END OF LIFE READY

END-OF-LIFE OPTIONS & ADVANCE CARE PLANNING

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EOLWA Services

Education & Resources

Support: Volunteer Client Advisors (VCA)

Advocacy & Public Policy

What This Session Will Cover

Part 1:

Planning Ahead

Advance Directives and End of Life Conversations

Part 2:

End of Life Choices

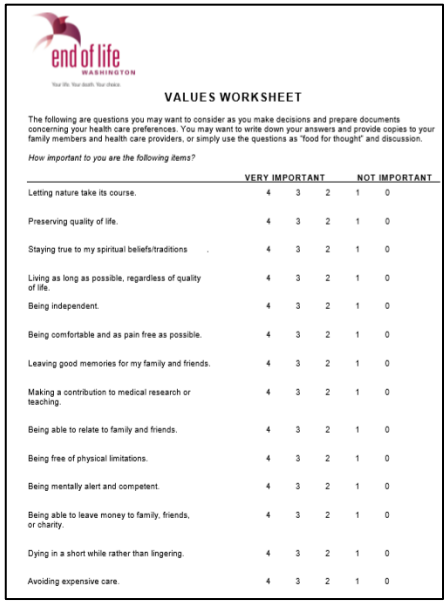
Dying on your terms

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 it to perform tasks on your own?



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VALUES WORKSHEET

The following are questions you may want to consider as you make decisions and prepare documents concerning your health care preferences. You may want to write down your answers and provide copies to your family members and health care providers, or simply use the questions as "food for thought" and discussion.

How important to you are the following items?

	VERY IMPORTANT				NOT IMPORTANT
Letting nature take its course.	4	3	2	1	0
Preserving quality of life.	4	3	2	1	0
Staying true to my spiritual beliefs/traditions	4	3	2	1	0
Living as long as possible, regardless of quality of life.	4	3	2	1	0
Being independent.	4	3	2	1	0
Being comfortable and as pain free as possible.	4	3	2	1	0
Leaving good memories for my family and friends.	4	3	2	1	0
Making a contribution to medical research or teaching.	4	3	2	1	0
Being able to relate to family and friends.	4	3	2	1	0
Being free of physical limitations.	4	3	2	1	0
Being mentally alert and competent.	4	3	2	1	0
Being able to leave money to family, friends, or charity.	4	3	2	1	0
Dying in a short while rather than lingering.	4	3	2	1	0
Avoiding expensive care.	4	3	2	1	0

