

PMG EDUCATION EVENING

ADVANCE CARE PLANNING

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GP Partner 2 days/week

Palliative Care specialty doctor 2 days/week

ADVANCE CARE PLANNING

- ▶ What is advance care planning?
- ▶ Planning ahead
 - ... a way to express who you are and what's important to you in case you can't make a decision for yourself. Recording your wishes gives you control over your future treatment and care and reassurance that the right decisions will be made.

ADVANCE CARE PLANNING

“We’ve had I think an about 50 year experiment with medicalising mortality, with casting it as just another problem for us to treat like any other, and I think that experiment is failing. But we have an alternative emerging. It’s one where we learn and elicit what matters most to people in their lives besides just surviving, and then we use our capabilities not to sacrifice it but to protect, to protect it – to protect those priorities that people have.”

Atul Gawande, BBC Reith Lectures 2014

ADVANCE CARE PLANNING – WHY IS IT NEEDED?

- ▶ Planning ahead
 - ▶ Mental Capacity Act 2005
 - ▶ Capacity
 - ▶ Best Interest Decision

ADVANCE CARE PLANNING – WHAT IS IT?

- ▶ Planning ahead for the future - for when we can no longer express our wishes ie we lose capacity.
 - ▶ Health
 - ▶ Finances
 - ▶ Life
 - ▶ Death

ADVANCE CARE PLANNING – WHO IS IT FOR?

- ▶ Anyone!
- ▶ Particularly if serious or life-limiting illness

ADVANCE CARE PLANNING – WHY DO I NEED TO KNOW THIS?

- ▶ Record preferences
- ▶ Sudden illness
- ▶ Degree of control over uncertainties of life
- ▶ Part of planning affairs
- ▶ Reassurance to friends and family
- ▶ It comes to us all!

ADVANCE CARE PLANNING – IS NOT...

- ▶ About 'giving up', being morbid, or restricting choices
- ▶ Asking for inappropriate treatments
- ▶ All about resuscitation
- ▶ Based on age

ADVANCE CARE PLANNING – IS ABSOLUTELY NOT...

- ▶ Something that can only be done by a doctor
 - ▶ Compassionate communities
 - ▶ Dialogue about death - eg Dying Matters, Death Cafes

DYING MATTERS

It's got to happen one day;
Let's hope it won't be soon.
It's good to talk about it,
That elephant in the room.

Let's make the most of living
Enjoy it while we can;
Let's run and jump, dance around,
But also start to plan.

Then when our bodies weaken
And can't run any more,
Slow it to a walk or stroll,
Consider what's in store.

Then when time's getting shorter,
We're bound to beds or chairs,
Let's read and write, paint and draw,
And sort out our affairs.

There's Powers of Attorney,
For finances or health,
Funerals and written wills
To say who gets our wealth.

For once our time is over,
If we've talked it all through,
It's better for our loved ones;
They'll know just what to do.

ADVANCE CARE PLANNING – HOW IS IT DONE...?

- ▶ Talk to each other
- ▶ Write it down (Advance Statement / Statement of wishes)
- ▶ Speak to your healthcare team
- ▶ Lasting Power of Attorney (LPA)
- ▶ Statement of preferences (eg Gold Standards Framework)
- ▶ Advance decision to refuse treatment (ADRT)

STATEMENT OF WISHES

- ▶ Who do you want to look after you?
- ▶ Where do you want to be looked after?
- ▶ Daily routine
- ▶ Food, drink, music, TV preferences.
- ▶ What treatments you would find acceptable...
- ▶ and which you would not want.
- ▶ Core values, beliefs etc.

LPA

- ▶ Allows you to nominate another person/persons as decision-maker for health, finances or both.
- ▶ Must be witnessed, made whilst capacitous and registered with office of public guardian.
- ▶ Only comes into force when you lose capacity. Stops being valid if/when you regain capacity.
- ▶ Space on form for Statement of Wishes.

ADVANCE CARE PLANNING – HOW IS IT DONE...?

