

ADVANCE CARE PLANNING

Gunderson-Lutheran Model

Discuss with a healthy adult:

- Determine who the individual would want to make health decisions if they were unable to speak for themselves.
- Determine what the individual's goals for medical care would be if they permanently lost their ability to know who they were, where they were, and who they were with. Would they want aggressive treatment to sustain their life, or would they want the primary focus to be comfort?
- Determine if the individual has any religious, cultural, or personal beliefs that would influence end-of-life treatment preferences?

Discuss with adults with incurable, progressive diseases:

- Begin advance care planning discussions slowly and over time.
- Provide specific scenarios on how this patient's disease is likely to progress and what treatment options they are likely to face in the future. Consider using scripted scenarios and individualize as needed.
- Provide outcome statistics as available.
- Offer the option of time-limited trials of life-sustaining treatment.
- Assist in understanding the financial impact of treatment decisions, allowing them to discuss this sensitive issue as needed.
- Provide an opportunity to discuss these issues with other patients who are experiencing similar situations, if possible.

Discuss with adults we would not be surprised died in the next 12 months or those in long-term care facilities:

- Provide realistic information on the outcome of resuscitation.
- Determine the patient's perspective of a "good death." Use the "Living Well" Structured Interview as appropriate.
- Discuss the options for withdrawing life-sustaining treatment.
- Determine the specifics of what comfort care means to the patient and under what criteria they want their symptoms controlled.

- For persons admitted to a long-term care facility, they are often coming to stay for the rest of their life. Many are no longer capable of completing an advance directive, nevertheless, a few important issues will need to be decided by their surrogate decision-maker. Determine the following treatment decisions:

CPR, use of antibiotics, hospitalization for life-prolonging measures, artificial nutrition/hydration.

Discuss with persons with new, serious medical problems who have not considered advance care planning:

- Assess the patient's understanding of their medical condition, fear and concerns.
- Determine who the patient would want as a surrogate decision-maker.
- Include the designated decision-maker in all advance care planning discussions as possible.
- Determine what type of outcomes would be desirable and undesirable for the patient given the specific medical complications related to their health status.

From Gunderson Lutheran Medical Center's Advance Care Planning program. Fr. Steven Voytovich is a trained facilitator in this model. For questions, please contact him at: 203.453.4405, or voytsc@earthlink.net