PART 1:
Planning Ahead

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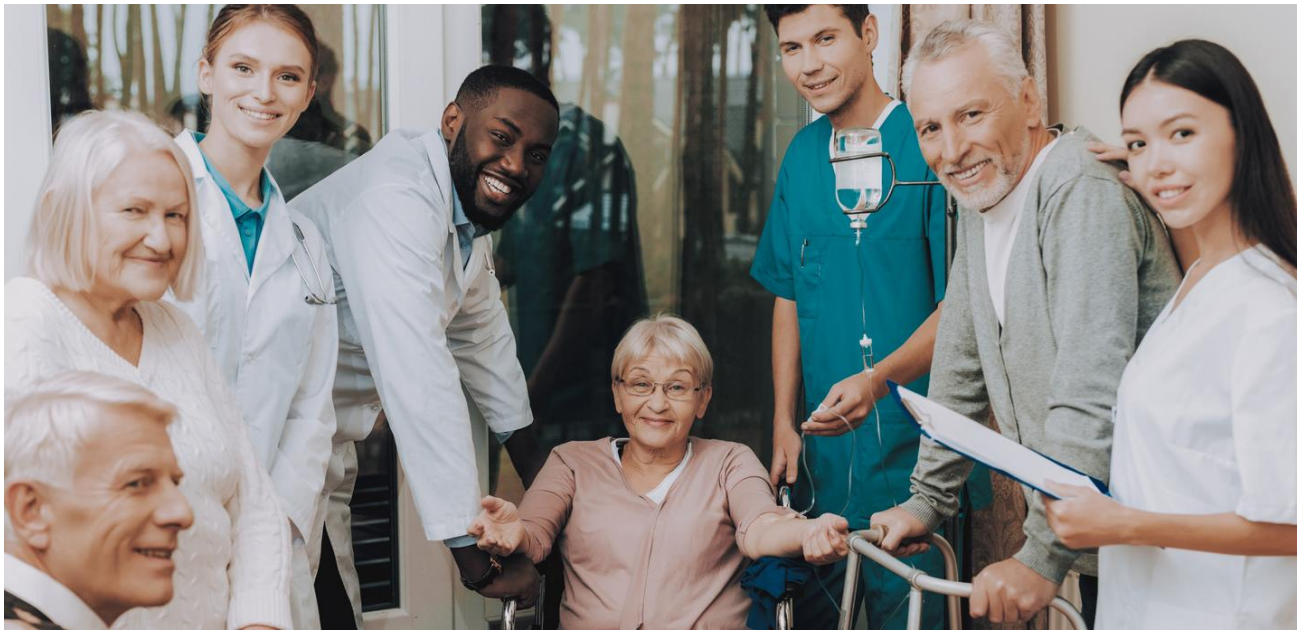
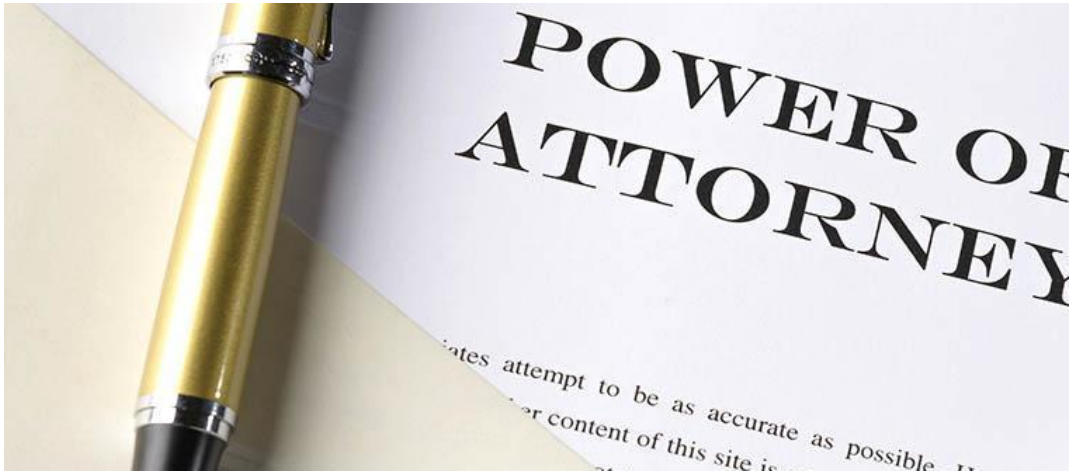


Figure out your wishes and Choose Your Support Team

Choose Your HealthCare Agent

Create a Durable Power of Attorney for Health Care



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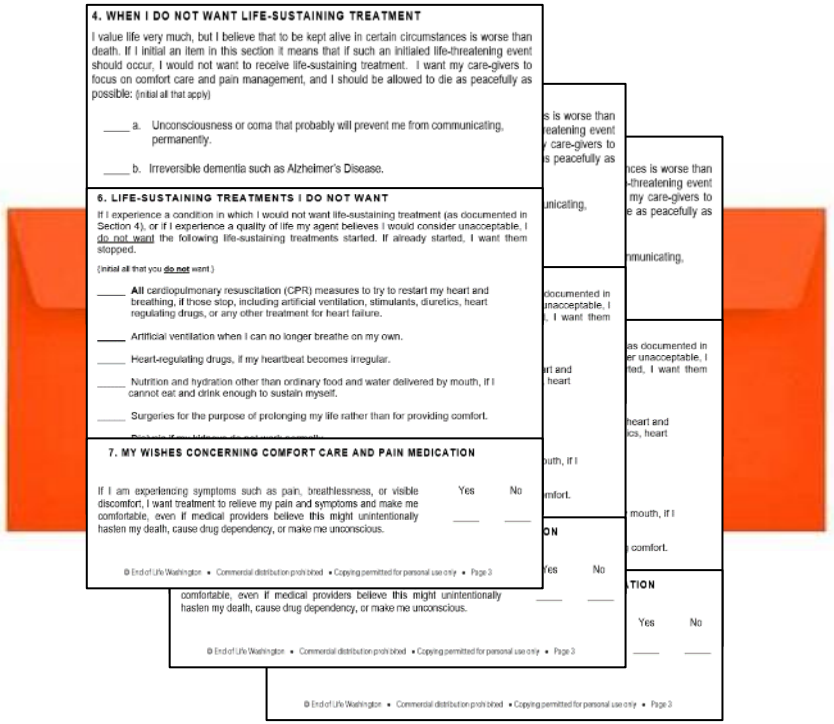
Complete a Health Care Directive

