Sharing Vulnerability and the Human Dimension of Medicine: Innovative Practice

Kathy Kinlaw
Emory University Center for Ethics
Ken Schwartz, a Boston healthcare attorney died of lung cancer at the age of 40

what mattered most to him as a patient were the simple acts of kindness from his caregivers, which he said made “the unbearable bearable.”

Led to the founding of the Schwartz Center in 1995; housed at Massachusetts General Hospital
Schwartz Center Rounds

**Goals:**

- Strengthening the relationship between patients and caregivers
- Making compassionate care a priority in:
  - Provision of care
  - Design of healthcare systems
  - Outcome measurements
  - Interdisciplinary healthcare education
- Piloted at Massachusetts General Hospital in 1997
Schwartz Center Rounds

* Interdisciplinary Forum
* Discussion of emotional and social issues arising in the care of patients and families
* Focus is on fostering relationships and addressing emotional components of care, not on “solving” the issue
How Do You Support Each Other in the Human Dimension of Caring?
Schwartz Center Rounds

Specific rounds

* May focus on one patient case
* Interdisciplinary panel
* Or a patient care issue
  * With multiple cases providing examples
* Case(s) presentation 20 to 25 min
* Followed by discussion with all attendees
Schwartz Center Rounds

- Physician Leader
- Facilitator
- Administrative site coordinator
- Interdisciplinary planning committee
- Institutional specific
- We publicize and ask participants to rsvp
- Providing lunch
- Evaluation forms
Examples of Topics to Date

- Coping with Unexpected Outcomes for Patients
- Caring for Patients in High Risk Situations
- When We are not Working as a Team
- Family Presence During Resuscitation
- Hurtful Communication: When Words Fracture Us
- Facing Change
- Communicating Truth while maintaining hope
Physician Orders for Life Sustaining Treatment (POLST)
Physician Orders for Life Sustaining Treatment (POLST)

- Intended for creation when:
  - Person is diagnosed with serious medical condition and death is anticipated within the next year.
- Extends Advance Care Planning
  - Later in patients course with illness than Advance Directive
- Converts patient treatment preferences to a standing medical order
- In 2015, 22 states, including Georgia, have some POLST legislation.
Age 18

Complete an Advance Directive

Update Advance Directive Periodically

Diagnosed with Advanced Illness or Frailty (at any age)

Complete a POLST Form

Change in health status

May Complete a new POLST Form

Treatment Wishes Honored
Current Georgia POLST Form

- On the POLST form, patients may indicate preferences about:
  - cardiopulmonary resuscitation
  - ventilation, intubation, intensive care measures, comfort care
  - antibiotic use
  - artificial hydration and nutrition
# Physician Orders for Life-Sustaining Treatment (POLST)

This is a Physician Order guided by the patient’s medical condition and based upon personal preferences verbalized to the Physician or expressed in an Advance Directive.

## Patient’s Name

<table>
<thead>
<tr>
<th>First</th>
<th>(Middle)</th>
<th>Last</th>
</tr>
</thead>
</table>

| Last four digits of SSN: | Date of Birth | Gender: Male | Female |

## A. CODE STATUS

**CARDIOPULMONARY RESUSCITATION (CPR):** Patient has no pulse and is not breathing.

- [ ] Attempt Resuscitation/CPR
- [ ] Do Not Attempt Resuscitation
- [ ] Resuscitation Orders are to remain in effect during any surgical or invasive procedure.
- [ ] When not in cardiopulmonary arrest, follow orders in B, C and D.

**B. Check One**

- [ ] Medical Interventions: Patient has pulse and/or is breathing.
- [ ] Comfort Measures: Use medication by any route, positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Transfer if comfort needs cannot be met in the current location.
- [ ] Limited Additional Interventions: Includes Comfort Measures and medical treatment, IV fluids, and cardiac monitor as indicated. Does not include intubation or mechanical ventilation. Avoid intensive care. Transfer to hospital if indicated.
- [ ] Additional Treatment: Includes Comfort Measures, Limited Additional Interventions, lab tests, blood products, dialysis. Transfer to hospital if indicated.
- [ ] Palliative Treatment: Includes Additional Treatment and intubation, mechanical ventilation, and cardioversion as indicated. Includes intensive care. Transfer to hospital if indicated.
- [ ] Additional Orders:

