

New End of Life Policies Bring Changes for all PHC Staff

http://phcconnect/news/dvine/binary_38620.pdf

Two newly revised end-of-life policies are being introduced next month at PHC.

The Options for Care and the Do Not Attempt Resuscitation policies provide a model of compassionate care for end-of-life conversation between patients, residents, families, friends and their health care providers.

Under the new policies, any registered or licensed health care provider—not just physicians—can now hold discussions with patients and residents. The health care provider who has the discussion with the patient or resident is responsible for entering the code status in the chart using the Do Not Attempt Resuscitation (DNAR) and Options for Care Order form. The end-of-life conversation

involves current medical status and a thorough examination of interventions, including a description, risks and benefits and likely course with or without therapy. It also includes an exploration of the patient or residents values and goals for care.

If health care givers and the patient disagree about options for care or whether CPR should be used, a conflict resolution process must be used that avoids unilateral decision-making. Ethics Services can be called in to help with unresolved disputes.

The policies are based on the principles of shared decision-making and informed consent, and align with current federal and provincial legislation. They also draw from the Catholic

Health Ethics Guide, which cites the dignity of the patient as a free and informed decision-maker.

The policies include step-by-step guide to how to document decision of code status and flowchart for determining the appropriate decision maker.

In acute care, the options for care will be discussed on admission with those patients for whom end-of-life discussions are appropriate, and should be viewed an integral part of the treatment and discharge plan.

In residential care, options for care and DNAR status will be discussed with residents prior to or within the first week of moving into the care home.

These are to be viewed as ongoing discussions, not one-time events.

Staff may not feel comfortable having this discussion with patients, especially in acute care, so each team should discuss how the policy will be best implemented in their areas.

By taking a direct approach and employing shared decision-making, staff and physicians can empower patients and residents and their families to make an informed choice that will often mitigate demands for futile CPR.

Details of the new policies can be found on PHC Connect. Ask your leader or Ethics Services for more information.

Educational support will be available at all sites and will include in-services, self-teaching modules and a guide for families.