Health Care Directive



4. WHEN I DO NOT WANT LIFE-SUSTAINING TREATMENT

I value life very much, but I believe that to be kept alive in certain circumstances is worse than death. If I initial an item in this section it means that if such an initialed life-threatening event should occur, I would not want to receive life-sustaining treatment. I want my care-givers to focus on comfort care and pain management, and I should be allowed to die as peacefully as possible: (initial all that apply)

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

____ b. Irreversible dementia such as Alzheimer's Disease.

6. LIFE-SUSTAINING TREATMENTS I DO NOT WANT

If I experience a condition in which I would not want life-sustaining treatment (as documented in Section 4), or if I experience a quality of life my agent believes I would consider unacceptable, I do not want the following life-sustaining treatments started. If already started, I want them stopped.

(initial all that you **do not** want.)

____ **All** cardiopulmonary resuscitation (CPR) measures to try to restart my heart and breathing, if those stop, including artificial ventilation, stimulants, diuretics, heart regulating drugs, or any other treatment for heart failure.

____ Artificial ventilation when I can no longer breathe on my own.

____ Heart-regulating drugs, if my heartbeat becomes irregular.

____ Nutrition and hydration other than ordinary food and water delivered by mouth, if I cannot eat and drink enough to sustain myself.

____ Surgeries 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 visible discomfort, I want treatment to relieve my pain and symptoms and make me comfortable, even if medical providers believe this might unintentionally hasten my death, cause drug dependency, or make me unconscious.

Yes ____ No ____

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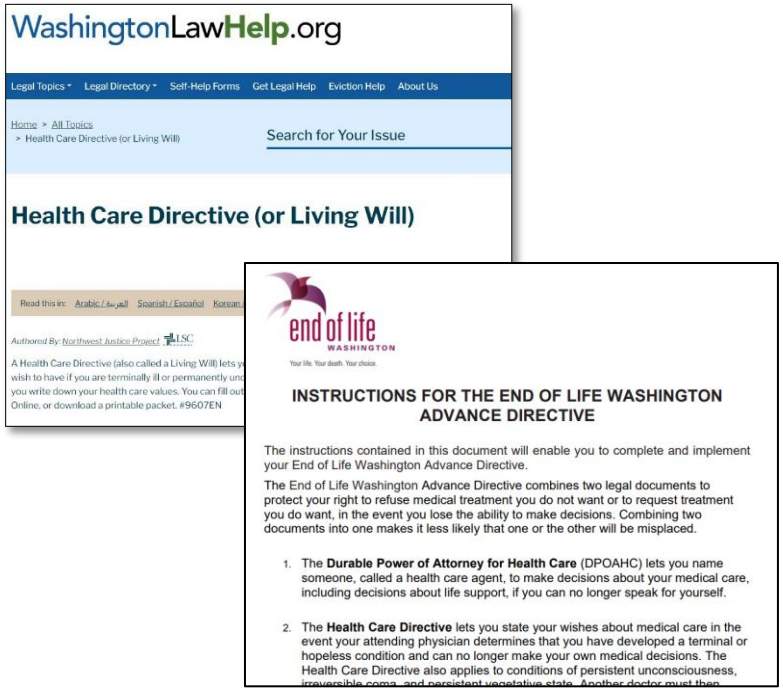
Create an Advance Directive

Advance Directive
(Living Will)

- Health Care Agent
  (Durable Power of Attorney for Healthcare)
- Health Care Directive



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Completing Your Advance Directive

- ✓ Validate
- ✓ Share
- ✓ Make Accessible
- ✓ Update as Needed
- ✓ Evaluate Travel
- ✓ Only Need One

Additional Directives

- Advance Directive for Living With Dementia
- Advance Directive for Mental Health
- VSED Directive

Northwest Justice Project

Combating Injustice
Strengthening Communities
Protecting Human Dignity

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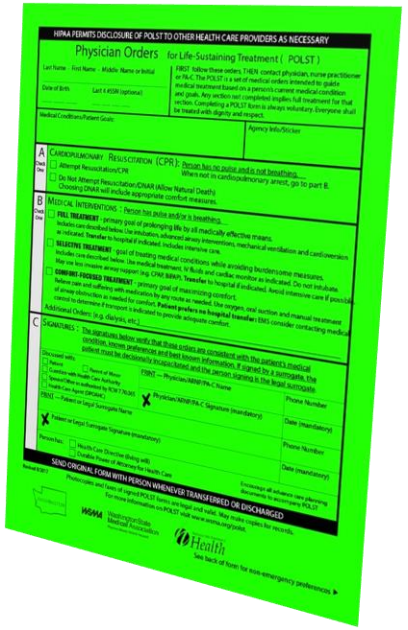
Evaluate Need for a POLST

Portable Order for Life-Sustaining Treatment

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


HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

FIRST, follow these orders, THEN contact physician, nurse practitioner or PA-C. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a POLST form is always voluntary. Everyone shall be treated with dignity and respect.

