



If Not Now....When? Advance Care Planning Conversations That We All Need to Have

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Important

- The planners and speakers of today's program have disclosed no conflicts of interest or commercial support.
- In order to receive contact hours, you must complete an evaluation.
- Today's session is being recorded.



Objectives

After completing this educational activity, participants will:

1. Demonstrate an understanding of the acute need for Advance Care Planning during the COVID pandemic by initiating serious illness care preference conversations
2. Describe Advance Care Planning
3. Relate the Church's support of Advance Care Planning and the Ethical and Religious Directives for Catholic Health Care Services, 6th ed.
4. Access and use selected tools available for Advance Care Planning
5. Facilitate conversations about Advance Care Planning and the needs for Advance Directives, particularly in the current climate of COVID 19



Advance Care Planning Definition

- **Advance care planning** can be a gift you give yourself and your family. It is about doing what you can to ensure that your wishes and preferences are consistent with the health care treatment you might receive if you were unable to speak for yourself or make your own decisions.
- While many of us do not like to think that we will ever need such a plan, too often the lack of advance care planning can result in questioning, confusion, or disagreement among family members trying to envision what you would want if you were unable to speak for yourself.

Centers for Disease Control and Prevention
<https://www.cdc.gov/aging/advancecareplanning/index.htm>



Advance Care Planning

“But this is hard to do. I don’t want to think or talk about illness and death.”

- Ellen Goodman, co-founder of The Conversation Project, “...emphasizes having a conversation on values — what matters to you, not what’s the matter with you.”
- “We prepare for everything we consider important in life. Preparation makes a wonderful experience possible.” Matthew Kelly
- It is a gift to your loved ones in that they will be well-prepared to support you during the time of a health crisis.



Advance Care Planning Tools

- Healthcare proxy/Durable power of attorney for healthcare
- Living Will – not legally recognized in Massachusetts but can help inform your proxy about your wishes
- Five Wishes – a type of living will that is legally recognized in Massachusetts
- The Conversation Project
- Hello game (formerly called My Gift of Grace)
- Honoring Choices Massachusetts
- MOLST/POLST - Medical Orders for Life-Sustaining Treatment
- *****YOU!!!!!! *****



Mass Health Care Proxy Form

YOUR BIRTH DATE (m/d/yy)

____/____/____

MASSACHUSETTS HEALTH CARE PROXY

1 I, _____, residing at
(Principal: PRINT your name)

(Street) (City/town) (State/ZIP)

appoint as my **Health Care Agent**: _____
(Name of person you choose as Agent)

of _____
(Street) (City/town) (State/ZIP)

Agent's tel (h) _____ (w) _____ E-mail _____

OPTIONAL: If my agent is unwilling or unable to serve, then I appoint as my **Alternate Agent**:

(Name of person you choose as Alternate Agent)

of _____
(Street) (City/town) (State/ZIP) (Phone)

2 My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions myself. My Agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My Agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them **EXCEPT** (here list the limitations, *if any*, you wish to place on your Agent's authority):



Mass Catholic Conference

ROMAN CATHOLIC HEALTH CARE PROXY

1. APPOINTMENT OF HEALTH CARE AGENT AND ALTERNATE

I, _____, residing at _____, Massachusetts,
NAME OF PRINCIPAL STREET CITY

appoint _____,
NAME OF HEALTH CARE AGENT AREA CODE & TELEPHONE NUMBER

residing at _____, as my Health Care Agent ("Agent")
STREET CITY/STATE

to make health care decisions for me as authorized in this Health Care Proxy according to Chapter 201D of the General Laws of Massachusetts, including any future amendments ("Chapter 201D"). Capitalized terms used and not defined in this Health Care Proxy have the meaning specified in Chapter 201D.

If for any reason _____ is unavailable, unwilling, incompetent, or
NAME OF HEALTH CARE AGENT

otherwise disqualified under Chapter 201D to act as my Agent and is not expected to become available, willing, competent or qualified to make a timely decision given my medical circumstances, I appoint

_____, residing at _____,
NAME OF ALTERNATE AGENT AREA CODE & TELEPHONE NUMBER STREET

_____, as my Agent.
CITY/STATE



Catholic form differences

I direct that my Agent make Health Care decisions for me which are consistent with authentic Roman Catholic ethical, moral and religious principles and based upon my profound respect for life and my belief in eternal life. I di-

