

Advance Care Planning: Healthcare Directives

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What Is Advance Care Planning?

- Advance care planning involves:
 - Learning about the types of decisions that might need to be made,
 - Considering those decisions ahead of time, and then
 - Letting others know—both your family and your healthcare providers—about your preferences.
- These preferences are often put into an *advance directive*, a legal document that goes into effect only if you are incapacitated and unable to speak for yourself. This could be the result of disease or severe injury—no matter how old you are. It helps others know what type of medical care you want.
- An advance directive also allows you to express your values and desires related to end-of-life care. You might think of it as a living document—one that you can adjust as your situation changes because of new information or a change in your health.

Advance Care Planning Decisions

- CPR (cardiopulmonary resuscitation)
- Ventilator use
- Artificial nutrition (tube feeding) and artificial hydration (IV, or intravenous, fluids)
- Comfort care

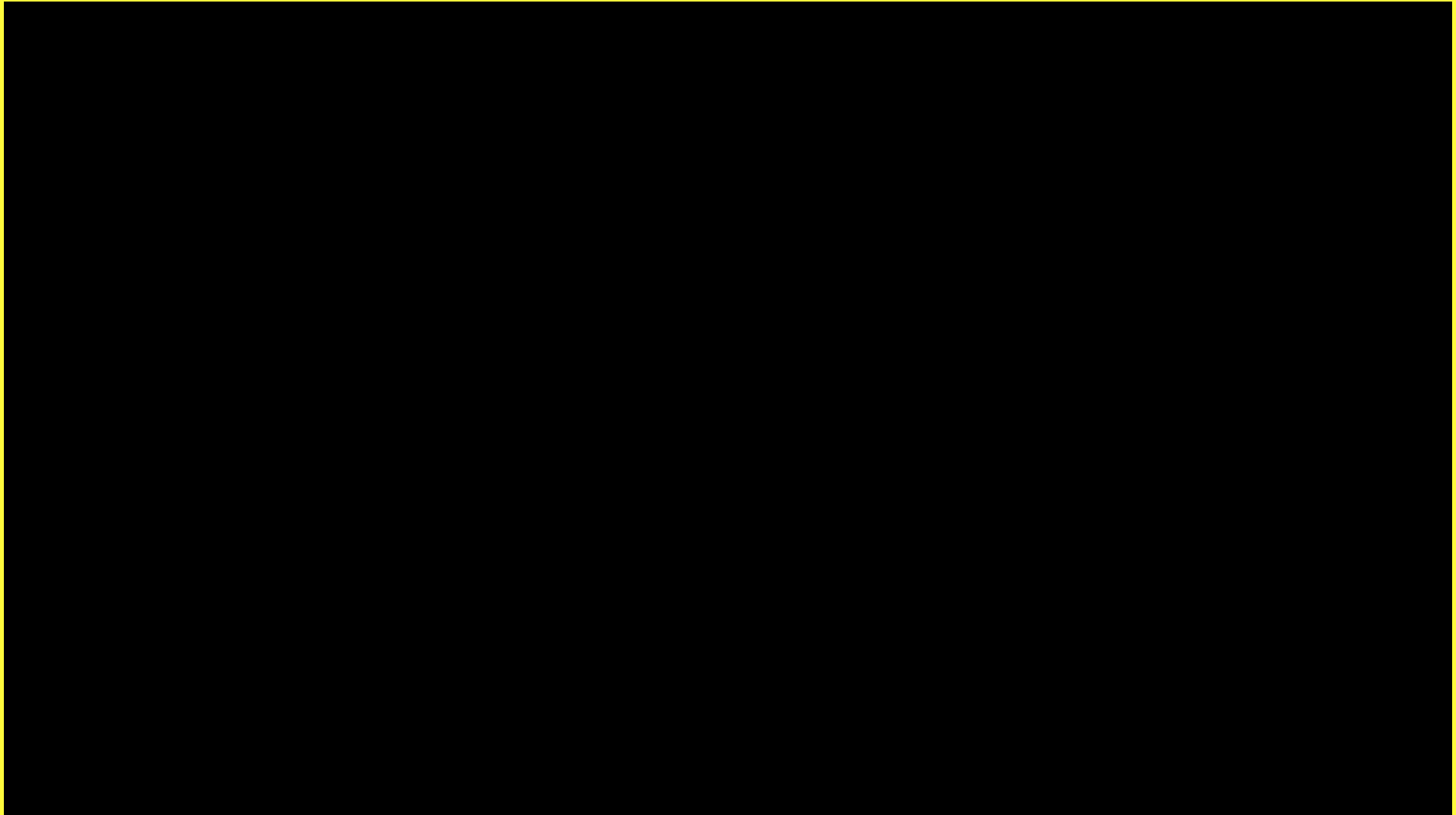
Cardiopulmonary Resuscitation (CPR)