Last Name · First Name · Middle Name or Initial

Date of Birth

Last 4 #SSN (optional)

Medical Conditions/Patient Goals:

Agency Info/Sticker

A CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
- Attempt Resuscitation/CPR
- Do Not Attempt Resuscitation/DNAR (Allow Natural Death)

When not in cardiopulmonary arrest, go to part B.
Choosing DNAR will include appropriate comfort measures.

B MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.
- FULL TREATMENT - primary goal of prolonging life by all medically effective means. Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.
- SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures. Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care.
- COMFORT-FOCUSED TREATMENT - primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no hospital transfer. EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.

Additional Orders: (e.g. dialysis, etc.)

C SIGNATURES: The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:
- Patient
- Parent of Minor
- Conservator with Health Care Authority
- Spouse/Other as authorized by RCW 7.70.065
- Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name

Phone Number

Physician/ARNP/PA-C Signature (mandatory)

Date (mandatory)

PRINT — Patient or Legal Surrogate Name

Phone Number

Patient or Legal Surrogate Signature (mandatory)

Date (mandatory)

Person has:
- Health Care Directive (living will)
- Durable Power of Attorney for Health Care

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Encourage all advance care planning documents be reviewed when POLST is completed.

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.

For more information on POLST visit www.wsmaorg/polst.

Revised 8/17

#45644

Washington State Medical Association

Health

See back of form for non-emergency preferences ▶

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Advance Directive & POLST

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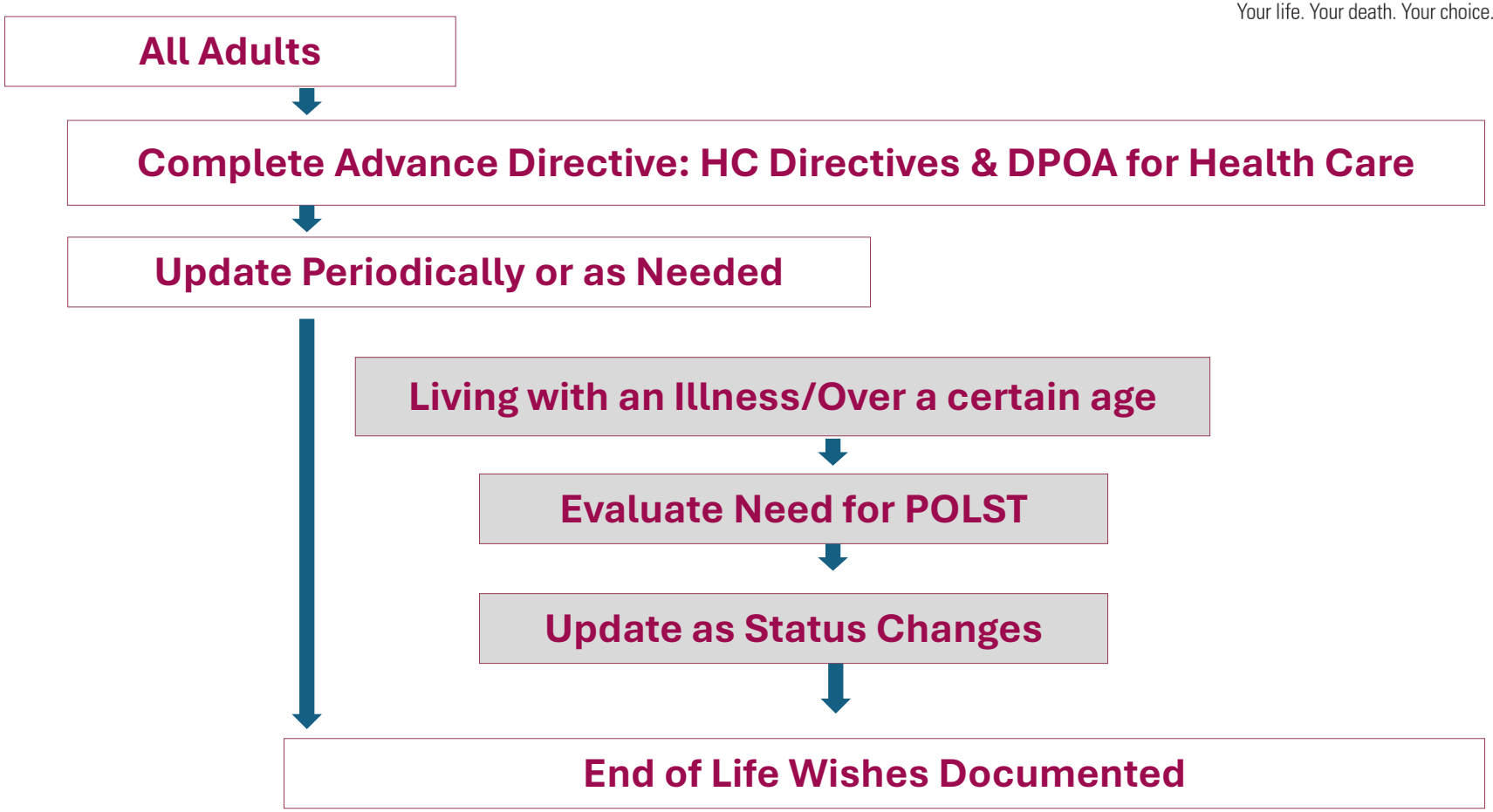

