Advance Care Planning

Appointing a Patient Advocate
for Future Healthcare Decisions

A Trusted Spokesperson For You

Holland Hospital
Consider the Facts

60% of people say that making sure their family is not burdened by tough decisions is “extremely important.”

56% have not communicated their end-of-life wishes.

California Improvement Network Resources (2012).
Consider the Facts

70% of people say they prefer to die at home.

Actual California Statistics

42% die in a hospital
32% die at home
18% die in a skilled care facility
8% die in other locations

California Improvement Network Resources (2012).
80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care.

7% report having had an end-of-life conversation with their doctor.

California Improvement Network Resources (2012).
Consider the Facts

82% of people say it’s important to put their wishes in writing.

23% have actually done it.

California Improvement Network Resources (2012).
Presentation Objectives

- Recognize that Advance Care Planning is in your best interest.
- Review what Advance Directives are.
- Demonstrate the “Making Choices Michigan” form that may be used for Advance Care Planning.
- Discuss and answer general questions about getting started.
- Discuss what you might do next.
Why an Advance Directive for You?

- As technology gets more complex, healthcare choices at the end of life get more complicated.

- Family or friends need direction and instruction ahead of time about your values and goals for your healthcare, should they be in a position they must speak for you.

- You are the best person to decide what you might want or not want in potential treatment decisions.

- The best way to assure treatment decisions reflect your wishes is for you to appoint the spokesperson – a Patient Advocate - to speak for you.
Terri Schiavo

Born December 3, 1963
Died March 31, 2005

In 1990, in her late 20’s, she suffered a heart attack. She had lack of oxygen to her brain and was in a persistent vegetative state for 15 years. She had artificial nutrition and court battles over it for years. There were legislative and media battles in her last days. Died age 41.

(Schiavo, 2013).
The Main Legal Question in the Schiavo Case

The legal conflict was not whether or not we can remove feeding tubes from those in a persistent vegetative state?

We can. It is done frequently under the patient’s right to refuse medical treatment. (autonomy) Patient Advocate’s and families often decide that their loved one’s best interest is not served by artificial nutrition / hydration.
But the legal question was rather, who should decide.

Who should speak for Terri Schiavo about what SHE would want in her care -- her husband or her parents?

She had not appointed someone as her Patient Advocate or expressed her wishes ahead of time about potential treatment decisions.
Everyday Cases

A 90-year-old woman who had previously been healthy and “fiercely independent” suddenly suffers a severe stroke. Her son states that she has always had a strong religious faith and an assurance of life after death. She has told him on multiple occasions, “When it’s my time to go... let me go.”

But she has not put a formal Advance Directive in place to appoint or instruct a Patient Advocate...
Everyday Cases

The doctor tells her son that his mom is not imminently dying, but will likely never return to independent living and will likely never communicate verbally again.

Currently, there is some question about how much she understands about her situation, her prognosis and current condition. She sometimes squeezes hands on command and makes eye contact but some days are clearer than others.
Would Mom want to go to a skilled care nursing center?

Would Mom want to have a feeding tube to feed her artificially if she could not swallow well enough to sustain her nutrition?

Is not starting artificial nutrition “starving her”?

If she had sudden cardiac or respiratory failure, would Mom wish to “do everything”, “do nothing” or something in between?

What does “allowing nature to take its course” mean?
Family Conflict or Disagreement

What if her son and his sister disagreed about what to do for Mom?

Who should her attending physician listen to - the son or daughter or grandchildren - about treatment decisions?

Wouldn’t it be better to have Mom decide?
Different Kinds of Advance Directives

1. **Durable Power of Attorney for Healthcare (DPoA-HC)**
   Assigning a Patient Advocate *(preferred by Michigan law)*

2. **A Living Will** - *(not preferred by Michigan law)*
   Listing, in detail, all the treatment you would want or not want.