- CPR:
 - Restore your heartbeat if your heart stops or is in a life-threatening abnormal rhythm;
 - Involves repeatedly pushing on the chest with force, while putting air into the lungs;
 - Electric shocks, known as defibrillation, and medicines might also be used as part of the process.
- This force has to be quite strong, and sometimes ribs are broken or a lung collapses.
- Often, does not succeed in older adults who have multiple chronic illnesses or who are already frail

Ventilator use

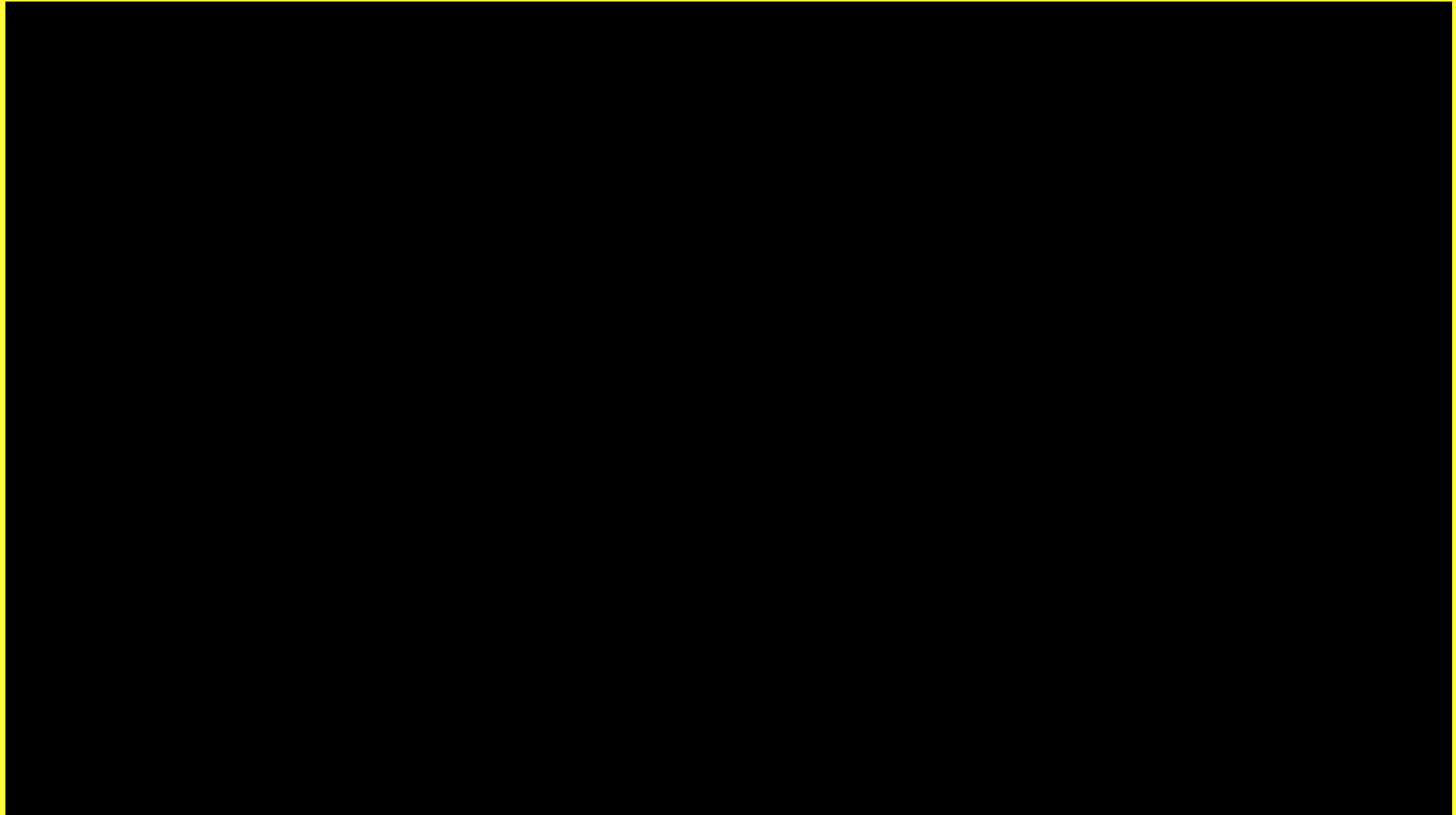
- Ventilators are machines that help you breathe.
- A tube connected to the ventilator is put through the throat into the trachea (windpipe) so the machine can force air into the lungs.
- Putting the tube down the throat is called intubation. Because the tube is uncomfortable, medicines are often used to keep you sedated while on a ventilator.
- If you are expected to remain on a ventilator for a long time, a doctor may perform a tracheotomy or "trach" (rhymes with "make"). During this bedside surgery, the tube is inserted directly into the trachea through a hole in the neck.
- For long-term help with breathing, a trach is more comfortable, and sedation is not needed. People using such a breathing tube are not able to speak without special help because exhaled air does not go past their vocal cords.