Additional End-of-Life Planning

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People's Memorial Association

Final Disposition Arrangement

Designated Agent

Contact List

Known Wishes

PART 1:
Planning Ahead

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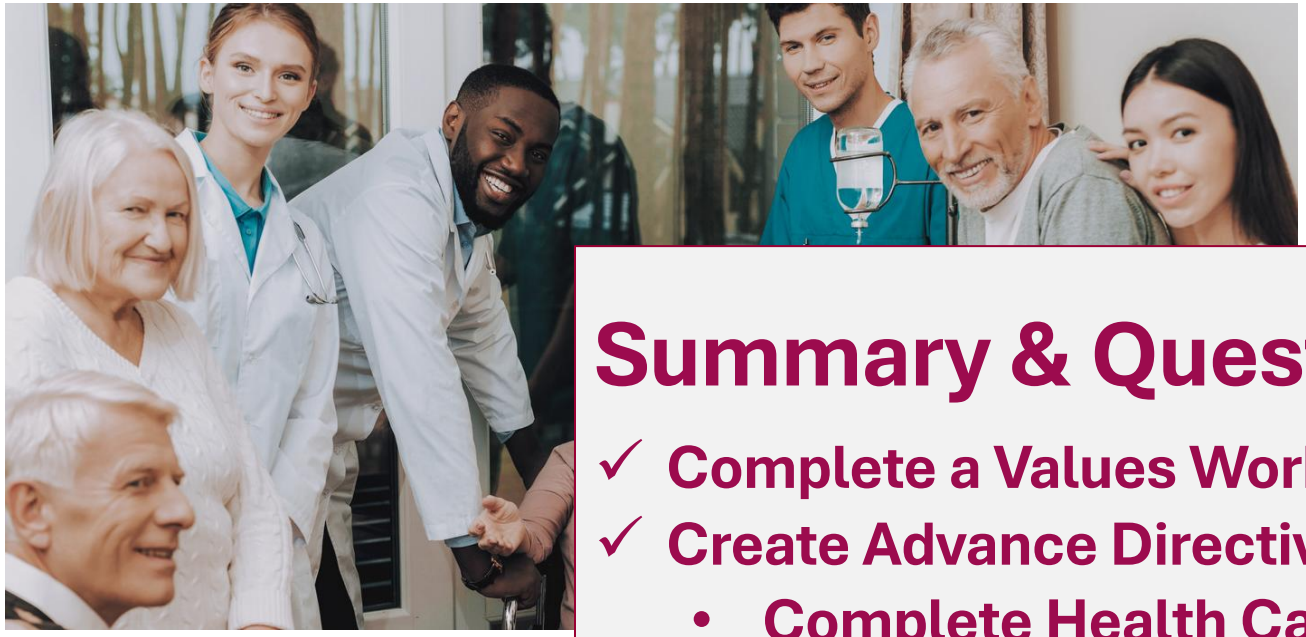

Summary & Questions?