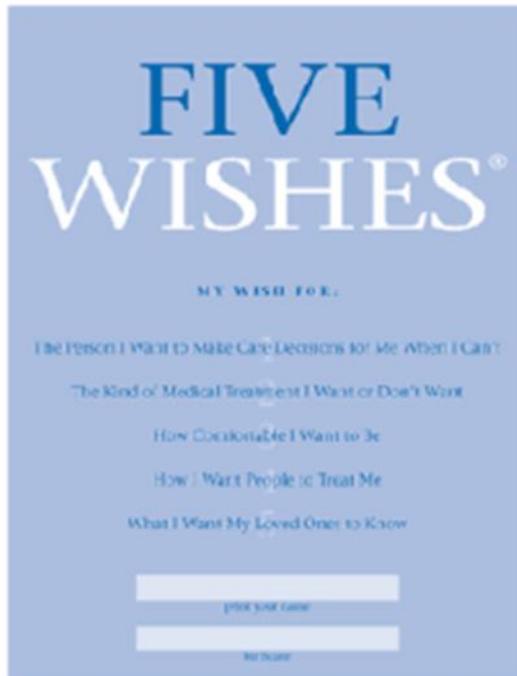
5. SACRAMENTS AND SPIRITUAL CARE

I direct my Health Care Agent, in consultation with my family or with a priest or chaplain, to afford me with the opportunity to receive the Roman Catholic sacraments (Anointing of the Sick, Confession and Holy Communion), and appropriate spiritual care.

SUMMARY OF CATHOLIC TEACHING: 1. All human life is sacred, from the moment of conception to the time of natural death. 2. All human beings, regardless of physical or mental abilities, share an equal human dignity meriting both respect and protection. 3. Persons are obligated to take reasonable care of their own health by preserving and nurturing it with appropriate and ordinary (proportionate) means. But, no one is obligated to use extraordinary (disproportionate) measures to prolong life, that is, measures offering no reasonable hope of benefit or measures involving excessive hardship. 4. An agent can never be authorized to deny basic personal care every patient can rightfully expect such as bed rest, hygiene, and appropriate pain medication. Nutrition and hydration should always be provided when they are capable of sustaining human life, as long as this is of sufficient benefit to outweigh the burdens to the patient. 5. The Catholic patient should have the opportunity to receive the sacraments and appropriate spiritual care. 6. Respect for unborn human life requires that life-sustaining treatment be extended to a dying pregnant mother if continued treatment can benefit the child. 7. Suffering is a mystery. The role of medicine is to relieve the suffering of the sick by diligent research and compassionate treatment. Suffering which cannot be alleviated can become redemptive when united with the suffering love of Christ.



Five Wishes



Wish 1: The person I want to make care decisions for me when I can't

Wish 2: The kind of medical treatment I want or don't want

Wish 3: How comfortable I want to be

Wish 4: How I want people to treat me

Wish 5: What I want my loved ones to know



Conversation Project

Being Prepared in the Time of COVID-19

Three Things You Can Do Now

This is a challenging time. There are many things that are out of our control. But there are some things we can do to help us be prepared – both for ourselves and the people we care about. Here are three important things each of us can do, right now, to be prepared.

- 1 Pick your person to be your health care decision maker
- 2 Talk about what matters most to you
- 3 Think about what you would want if you became seriously ill with COVID-19

People who are older or have chronic medical conditions are more likely to become very sick if they get COVID-19. Some will recover with hospital care, but even with ventilator support many will die. Think about what you would want if you became very sick at this time:



Thought-provoking questions

What would be most important to you? *(Examples: Being comfortable. Trying all possible treatments.)*

What are you most worried about? *(Examples: Being alone. Being in pain. Being a burden.)*

What is helping you through this difficult time? *(Examples: My friends. My faith. My cat.)*

If you became very sick with COVID-19, would you prefer to stay where you live or go to the hospital?

If you chose to go to the hospital, would you want to receive intensive care in the hospital?



Medical Orders for Life-Sustaining Treatment - MOLST

MASSACHUSETTS MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT
MOLST www.mass.gov/ehhs

WITHELD: This patient does not wish to be resuscitated.

- The form should be implemented in light of any discussion between the patient (or patient's representative) regarding intent and the patient's choice.
- Sections A, B and C are not applicable if Sections D and E are complete. Section F is not the Patient's Last Wish statement.
- The patient is not considered "Incapable" or "Unable to Communicate" if the patient:
 - Has been declared incompetent by a court.
 - Has been declared incompetent by a physician.
 - Is an incompetent patient of a nursing home or long-term care facility.

