



# ***Osteopathic EPEC***

**Education for Osteopathic Physicians on End-of-Life Care**

*Based on The EPEC Project, created by the American Medical Association and supported by the Robert Wood Johnson Foundation. Adapted by the American Osteopathic Association for educational use.*



# **Module 1**

# **Advance Care Planning**



# Objectives . . .

- Define advance care planning, explain its importance
- Describe the steps of advance care planning
- Describe the role of patient, proxy, physician, others



# ... Objectives

- Distinguish between statutory and advisory documents
- Identify pitfalls and limitations in advance care planning
- Utilize planning to help put affairs in order



# What is advance care planning? . . .

- Process of planning for future medical care
- Values and goals are explored, documented
- Determine proxy decision maker
- Professional, legal responsibility



# . . . What is advance care planning?

- Trust building
- Uncertainty reduced
- Helps to avoid confusion and conflict
- Permits peace of mind



# 5 steps for successful advance care planning

1. Introduce the topic
2. Engage in structured discussions
3. Document patient preferences
4. Review, update
5. Apply directives when need arises



# Step 1: Introduce the topic

- Be straightforward and routine
- Determine patient familiarity
- Explain the process
- Determine comfort level
- Determine proxy



# Step 2: Engage in structured discussions

- Proxy decision maker(s) present
- Describe scenarios, options for care
- Elicit patient's values, goals
- Use a worksheet
- Check for inconsistencies



# **Role of the proxy**

- **Entrusted to speak for the patient**
- **Involved in the discussions**
- **Must be willing, able to take the proxy role**



# Patient and proxy education

- Define key medical terms
- Explain benefits, burdens of treatments
  - Life support may only be short-term
  - Any intervention can be refused
  - Recovery cannot always be predicted



# Elicit the patient's values and goals

- Ask about past experiences
- Describe possible situations
- Encourage the patient to write a letter



# Use a validated advisory document

- A number are available
  - *e.g. Five Wishes - [agingwithdignity.org](http://agingwithdignity.org)*
- Easy to use
- Reduces chance for omissions
- Patients, proxy, family can take home



# Step 3: Document patient preferences

- Review advance directive
- Sign the documentation
- Enter into the medical record
- Recommend statutory documents
- Ensure portability



# Step 4: Review, update

- Follow up periodically
- Note major life events
- Discuss, document changes



# Step 5: Apply directives

- Determine applicability
- Read and interpret the advance directive
- Consult with the proxy
- Ethics committee for disagreements
- Carry out the treatment plan



# Common pitfalls

- Failure to plan
- Proxy absent for discussions
- Unclear patient preferences
- Focus too narrow
- Communicative patients are ignored
- Making assumptions



# Preparation for the last hours of life . . .

- Advance planning
  - Personal choices
  - Caregivers
  - Setting
- Loss, grief, coping strategies



# . . . Preparation for last hours of life

- **Educating / training patients, families and caregivers**
  - **Communication**
  - **Tasks of caring**
  - **What to expect**
    - **physiologic changes, events**
    - **symptom management**



# Advance practical planning . . .

- Financial, legal affairs
- Final gifts
  - Bequests
  - Organ donation
- Autopsy



# **. . . Advance practical planning**

- **Burial / cremation**
- **Funeral / memorial services**
- **Guardianship**



# Choice of caregivers

- **Be family first, caregivers only if comfortable**
  - **Everyone comfortable in the role**
  - **Seek permission**
  - **Change roles if stressed**



# Choice of setting . . .

- Burdens, benefits weighed
- Permit family presence
  - Privacy
  - Intimacy



# • • • Choice of setting

- Minimize family burden when patient dies at home
  - Risk to caregiver's career, personal economics, health
- Alternate setting as backup



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# **Advance Care Planning Summary**



AMERICAN OSTEOPATHIC ASSOCIATION

**American Osteopathic Association**  
*AOA: Treating Our Family and Yours*