A TOOL FOR JUMPSTARTING ACP CONVERSATIONS

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Objectives

• List key components of an ACP reflection guide to invite participation in person-centered ACP conversations

• Describe how the tool can be used by facilitators and physicians to engage patients in ACP conversations

How we came to develop a tool

• Physicians expressed an interest in having facilitators develop a more person-centered (personalized) advance directive

• Which when needed, would allow physicians to start conversations with patients and families from a more informed baseline

• They wanted us to guide patients to answer the question, “What is an acceptable quality of life?”
Patient/client responses

• Answers didn’t come easily

• Facilitators were asked:
  – What do you mean?
  – Can you give me an example?

An acceptable quality of life is when...

• We started with the idea
  – I know who I am, who I’m with, and where I am
• But we have found it rare for that answer to be sufficient – patients/clients want more in life than not having dementia
• We encouraged reflection on values
  – I want to live as long as possible or
  – How I live is more important than length of life
Some feedback from attorneys

- Some (initial) responses were criticized as being trivial, for example
  - Playing golf several times a week
  - Shopping, even if it is only on the Internet
- Follow up with probing questions (“Why?”) led to realizations that these activities were the means for staying connected to friends and family – it is the personal relationships that provide quality of life

Defining a personal quality of life

- “White space” in a facilitated conversation can give time for reflection and for drafting a personal answer to the first question
- Individual’s answers provide insight to their personal tipping points between wanting life-sustaining care and comfort care
- This information gives physicians a more personal place to start tough conversations
Physicians’ also wanted more details

• Physicians wanted us to help patients articulate the answer to the second question, “What is personally important to you for comfort and peace of mind?
• This information helps with the evaluation of benefits and burdens at a key decision point

And finally, is there more to know?

• In addition, physicians wanted to be made aware of any cultural, religious or personal wishes
• Answers are personal, for example in one group facilitated conversation we heard:
  – “I want to die at home” and
  – “That is the last place I want to die”
  – Exploring the reasons for these different perspectives underlines the personal nature of these wishes and why sharing them is important
How a person’s answers are documented

• Because we are working with multiple Centers of Service, each with their own documents and procedures, there are different solutions
  – Answers may be written into the Advance Directive
  – Answers may be attached to an organization’s standard Advance Directive

Encouraging a continuing conversation

• To the format developed with significant physician input as well as legal review, we encourage continued conversation by including an Acknowledgement after the legal limits of the Advance Directive
Acknowledgement

I have read the above Advance Healthcare Directive and am named as the Healthcare Agent. I hereby acknowledge that when I act as Healthcare Agent, I shall act in good faith in the principal’s best interests, make decisions consistent with the principal’s choices, act only within the scope of authority granted to me, and resign if I find I am unable to honor the principal’s choices. (Signed by agent and dated)

Thank you!

Any questions?