A ARTIFICIAL MECHANICAL VENTILATION for a patient in cardiac or respiratory distress	<input type="radio"/> Do Not Ventilate <input type="radio"/> Administer Respiration
B VENTILATION for a patient in respiratory distress	<input type="radio"/> Do Not Intubate and Ventilate <input type="radio"/> Intubate and Ventilate <input type="radio"/> Do Not Use Non-Invasive Ventilation (e.g. CPAP) <input type="radio"/> Use Non-Invasive Ventilation (e.g. CPAP)
C PERFUSION DEVICES	<input type="radio"/> Do Not Treat to Hospital (order for transfer) <input type="radio"/> Transfer to Hospital
D PHYSICIAN SIGNATURE	<p>Initial and print the below or indicate who is signing Section D:</p> <p> <input type="checkbox"/> Physician <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Guardian <input type="checkbox"/> The substitute of all above </p> <p>Signature of person who has signed a written order that will not affect the patient's wishes (printed or typed) as expressed in the Section C option. Signature by the patient's representative (printed or typed) confirms that the form reflects the patient's wishes and that the representative is qualified to act on the patient's behalf. If a guardian (as per the order, verified by the law), consult legal counsel with questions about guardian's authority.</p> <p><input checked="" type="checkbox"/> Signature of Patient (or Patient Representative) if the Patient:</p> <p> Printed Name of Patient: _____ Date of Signature: _____ Printed Name of Agent: _____ Telephone Number of Agent: _____ </p>
E PHYSICIAN SIGNATURE	<p>Signature of physician, nurse practitioner or physician assistant certifying that the form accurately reflects the patient's wishes as expressed in the Section C option.</p> <p><input checked="" type="checkbox"/> Signature of Physician, Nurse Practitioner, or Physician Assistant</p> <p> Printed Name of Agent: _____ Date of Signature: _____ Printed Name of Physician: _____ Telephone Number of Physician: _____ </p>
F OPTIONAL SECTION FOR THE PATIENT'S LAST WISH STATEMENT	<p>This form does not require written testimony (witness) if signed by all of the above:</p> <p> Health Care Agent/Printed Name: _____ Telephone Number: _____ Primary Care Physician/Printed Name: _____ Telephone Number: _____ </p>

SEND THIS FORM WITH THE PATIENT AT ALL TIMES.
 MOLST forms developed by MOLST for health care professionals, including the following:

Approved by DPH 1/2002

MOLST Page 1 of 1



Health Care Proxy vs. MOLST

	MOLST	HEALTH CARE PROXY
Form type	Medical document	Legal document
Form users	Patients of any age with advanced illness	All adults, healthy or sick
Form contains	Current medical orders about life-sustaining treatments	Name of person's appointed health care agent(s) for future shared decision-making
Form signer(s)	The patient* <u>and</u> clinician	The person and two witnesses of the person's choice
Goes into effect	Immediately upon signing	Only if person is declared to lack capacity to make own health care decisions

<https://www.molst-ma.org/forms/the-massachusetts-health-care-proxy-form>



Possible advance care planning topics

- Proxy decision-maker
- Spiritual/religious needs
- Site for care to be delivered
- Resuscitation
- Artificial ventilation
- Ongoing curative treatments, like chemotherapy, dialysis, surgery and so on
- Medically-administered nutrition and hydration



Catholic considerations in advance care planning

As Catholics, in order to make informed health care decisions, we need to know applicable Church teaching in addition to what is happening medically with us or a loved one.



Sources of Church teaching

- ERDs – Ethical and Religious Directives for Catholic Health Care Services
- USCCB – United States Conference of Catholic Bishops
- Papal statements
- Catechism of the Catholic Church
- Catholic Social teaching
- Diocesan activities



ERDs

Ethical and Religious Directives for Catholic Health Care Services

Sixth Edition

UNITED STATES CONFERENCE OF
CATHOLIC BISHOPS

Ethical and Religious Directives for Catholic Health Care Services

Sixth Edition

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

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Preamble

Health care in the United States is marked by extraordinary change. Not only is there continuing change in clinical practice due to technological advances, but the health care system in the United States is being challenged by both institutional and social factors as well. At the same time, there are a number of developments within the Catholic Church affecting the societal mission of health care. Among these are significant changes in religious orders and congregations, the increased involvement of lay men and women, a heightened awareness of the Church's social role in the world, and developments in moral theology since the Second Vatican Council. A contemporary understanding of the Catholic health care ministry must take into account the new challenges presented by traditions both in the Church and in American society.

Throughout the centuries, with the aid of other sciences, a body of moral principles has emerged that expresses the Church's teaching on medical and moral matters and has proven to be pertinent and applicable to the ever-changing circumstances of health care and its delivery. In response to today's challenges, these same moral principles of Catholic teaching provide the rationale and direction for this revision of the *Ethical and Religious Directives for Catholic Health Care Services*.



Church teaching supports advance care planning

Directive 25: Each person may identify in advance a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions. Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person's intentions and values...

Directive 57: A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.





Archdiocese of Boston

*Initiative for Palliative Care
and Advance Care Planning*



Comments/Questions



Closing Prayer

Prayer for a Time of Pandemic by Cameron Bellm

May we who are merely inconvenienced
remember those whose lives are at stake.

May we who have no risk factors
remember those most vulnerable.

May we who have the luxury of working from home
remember those who must choose between
preserving their health or making their rent.

May we who have the flexibility to care for our
children when their schools close
remember those who have no options.

May we who have to cancel our trips
remember those that have no safe place to go.

May we who are losing our margin money
in the tumult of the economic market
remember those who have no margin at all.

As fear grips our country, let us choose love.

During this time when we cannot physically
wrap our arms around each other,
let us yet find ways to be the loving
embrace of God to our neighbors. Amen.