Ventilator use: Intubation



<https://youtu.be/DCb4Sy4sha8> ; NHLBI

Ventilator use: Tracheotomy



<https://youtu.be/J8vtW-RkkMA> ; UW Medicine Wish

Artificial nutrition (tube feeding) and artificial hydration (IV, or intravenous, fluids)

- If you are not able to eat, you may be fed through a feeding tube that is threaded through the nose down to your stomach. If tube feeding is still needed for an extended period, a feeding tube may be surgically inserted directly into your stomach. Hand feeding (sometimes called assisted oral feeding) is an alternative to tube feeding. This approach may have fewer risks, especially for people with dementia.
- If you are not able to drink, you may be provided with IV fluids. These are delivered through a thin plastic tube inserted into a vein.
- Artificial nutrition and hydration can be helpful if you are recovering from an illness. However, studies have shown that artificial nutrition toward the end of life does not meaningfully prolong life. Artificial nutrition and hydration may also be harmful if the dying body cannot use the nutrition properly.

Comfort care

- Comfort care is anything that can be done to soothe you and relieve suffering while staying in line with your wishes.
- Comfort care includes managing shortness of breath; limiting medical testing; providing spiritual and emotional counseling; and giving medication for pain, anxiety, nausea, or constipation.

Getting Started with Advance Care Planning

- What kind of treatment you do or do not want in a medical emergency
- Family medical history might be a clue to help you think about the future
- In considering treatment decisions, your personal values are key.
- For some people, staying alive as long as medically possible, or long enough to see an important event like a grandchild's wedding, is the most important thing.
- An advance directive allows you to provide instructions for these types of situations and then to change the instructions as you get older or if your viewpoint changes.

Getting Started with Advance Care Planning: Scenarios

- If a stroke leaves you unable to move and then your heart stops, would you want CPR? What if you were also mentally impaired by a stroke—does your decision change?
- What if you are in pain at the end of life? Do you want medication to treat the pain, even if it will make you more drowsy and lethargic?
- What if you are permanently unconscious and then develop pneumonia? Would you want antibiotics and to be placed on a ventilator?

Making Your Advance Care Wishes Known

- Living will
- Durable power of attorney for health care
- Other advance care planning documents
 - DNR orders
 - Organ and tissue donation
 - POLST and MOLST forms

Sample Advance Directive Form

<https://www.aafp.org/afp/1999/0201/p617.html>

Am Fam Physician. 1999 Feb 1;59(3):617-620.

How to Choose Your Healthcare Proxy

- If you decide to choose a proxy, think about people you know who share your views and values about life and medical decisions.
- Your proxy might be a family member, a friend, your lawyer, or someone in your social or spiritual community.
- It's a good idea to also name an alternate proxy.
- It is especially important to have a detailed living will if you choose not to name a proxy.

Making Your Healthcare Directives Official

- Once you have talked with your doctor and have an idea of the types of decisions that could come up in the future and whom you would like as a proxy, if you want one at all, the next step is to fill out the legal forms detailing your wishes.
- A lawyer can help but is not required. If you decide to use a lawyer, don't depend on him or her to help you understand different medical treatments. Start the planning process by talking with your doctor.

What to Do After You Set Up Your Advance Directive

- Give copies of your advance directive to your healthcare proxy and alternate proxy. Give your doctor a copy for your medical records. Tell close family members and friends where you keep a copy. If you have to go to the hospital, give staff there a copy to include in your records. Because you might change your advance directive in the future, it's a good idea to keep track of who receives a copy.
- Review your advance care planning decisions from time to time—for example, every 10 years, if not more often. You might want to revise your preferences for care if your situation or your health changes. Or, you might want to make adjustments if you receive a serious diagnosis; if you get married, separated, or divorced; if your spouse dies; or if something happens to your proxy or alternate. If your preferences change, you will want to make sure your doctor, proxy, and family know about them.