

**Advance Care Planning  
in the age of COVID-19**

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**Objectives**

- Ethical & legal framework and components of advance care planning
- Advance Directives
- Anticipatory Physician Orders
- Impact of COVID-19

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**Advance Care Planning**

- Three major areas:
  - *Financial (estate planning)*
  - *Final arrangements (funeral, body disposition, etc.)*
  - *Health care decisions (today's topic)*
- The process of establishing and communicating your preferences for your future needs should you be unable to speak for yourself
- Informal conversation and/or legal documents

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**Advance Care Planning**

- Anticipates scenarios involving serious / terminal illness
- Advance Directives: legal mechanism if you are unable to speak for yourself
  - *Living Will*
  - *Health Care Power of Attorney*
- Anticipatory Physician Orders for your care in specific situations
  - *Portable Do Not Resuscitate (DNR)*
  - *Physicians Orders for Life-Sustaining Treatment (POLST)*

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**Autonomy (bioethical)**

- A competent adult has the right to accept or refuse virtually any medical intervention or treatment
- Informed consent example
- Legal basis
  - *Quinlan, 1976*
  - *Cruzan, 1990*
  - *Statutory, reciprocity*
  - *Regulatory opportunity mandate*

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**Autonomy is Not Absolute**

- Specific statutory exclusions (state to state)
- Ability to accept or refuse, but not demand
- To whom or what have you given your life?
- Stewardship
  - *e.g. BCP 491*

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**Advance Directives: Living Will**

- States your directions for care if you are in a persistent comatose state or are terminally ill and unable to speak for yourself
- Usually:
  - *Refusal of resuscitation, intensive care, ventilators & other aggressive support devices*
  - *Request comfort care interventions*
  - *Separate section on artificial nutrition & hydration (tube feeding)*

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**Living Will: Value & Limitations**

<ul style="list-style-type: none"> <li>• Universally recognized</li> <li>• Enforceability</li> <li>• Reciprocity</li> <li>• Outweighs others' opinions</li> </ul>	<ul style="list-style-type: none"> <li>• Only in force in limited situations</li> </ul>
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**Health Care Power of Attorney**

- Gives a person of your choosing authority to make medical decisions on your behalf when you are unable to speak for yourself
  - *Usually at least one alternate*
- Universally recognized; more wide applicability than Living Will
  - *LW outweighs if contradiction*
- Few restrictions on the designated surrogate (vary by state)

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**Advance Directives: Caveats**

- Duty of surrogate to chose what YOU would want, not their choice
  - *Choose carefully, communicate honestly*
- To be effective, need to be known
  - *EMR goal of ACA, not in place now*
- Ohio forms: <https://www.nhpco.org/wp-content/uploads/Ohio.pdf>

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**Anticipatory Physician Orders**

- Advance directives are your instructions to future caregivers
  - *Rely on someone else to initiate (e.g. doctor's order)*
- Anticipatory physician orders come into play when the anticipated situation arises
- EMT example

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**Portable “Do Not Resuscitate (DNR)”**

- Orders that in case of cardiac arrest, CPR / resuscitative attempts not be done
- Orders comfort care
- Portable: follow you wherever you go (OH)
- Ohio DNR information: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/do-not-resuscitate-comfort-care/DoNotResuscitateDNR>

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**CPR Statistics:**

- Public, witnessed arrest, immediate bystander CPR with defibrillation, prompt EMT arrival:
  - *Make to the hospital: 24%*
  - *Discharged alive from hospital: 10%*
- With frailty, chronic illness, "success" rates approach negligible
- Risks of CPR injury, brain hypoxia

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**POLST (Not Available in OH)**

- Physician Orders for Life-Sustaining Treatment
  - *Sometimes called MOLST or other*
- Anticipates scenarios and orders desired interventions
  - *Antibiotics*
  - *Tube feeding*
  - *Hospitalization*
- Particularly useful in dementia, facilities

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**Death and Dying in the ERA of COVID-19: Additional Considerations**

- In the hospital or other facilities, visitors are markedly limited
- If you are hospitalized, where can you go after discharge?
  - *Rehab unit: hospital, NH*
  - *Home?*
- If you require care / assistance at home, who will do it?
  - *Hospice tremendous help but not for 24/7 personal care*
  - *High risk of virus exposure for personal caregivers*

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