- ▶ Other non-health matters:
 - ▶ Wills
 - ▶ Digital Legacy - social media wills
 - ▶ Digital Assets
 - ▶ Bank Accounts

ADVANCE DECISION TO REFUSE TREATMENT

- ▶ Legally binding
 - ▶ Careful thought
 - ▶ Useful in certain situations

TREATMENT PREFERENCES



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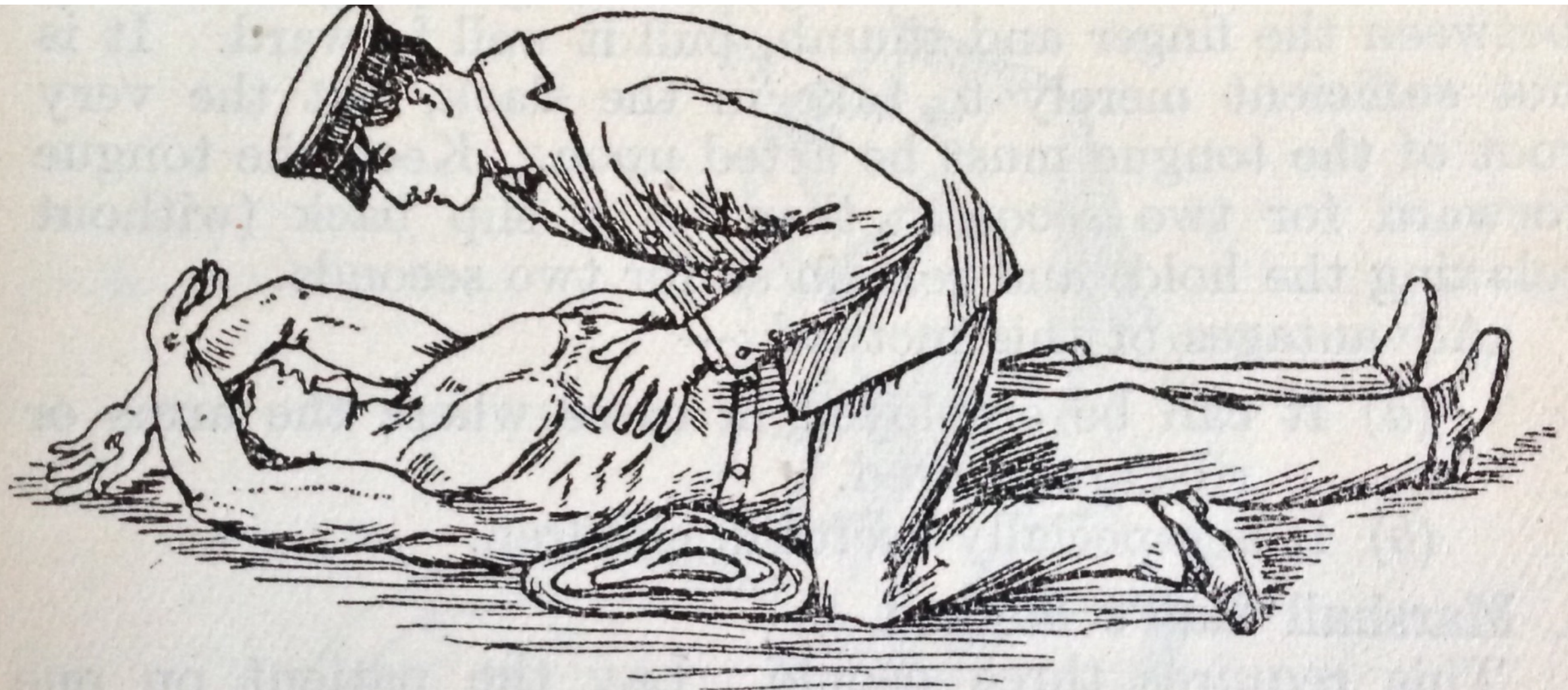