3. **Designation of Anatomical Gift**
   *(optional and supported by Michigan law; this directive MUST be followed – if you are a candidate – after your death).*

4. **Out of Hospital Do-Not-Resuscitate Directives**
   *(allowed and supported by Michigan law – requires a physician signature and date).*
A Durable Power-of-Attorney for Healthcare: Appointing Your Patient Advocate

• Can be done in estate planning with your lawyer.

• Michigan law does not require the services of a lawyer, but the law says a Durable Power of Attorney for Healthcare must be documented with key components, with clear instructions to the Patient Advocate and it must be signed with witnesses.

• A variety of forms in Michigan meet these requirements and are good to use.

• Holland Hospital and other organizations in west Michigan have developed a common form to appoint a Patient Advocate called: “Making Choices Michigan.”
Important to Remember:

- A Financial Power-of-Attorney is a different animal. *(It is for finances, insurance, real estate, banking and business matters).*

- With a Durable Power-of-Attorney for Healthcare, *(sometimes called a Medical Power of Attorney)* a Patient Advocate has NO voice or decision-making power if you are of sound mind and can express your wishes pertaining to healthcare treatment decisions.

- Your decision-making capacity will be documented in your medical record. Your Patient Advocate becomes active only when you are deemed by physicians to be unable to speak for yourself.

- You can “fire” your Patient Advocate(s) anytime.

- A Patient Advocate can “resign” anytime.
To Remember:

- You may appoint a primary Patient Advocate and “alternates” (successors, backups, etc.) BUT…
  Only **ONE** Patient Advocate can be active at any given time. It is not a consensus of the whole and they don’t necessarily act as a group. *(Though they may choose to consult with each other.)* Physicians will look to the one currently acting Patient Advocate as the primary spokesperson.

- In Michigan, the Patient Advocate cannot act on your behalf before they officially sign/date an **Acceptance form**.
Making Choices Michigan

Advance Care Planning:
Planning for Future Health Care Decisions

Advance Directive:
Durable Power of Attorney for Healthcare

Forms Included:
Choosing My Patient Advocate
Accepting the Role of Patient Advocate

Keep this document for your records and make copies for Patient Advocates and healthcare providers.
Rev. 06/23/10
d. I can make a decision to withhold or withdraw treatment which would allow the patient to die only if he or she has expressed clearly that I am permitted to make such a decision and understand that such a decision could or would allow his or her death.

e. I may not receive payment for serving as patient advocate, but I can be reimbursed for actual and necessary expenses which I incur in fulfilling my responsibilities.

f. I am required to act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The decisions of the patient expressed or evidenced while the patient is able to participate in medical or mental health treatment decisions are presumed to be in the patient's best interests.

g. The patient may revoke his or her appointment of me as patient advocate at any time and in any manner sufficient to communicate an intent to revoke.

h. The patient may waive the right to revoke a designation as to the power to exercise mental health treatment decisions, and if such waiver is made, the patient's ability to revoke as to certain treatment will be delayed for 30 days after the patient communicates his or her intent to revoke.

i. I may revoke my acceptance of my role as patient advocate at any time and in any manner sufficient to communicate an intent to revoke.

j. A patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Michigan Public Health Code, 1978 PA 98, MCL 333.20201.

Section 5: Patient Advocate Signature and Contact Information

Signature: ___________________________ Date: ___________________________

Print Name: ___________________________

Address: ___________________________

Home Phone: ___________________________ Cell Phone: ___________________________

Work Phone: ___________________________

If I am unavailable to act after reasonable effort to contact me, I delegate my authority to the person the patient has designated as the alternate patient advocate. The alternate patient advocate is authorized (in the order listed) to act until I become available to act.
d. I can make a decision to withhold or withdraw treatment which would allow the patient to die only if he or she has expressed clearly that I am permitted to make such a decision, and understand that such a decision could or would allow his or her death.
Second Alternate Patient Advocate (print) ________________________________