- ✓ 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

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Know You Always Have a Choice

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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

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Choosing When You Die

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Medical Aid in Dying (MAID)

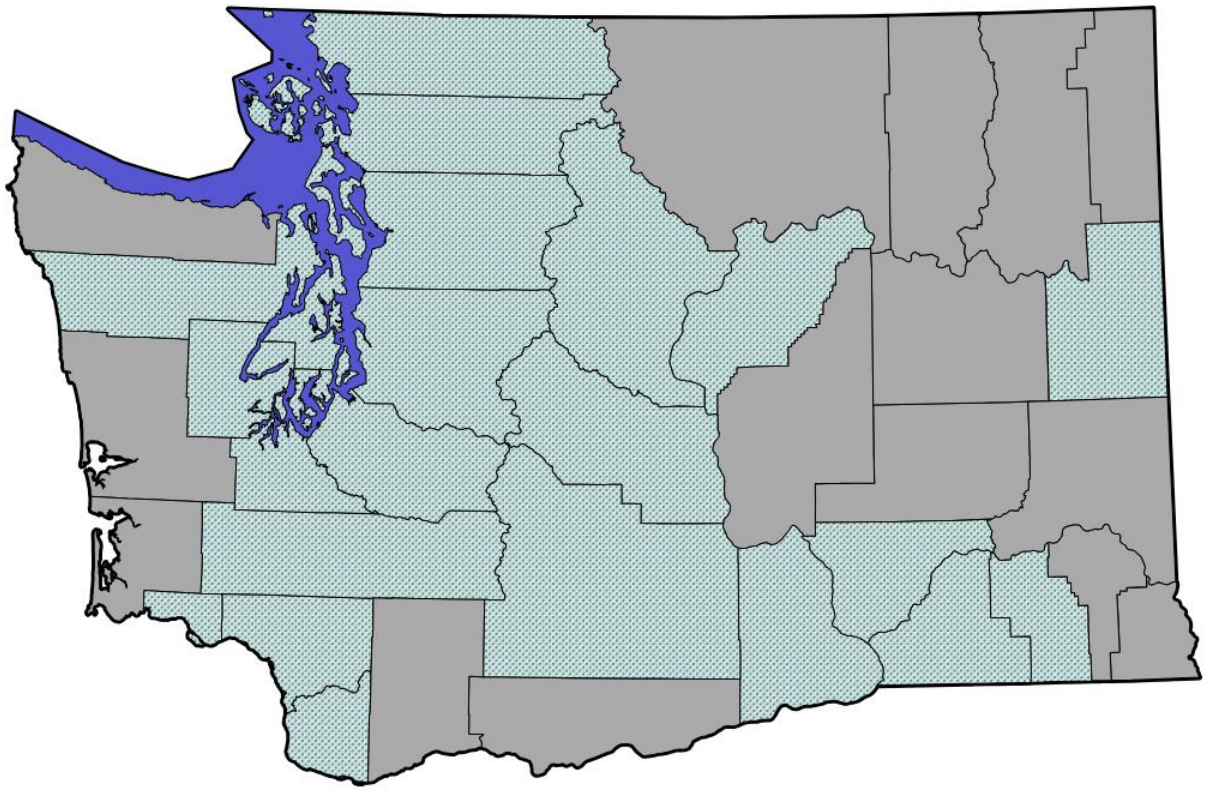
Allows someone terminally ill to control the timing of their death with medication.

Death With Dignity Act

Qualifications

- ✓ Terminal illness with less than 6 months to live
- ✓ Resident of WA State
- ✓ 18 years of age or older
- ✓ Capable of self-administering
- ✓ Two providers who can and will support DwD, one of which can be a Physician Assistant or an Advanced Registered Nurse Practitioner.
- ✓ Decision-making capacity

EOLWA Hospice Map



HTTPS://ENDOFLIFEWA.ORG/HOSPICE-MAP/

King County

Eden Hospice

Click to Display Contact Info

Provider Services

- ✓ Attending Provider (AP) Services
- ✓ Consulting Provider (CP) Services
- ✓ Providers can participate as both Attending Prescribing and Consulting Provider

Staff Services

- ✓ Staff can be present at ingestion
- ✓ Staff can witness request
- ✓ Staff can mix medications
- ✓ Staff can place rectal catheter

Envision Hospice

Click to Display Contact Info

Provider Services

- ✓ Attending Provider (AP) Services
- ✓ Consulting Provider (CP) Services
- ✓ Providers can participate as both Attending Prescribing and Consulting Provider

Staff Services

- ✓ Staff can be present at ingestion
- ✓ Staff can witness request
- ✗ Staff can mix medications
- ✓ Staff can place rectal catheter

MultiCare Hospice

Click to Display Contact Info

Provider Services

- ✓ Attending Provider (AP) Services
- ✓ Consulting Provider (CP) Services
- ✓ Providers can participate as both Attending Prescribing and Consulting Provider

Staff Services

- ✓ Staff can be present at ingestion
- ✓ Staff can witness request
- ✗ Staff can mix medications
- ✓ Staff can place rectal catheter

MAID: Important Aspects

If interested, make the request as soon as eligible

7-day waiting period from time of first oral request to prescription.

