team

Hastening Death, Dying on Your Terms

Medical Aid in Dying (MAID)

Allows someone terminally ill to control the timing of their death with medication, to reduce anxiety, pain and/or suffering.
## Death With Dignity Act

### Qualifications

<table>
<thead>
<tr>
<th>✓ Terminal illness with less than 6 months to live</th>
<th>✓ Capable of self-administering</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Resident of WA State</td>
<td>✓ Two doctors who can and will support DWD</td>
</tr>
<tr>
<td>✓ 18 years of age or older</td>
<td>✓ Decision-making capacity</td>
</tr>
</tbody>
</table>
Death With Dignity Considerations

If interested, make request as soon as eligible

15-day waiting period, and finding supportive physician, limits 40-50% of individuals to use the law

25% of patients don’t end up using the medication

1:1 support available from EOLWA
   - Volunteer Client Advisors (VCAs)

18-104 Years Old
70% Cancer
7% ALS
6% COPD
6% Heart Disease
2% Parkinson's/MS
9% Other
Christine’s Story
When Medical Aid in Dying Is Not an Option
Voluntary Stopping Eating and Drinking

VSED is a voluntary choice to hasten death by removing nutrition and hydration to allow the body to die within 1-2 weeks.
Jeff’s Story
VSED in Washington State

Collaboration with entire care team essential

Clients have been suffering from various diseases:

- Parkinson’s
- Huntington’s
- ALS
- Early Alzheimer’s
- Muscular Dystrophy
- Neurodegenerative diseases
- Autoimmune diseases
- Severe Arthritis
Jean’s Story
# End-of-Life Options with Dementia

<table>
<thead>
<tr>
<th>Stages 1-3</th>
<th>Stages 4-5</th>
<th>Stages 6-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Functional Decline</td>
<td>Mild to Moderate</td>
<td>Moderately Severe to</td>
</tr>
<tr>
<td>and Early Alzheimer’s</td>
<td>Alzheimer’s</td>
<td>Severe Alzheimer’s</td>
</tr>
<tr>
<td>Advance Directives</td>
<td>Advance Directives</td>
<td></td>
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<tr>
<td>Dementia Directive</td>
<td>Dementia Directive</td>
<td></td>
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<tr>
<td>POLST</td>
<td>POLST</td>
<td></td>
</tr>
<tr>
<td>Voluntary Stopping Eating</td>
<td>My Instructions for Oral</td>
<td>Comfort Feeding Only (CFO)</td>
</tr>
<tr>
<td>and Drinking (VSED)</td>
<td>Feeding and Drinking (SED)</td>
<td></td>
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</tbody>
</table>
PART 2: End of Life Choices

Summary & Questions?

✓ Know you always have a choice
  • Stopping or refusing treatment
  • Medical Aid in Dying
  • Voluntary Stopping Eating and Drinking
✓ Dementia Options
## Know and Confirm Who Will Support You

<table>
<thead>
<tr>
<th>End-of-Life Choice</th>
<th>Required Facilitator</th>
<th>Support &amp; Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Directive: Health Care Directive &amp; DPOA for Healthcare</td>
<td>Notary or Two Witnesses</td>
<td>End of Life Health Care Providers</td>
</tr>
<tr>
<td>POLST</td>
<td>Doctor</td>
<td>Washington</td>
</tr>
<tr>
<td>Refusing or Stopping Treatment</td>
<td>Doctor, Physician Assistant</td>
<td>Friends &amp; Family</td>
</tr>
<tr>
<td>Hospice and Palliative Care</td>
<td>Doctor, Physician Assistant, Nurse Practitioner</td>
<td>Health Care Providers</td>
</tr>
<tr>
<td>Death with Dignity (Medical Aid in Dying)</td>
<td>Two Supportive Doctors</td>
<td>Death Doulas</td>
</tr>
<tr>
<td>Voluntary Stopping Eating and Drinking (VSED, SED, CFO)</td>
<td>Encourage Doctor/Hospice Involvement</td>
<td>Spiritual/Religious leaders</td>
</tr>
</tbody>
</table>

**Your life. Your death. Your choice.**
**End of Life Ready Checklist for Health**

- ✔ Identify my Support Team: Physicians, Care Providers, Health Care Agent, Friends, Loved Ones, Spiritual Support
- ✔ Evaluate need for a POLST
- ✔ Discuss and provide copies of Advance Directive to my support team
- ✔ Talk about your end-of-life wishes with those who care for you so they are prepared and aware of your choices
Additional End-of-Life Planning

- Final Disposition Arrangement
- Designated Agent
- Contact List
- Worry Free Wednesdays
- Account and Password Management
- Last Will and Testament
- Celebration of Life
- Legacy
Help Us Educate Others

End of Life Ready: An Introduction to Advance Planning and your End-of-Life Options

Prepare now, reduce anxiety for yourself and those you love.

A 40 minute engaging presentation with stories, resources followed by Q&A, suitable for adults of all ages, community groups and organizations.

No one plans to become seriously ill, disabled or unable to make healthcare decisions. Planning is a way to ensure you get the healthcare you want—and none of the medical interventions you do not want.

Presentation is customizable to include or focus on specific topics (including those below) or to be paired with partner organizations on leaving your legacy for loved ones, financial and legal planning, etc.

Request an End of Life Ready presentation for your organization or group today.

End of Life WA  (206) 256-1636  www.endoflifewa.org
Supporting EOLWA

Physicians
Join our Provider’s Network

Volunteers
We provide training and support to volunteers throughout the state

Donations
We are 100% supported by donor dollars. There is never a fee for our services
Thank You