

# Key Points from Advance Care Planning Webinar on 4/22/2020

Brought to you by The Denver Hospice and the Center for Improving Value in Health Care

In the time of COVID-19 there are specific things that we should all be considering. While we didn't specifically discuss this on the webinar, it is important to share this information with you. There are simplified tools that help to ensure that you are prepared should you get COVID and need more extensive treatment. <http://theconversationprojectinboulder.org/covid-19-resources/>

Ideally, every adult should have a [Medical Power of Attorney \(MDPOA\)](#). This person should know your wishes and can advocate for you if you are unable to. In Colorado, a MDPOA form does not require notary or witnesses.

A Living Will outlines specific wishes you have about your healthcare. Two competent adult witnesses must sign your Living Will. However, the witnesses cannot be your doctor or any employee of your doctor, any employee of the facility or agency providing your care, your creditors, or people who may inherit your money or property. Other patients or residents in the facility where you are receiving care can witness your Living Will as long as they are competent to do so.

The conversation you have with your family and friends is most important to this process. Make sure that people who surround you know what your preferences are.

## Questions and Answers from webinar:

- 1. When does the MDPOA become effective? Do my appointed person and alternate(s) have immediate access to my medical information and can start making decisions even if I am OK?**
  - a. This depends on how your MDPOA is written. Pay special attention to how yours is worded. Some MDPOA forms will have a section which allows you to state when the form becomes active. You can choose to have it effective immediately, or you can choose to have it effective only when you are unable to make or express your own medical decisions.
  - b. Also, remember that your alternative MDPOA persons will only have access to your medical information and decision making power if your primary decision maker is not available or is unable to continue as your MDPOA.
  
- 2. So, the DNR (Do Not Resuscitate) and MOST (Medical Order for Scope of Treatment) forms are NOT ones that I complete, right?**
  - a. You might consider filling them out, depending on your circumstances:
    - i. Ideally, everyone should have a Medical Power of Attorney (MDPOA). This person should know your wishes and can advocate for you if you are unable to.



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- ii. The MOST form is used for those who have serious illnesses and or life limiting diseases.
- iii. The DNR directive is used for those who would not like CPR (cardio-pulmonary resuscitation) or would not benefit from CPR such as those who are frail or in their late stages of life. Residents admitted to nursing homes or assisted livings may be required to designate their CPR preference.

**3. How is it resolved if the desires under a MDPOA is different from Living Will, Five Wishes or MOST?**

- a. In many instances, the most recent document will prevail. Here is a tool that can be used to [help guide](#) which document would prevail in certain scenarios.

**4. Are all these sources available in 1 packet?**

- a. Yes, there are several resources which have all the Advance Directive documents together. However, a MOST form or other CPR directive are separate and not always included.
  - i. <http://theconversationprojectinboulder.org/covid-19-resources/>
  - ii. <http://theconversationprojectinboulder.org/starter-kit/>
  - iii. [https://cha.com/wp-content/uploads/2017/03/medicaldecisions\\_2011-02.pdf](https://cha.com/wp-content/uploads/2017/03/medicaldecisions_2011-02.pdf)
  - iv. <https://fivewishes.org/shop/order/product/five-wishes> (There is a cost but The Denver Hospice will send one to you for free)

**5. What happens when you don't have family or friends available to be your MDPOA?**

If a person does not have anyone to name as his/her MDPOA, or if he/she is incapacitated and no family or friends can be found to act in this role, there are a couple of options available.

- a. One option when there is no available decision maker is to pursue the appointment of a guardian through the court. It is important to know that, except in emergency situations, the court process to appoint a guardian may take several months. If a person truly has no one to serve as a guardian in his/her life, the person's finances can be used to hire an agency to act as a guardian. There are several such agencies in Colorado.
- b. In Colorado, there has traditionally not been an "Office of Public Guardian". This means that there has not been a pool of guardians available to serve in this role for unrepresented people and persons who cannot afford to pay an agency to be his/her guardian. However, recently, a pilot program has been formed for this purpose. To enquire if this service is available in your area at this time, contact the Colorado Office of Public Guardianship at 720-865-8632.



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- c. In addition, some Colorado county Departments of Adult Protective Services may also serve as guardians. Contact your county's Adult Protective Services department for more information on this.
- d. Finally, In Colorado, a physician can become a "proxy decision maker of last resort". This means that, as a last resort, a physician can volunteer to serve as a medical decision maker. There are several rules that apply before this can happen. Generally, the proxy serves for that particular hospital/nursing home stay and does end at the time of discharge. The full regulation is here: [https://leg.colorado.gov/sites/default/files/2016a\\_1101\\_signed.pdf](https://leg.colorado.gov/sites/default/files/2016a_1101_signed.pdf)

**6. I think it's important to balance someone's expressed wishes with the context of their clinical circumstances in the future. For instance, I have a patient who told his son "do everything possible" and now that this patient is terminal and on hospice, this is a sticking point for the son, despite significant education on DNR and quality of life. Do you have suggestions for how to balance clinical info needed to make educated decisions and not overwhelming someone documenting their decisions?**

- a. This is a wonderful question. People often take an 'all or nothing' stance on their care choices, but health choices can become a lot more complicated than that. Validate that they are saying that for now, they want full CPR, chemotherapy, etc. You might ask, however, what a situation would look like where they no longer want that treatment. For example, ask them if there would ever be a time or situation where CPR would not be what they want. Or if there would ever be a time chemotherapy or dialysis would not be what they want.
- b. We promote informed decision making, so I appreciate your need to provide information that is relevant to such difficult decisions. For example, many people do not know that CPR includes some invasive and painful elements in many scenarios. We encourage education on this topic so that a person can make an informed decision if CPR is right for them.
- c. Finally, this is a great example of the importance of reviewing Advance Directives often. Our wishes often change as our health changes, and communicating this with our healthcare team and loved ones can help to prevent distress to all involved. Thank you for all you do for your patients and their loved ones!

To find the form that is relevant to the state you reside, you can visit [this site](#).

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