The cost of the medication is not usually covered by insurance; it ranges from $650-900

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

<u>18-106 Years Old</u>

70% Cancer
9% Neurodegenerative
7% Respiratory
9% Cardiovascular
6% Other

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Christine's Story

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Alternatives to Medical Aid in Dying

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Voluntarily Stopping Eating and Drinking

VSED is a voluntary choice to hasten death by stopping nutrition and hydration to allow the body to die within 1-2 weeks

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Jeff's Story

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VSED in Washington State

Collaboration with entire care team essential

Resource: A Place to Die

Clients have been suffering from various diseases:

- Parkinson's
- Huntington's
- ALS
- Early Alzheimer's
- Muscular Dystrophy
- Neurodegenerative diseases
- Autoimmune diseases
- Severe Arthritis

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Jean’s Story

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End-of-Life Options with Dementia

Stages 1-3
Some Functional Decline and Early Alzheimer's

Advance Directives

Dementia Directive

POLST

Voluntary Stopping Eating and Drinking (VSED)

MAiD *

Stages 4-5
Mild to Moderate Alzheimer's

Advance Directives

Dementia Directive

POLST

VSED Directive

Comfort Feeding Only (CFO)

Stages 6-7
Moderately Severe to Severe Alzheimer's

Other Options

- Final Exit Network (FEN)
- Books: The Peaceful Pill Handbook by Philip Nitschke and Final Exit by Derek Humphry
- Assisted Dying in Switzerland: Dignitas, Pegasos Swiss Association, Athanasios and Phoenix Care

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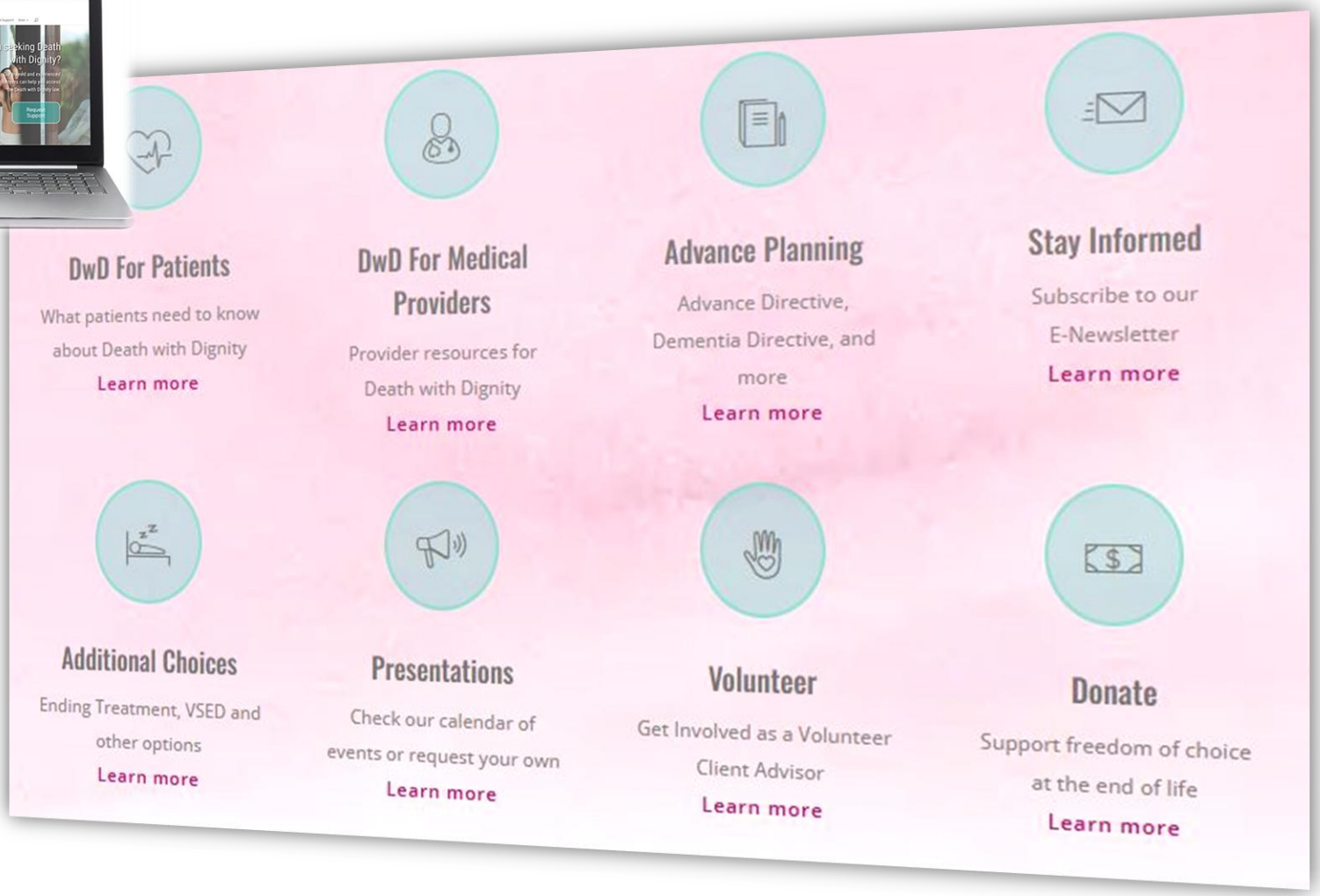
EOLWA Resources