## C. Check One

- [ ] No antibiotics: Use other measures to relieve symptoms.
- [ ] Determine use or limitation of antibiotics when infection occurs.
- [ ] Use antibiotics if life can be prolonged.
- [ ] Additional Orders:

## D. Check One

**ARTIFICIALLY ADMINISTERED NUTRITION / FLUIDS**

- [ ] Where indicated, always offer food or fluids by mouth if feasible.
- [ ] No artificial nutrition by tube.
- [ ] Defined trial period of artificial nutrition by tube.
- [ ] Long-term artificial nutrition by tube.
- [ ] Additional Orders:

## E. Check All That Apply

**REASON FOR ORDERS AND SIGNATURES**

To the best of my knowledge these orders are consistent with the patient’s current medical condition and preferences as indicated by:
- [ ] My discussion with the Patient
- [ ] My discussion with the Patient’s Authorized Representative
- [ ] My review of the Patient’s Advance Directive
- [ ] Verbal consent was given for an “allow natural death” order.

**Physician’s Printed Name**

Physician’s Signature Date

License No. State

Patient’s Printed Name Patient’s Signature Date Phone

Patient Authorized Representative’s Printed Name (if applicable) Representative’s Signature (if applicable) Date Phone

http://www.gapolst.org/pdfs/GeorgiaPOLST.pdf
Components of the POLST: Section A - CPR

<table>
<thead>
<tr>
<th>CODE STATUS</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.</td>
</tr>
<tr>
<td>□</td>
<td>Attempt Resuscitation/CPR.</td>
</tr>
<tr>
<td>□</td>
<td>Allow Natural Death (AND) - Do Not Attempt Resuscitation.</td>
</tr>
<tr>
<td>□</td>
<td>Resuscitation Orders are to remain in effect during any surgical or invasive procedure.</td>
</tr>
<tr>
<td></td>
<td>When not in cardiopulmonary arrest, follow orders in B, C and D.</td>
</tr>
</tbody>
</table>
Components of the POLST: Section B – Medical Interventions

- When patient has a pulse and/or is breathing
- Each tier of care encompasses all those above it
Components of the POLST: Sections C & D

<table>
<thead>
<tr>
<th>C Check One</th>
<th>ANTIBIOTICS</th>
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<tbody>
<tr>
<td></td>
<td>No antibiotics: Use other measures to relieve symptoms.</td>
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<td></td>
<td>Determine use or limitation of antibiotics when infection occurs.</td>
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<td></td>
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<tr>
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<tr>
<td>Long-term artificial nutrition by tube.</td>
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<tr>
<td>Additional Orders:</td>
</tr>
<tr>
<td>No IV fluids.</td>
</tr>
<tr>
<td>Defined trial period of IV fluids.</td>
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<tr>
<td>Long-term IV fluids.</td>
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### Components of the POLST Section E

#### REASON FOR ORDERS AND SIGNATURES

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- [ ] My review of the Patient’s Advance Directive
- [ ] Verbal consent was given for an “allow natural death” order.

<table>
<thead>
<tr>
<th>Physician’s Printed Name</th>
<th>Physician’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>License No.</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Patient’s Printed Name</td>
<td>Patient’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Patient Authorized Representative’s Printed Name (if applicable)</td>
<td>Representative’s Signature (if applicable)</td>
<td>Date</td>
</tr>
</tbody>
</table>

* Indicates who participated in the completion of the form
The POLST form must be signed by:

- The patient or an “authorized person”
- The patient’s attending physician
- Regular review as health status changes, at transfers, or treatment preferences change
Currently in Georgia

- Lack of a comprehensive clarification of how POLST intersects with other Georgia laws related to end of life care has made implementation of POLST or the honoring of POLST forms difficult or impossible at healthcare facilities.
At Implementation

- Hospital policy
  - Many view POLST form as a possible expression of the patient treatment preferences, to be reviewed at admission
  - CMS interpretation – if signing physician does not have attending privileges at healthcare facility where patient is being cared for, orders reviewed and re-written
In Georgia General Assembly

Substitute Senate Bill (SB 109)

Addressing (for example):

- Patient protections/Patient Preferences
- Immunity for healthcare providers
- In case of conflict with other docs, which supercedes (most recent)

Passed House Committee Health and Human Services on March 4

To Full House, and if passed, then to Senate
Integrating Ethics
Early Intervention Model

* Ethics on the front end
* Goals of treatment clarification
* Values Clarification
* Working with palliative care and other integrated systems