Address: ____________________________

Home Phone: _______________ Work Phone: _______________

Cell Phone: _________________________

Section 2: Instructing My Patient Advocate

A. General Instructions

I want my patient advocate to be able to:

- Make choices for me about my medical care or services, such as testing, medications, surgery, and hospitalization. If treatment has been started, he or she can keep it going or have it stopped depending upon my specific instructions;

- Interpret any instructions I have given in this form (or in other discussions) according to his or her understanding of my wishes and values;

- Review and release my medical records, mental health records, and personal files as needed for my medical care;

- Arrange for my medical care, treatment, and hospitalization in Michigan or any other state, as he or she thinks appropriate or necessary to follow the instructions and directives I have given for my care.

B. Specific Instructions (Optional)

Life-Sustaining Treatment

Also see Form 2 - Accepting the Role of Patient Advocate, line 9. If this is your directive, please sign below.

I have instructed my patient advocate(s) concerning my wishes and goals in the use of life-sustaining treatment — such as, but not limited to, ventilators, cardiopulmonary resuscitation, nutritional tube feedings, intravenous hydration, kidney dialysis, blood pressure or antibiotic medications — and hereby give my patient advocate(s) express permission to withhold or withdraw any treatment that would not help me achieve my goals or care. I understand that such decisions could or would allow my death.

Medications and treatment intended to provide comfort or pain relief shall not be withheld or withdrawn.

My signature authorizing this specific directive: ________________________________
B. Specific Instruction (Optional)

Life-Sustaining Treatment
Also see “Form 2 – Accepting the Role of Patient Advocate, line d. If this is your directive, please sign below.

I have instructed my patient advocate(s) concerning my wishes and goals in the use of life-sustaining treatment – such as, but not limited to, ventilators, cardiopulmonary resuscitation, nutritional tube feeding, intravenous hydration, kidney dialysis, blood pressure or antibiotic medications – and hereby give my patient advocate(s) express permission to withhold or withdraw any treatment that would not help me achieve my goals of care. I understand that such decisions could or would allow my death.

Medications and treatment intended to provide comfort or pain relief shall not be withheld or withdrawn.

My signature authorizing this specific directive:

_________________________________________
Talking it Over with Your Patient Advocate…

What do we mean by life-sustaining treatment?

Do you have feelings about artificial breathing machines – ventilators? How about CPR?

What does “Quality of Life” mean to you?

What about artificial nutrition and hydration decisions?

What about kidney dialysis decisions?
What about “trial periods” with life-sustaining treatment?

“If, after 3 days....” “If, after two weeks...”

What if you have memory loss?

What about “care” even when there can’t be “cure”? *(palliative care)* When do you think “comfort care only” would be the right choice for you?
Signatures of the Witnesses

I know this person to be the individual identified as the “patient” in the “Choosing My Patient Advocate” form. I believe him or her to be of sound mind and at least eighteen (18) years of age. I personally saw him or her sign this form, and I believe that he or she did so voluntarily and without duress, fraud, or undue influence. By signing this document as a witness, I certify that I am:

- At least 18 years of age
- Not the patient or alternate patient advocate appointed by the person signing this document
- Not the patient’s spouse, parent, child, grandchild, sibling or presumptive heir
- Not listed to be a beneficiary of, or entitled to, any gift from the patient’s estate
- Not directly financially responsible for the patient’s health care
- Not a health care provider directly serving the patient at this time
- Not an employee of a health care or insurance provider directly serving the patient at this time

Witness number 1:

Signature: ___________________________ Date: ____________

Print Name: __________________________

Address: ___________________________

Witness number 2:

Signature: ___________________________ Date: ____________

Print Name: __________________________

Address: ___________________________
Legal Witnesses are Important

Signatures of the Witnesses

I know this person to be the individual identified as the “patient” in the “Choosing My Patient Advocate” form. I believe him or her to be of sound mind and at least eighteen (18) years of age. I personally saw him or her sign this form and I believe that he or she did so voluntarily and without duress, fraud, or undue influence. By signing this document as a witness, I certify that I am:

Witnesses **MUST** Be at Least Age 18 and **NOT**…

- Not the Patient Advocate (or Alternate Patient Advocate) appointed by the person signing this document.
- Not the patient’s spouse, parent, child, grandchild, sibling or presumptive heir.
- Not listed to be a beneficiary of, or entitled to, any gift from the patient’s estate.
- Not directly financially responsible for the patient’s health care.
- Not a healthcare provider directly serving the patient at this time.
- Not an employee of a health care or insurance provider directly serving the patient at this time.

*Michigan Legislature (2009).*
So Who Is Left to Be Witnesses?

- Trusted friend
- Neighbor
- Member of your church or faith group
- Hospital volunteer
- Acquaintance who knows you are who you say you are
Form 2

Accepting the Role of Patient Advocate

Patient Name: [Print]

Patient Date of Birth: __________________________

The person named above has asked you to serve as his or her patient advocate (or as an alternate patient advocate). Before agreeing to take on that responsibility and signing this form, please:

1. Read a copy of the form the patient has completed entitled, Form 1: “Choosing My Patient Advocate”, and;
2. Read the document entitled, “A Brief Guide to Advance Care Planning,” which provides important information and instructions;
3. Discuss, in detail, the patient’s values and wishes, so that you can gain the knowledge you need to allow you to make the medical treatment decisions he or she would want.
4. If you are willing to accept the role of patient advocate, read, sign and date the following statement (Section 5).

Acceptance

I accept the patient’s selection of me as patient advocate. I understand and agree to take reasonable steps to follow the desires and instructions of the patient as indicated in the “Choosing My Patient Advocate” form (or in other written or spoken instructions from the patient).

I also understand and agree that, according to Michigan law:

a. This appointment shall not become effective unless the patient is unable to participate in medical or mental health treatment decisions, as applicable.
b. I will not exercise powers concerning the patient’s care, custody, medical or mental health treatment that the patient – if the patient were able to participate in the decision – could not have exercised on his or her own behalf.
c. I cannot make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant if that would result in the patient’s death, even if those were the patient’s wishes.
What Now?

- Keep the original with your accessible, important papers; *(not a safe or safe deposit box).*

- A copy may be regarded as if it were the original.

- **Make copies of the completed forms and give to:**
  - Your Patient Advocate (and Alternate Patient Advocates).
  - Your primary care physician’s office.

  Local primary care physician offices will provide a copy to Holland Hospital Medical Records to have on file. If you should become a patient here, it will automatically be affixed to your medical chart.
Important to Remember:

If the Patient Advocate(s) or their names change, or your written directives to your Patient Advocate(s) change, you must redo the whole form, collect and destroy all old copies.

If only phones or addresses change, you may revise this contact information on all originals and copies without re-doing the whole form.
What to Do Next?

1. Decide whether you would like to execute an Advance Directive in the next:
   - Month?
   - Six months?
   - Year?
   - 2 years?
   - 5 years?

2. Consider who you would most trust to make the decisions you would want made for you if you couldn’t speak for yourself?
Suggestions on How to “Start the Talk?”

Imagine the best setting for you to begin the discussion.

- On a walk?
- At a family gathering - in private?
- Over coffee?
- In the car?

Begin to discuss your values and wishes with them.

Maybe start like this:

“We plan all the time for the “what if’s” in life -- health insurance -- life insurance -- a will. I’m wondering if I could talk honestly with you about how I feel about some possible healthcare matters?”
Maybe finish sentences such as:

“What matters to me at the end of life is __________________________________________.”

“Even though I’m okay right now, I’m sometimes worried that at the end of my life, if I’m very sick… __________________________________________.”
Advance Care Planning - Peace of Mind for All
Further Questions?

Thank You for Coming!

Further information: Call 394-3343.


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