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Help Us Educate Others

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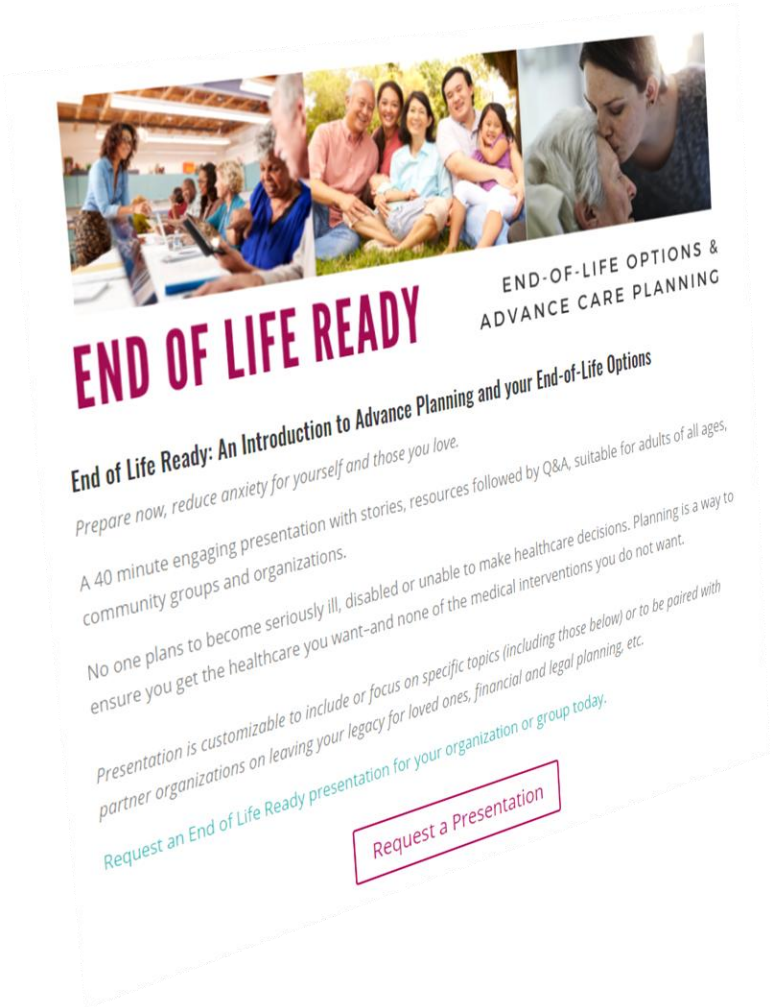

Friends

Co-Workers

Personal Network

Community

Health Care Providers

Organizations

Supporting EOLWA

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Providers

Join our Provider Network

Volunteer

Join our state-wide Volunteer Network

Donations

Help keep our services free

Subscribe

Join our newsletter to stay informed

END OF LIFE READY

END-OF-LIFE OPTIONS &
ADVANCE CARE PLANNING

Questions?

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