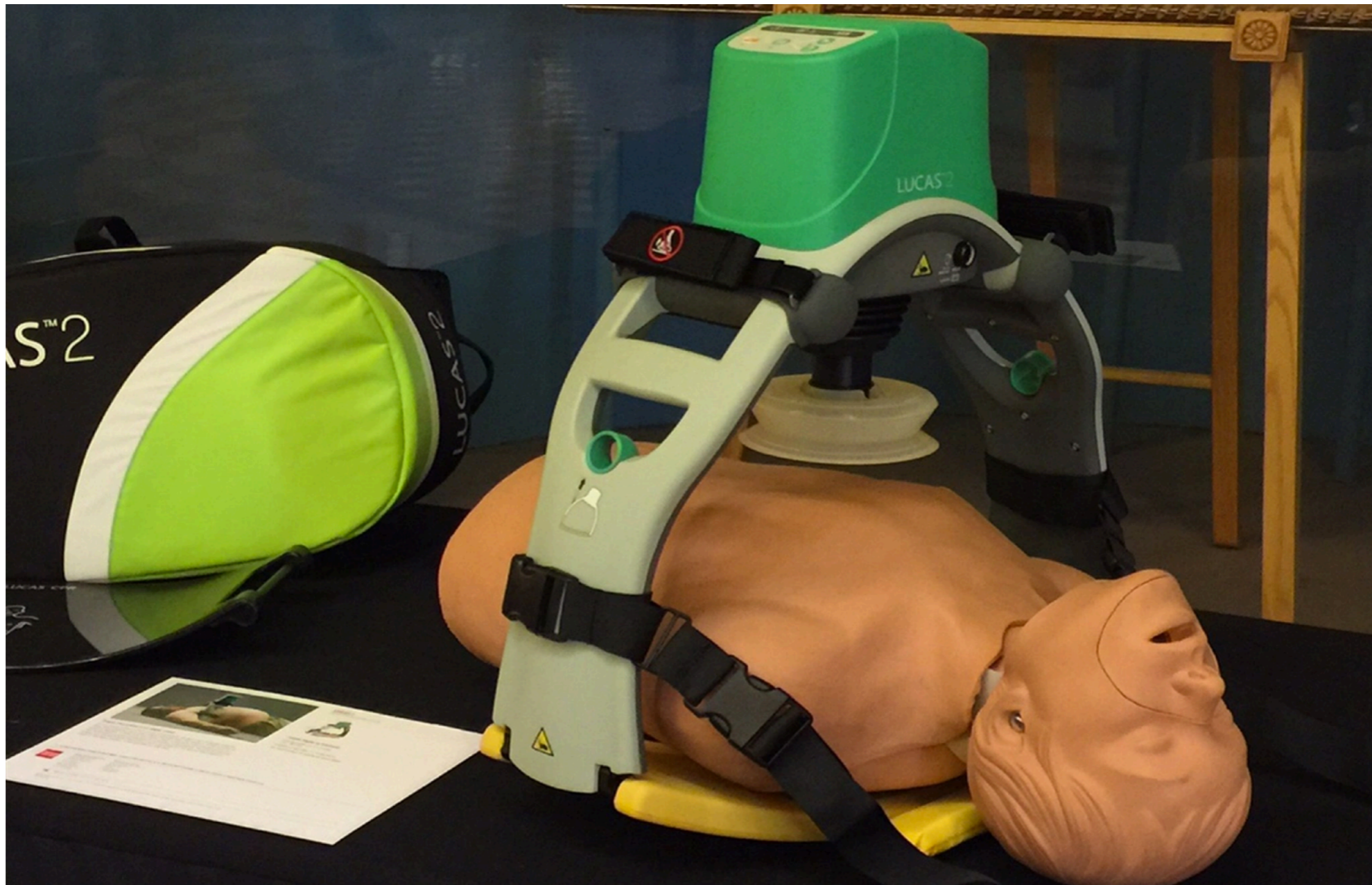
Fig. 125.

Artificial Respiration. Howard's Method. Expiration. of the chest. Kneel astride the patient, place his hands above his head, and proceed as in Schafer's Method.

TREATMENT PREFERENCES



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ADVANCE CARE PLANNING – AN EXAMPLE... FRAILTY, ADMISSIONS AND QOL

- ▶ Dr B is a 36 year old with no past medical history. Sees GP with chest infection requiring admission...
- ▶ Treated with antibiotics, oxygen and recovers well.
- ▶ Three days later, discharged home after returning to normal level of function.
- ▶ **Will and perhaps statement of wishes is appropriate.**

ADVANCE CARE PLANNING – AN EXAMPLE...

- ▶ Dr B is now 56 years old. Taken up smoking, more unfit, generally less healthy. Less mobile. Develops another chest infection requiring admission...
- ▶ More serious on this occasion. Longer course of antibiotics needed. Knock-on effect on mobility and other health problems.
- ▶ Discharged after two weeks. Few weeks to get back to normal.
 - ▶ **LPA and more detailed financial planning**

ADVANCE CARE PLANNING – AN EXAMPLE...

- ▶ Dr B is now 76 years old. More frail with multiple medical problems. Further chest infection requiring admission.
- ▶ Although a relatively mild illness, significant set-back. Long admission. Complicated by bowel problem which needs operation. Discharged only to return few weeks later. With each admission, mobility reduces. Quality of life starts to fall...

ADVANCE CARE PLANNING – AN EXAMPLE...

- ▶ Dr B is now 86 years old. Each admission brings less benefit and is associated with a greater burden.
- ▶ Discusses with friends and family and healthcare team.
- ▶ Ceiling of treatment decided with GP
- ▶ LPA updated
- ▶ Detailed financial and succession planning.

ANY QUESTIONS...?

