Healthy Ageing 101 Presents:

# A Values-Based Approach to Advance Care Planning Conversations

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## **Objectives**

- To explore the complex nature of Advance Care Planning
- To validate the importance and moral weight placed on healthcare decision making:
  - Identifying the right SDM
  - Understanding and unpacking values, beliefs, and wishes for future healthcare
- To help develop comfort and language in practice





## Time to poll the audience

- How many people participating in this session have completed a will?
- How many people participating in this session know who their <u>legal</u> substitute decision maker (SDM) is?
- How many people have had <u>formal</u> ACP conversations?







## Case

- Mrs. M is an 85 year old woman
- Entered the hospital through
   ED due to a fall
- Right hip fracture
- Refuses surgery
- During her admission on a medical floor, she starts to
  - experience delirium and increased reason for medical concern
- Goals of Care conversations commence with her daughter
- Her daughter says, "She would want everything"







# **Terminology**

Advance Care
Update Planning

Record Talk



# Goals of Care Discussion



Treatment Decisions

- Identify or confirm SDM
- Discuss

Community/Family Practice

- values, beliefs
- •a person's concept of a good life or quality of life
- perceptions of benefits, burdens
- acceptable trade-offs

- What is most important to the person (goals)?
- Are there previous conversations (e.g. ACP) that help you define the person's goals for care now?
- How do these goals fit with available treatment options?

- Look for prior capable wishes that apply to the decision to be made (e.g. from ACP or POA document)
- Informed consent process
- Incorporates patient values into the decision making process

Capable Patient

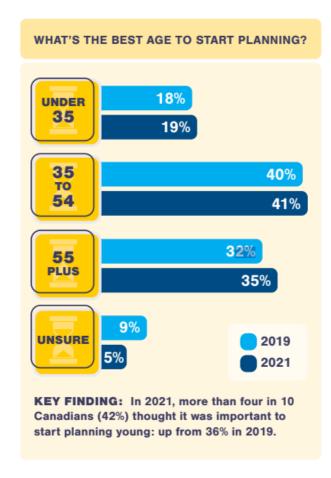
Capable Patient or their SDM





## **ACP in Canada**

- 2021 National Poll (Advancing Care Planning in Canada)
  - Between 2019 and 2022, the number of Canadians who talked to a family member almost doubled (36%→59%)
  - 77% of Canadians believe it is important to talk with their HCP about their wishes, yet only 7% did
  - 60% thought it was important to start the conversation early
  - Main barrier = lack of information or resources
- 2021 Ontario Provincial Framework for Palliative Care
  - supports ACP conversations, not only with those who want a palliative care approach, to preserve patient dignity and autonomy







## **ACP Literature**

- There is appreciable disagreement between seriously ill
  hospitalized patients and family members in their values and
  preferences for life-sustaining treatment. Strategies are needed
  to improve the quality of advance care planning, so surrogates
  (SDMs) are better able to honor patient's wishes at the end of
  life. (Abdul-Razzak et al., 2019)
- Treatment-focused ACP does not impact outcomes (Morrison et al., 2021)
- However, evidence suggests that information about the patient's values is more helpful to SDMs than advance directives about specific treatment decisions, which may not apply to real-life situations

<sup>9 (</sup>Sudore and Fried 2010; McMahan et al. 2013; Myers et al. 2018, Mortisch et al. 2021; Lamas 2022)

## What is bioethics?

- Bioethics involves critical reflection on moral/ethical issues arising in the areas of health care and research toward:
  - deciding <u>what</u> we should do
    - What decisions are morally right or acceptable;
  - explaining <u>why</u> we should do it
    - Justifying our decision in moral terms;
  - describing <u>how</u> we should do it
    - The method or manner of our response

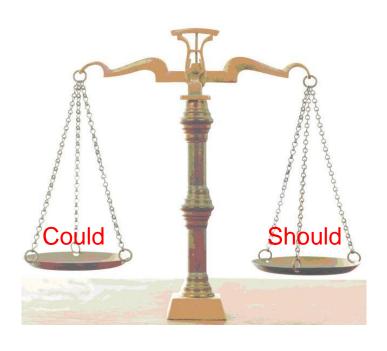




and Geriatrics



### **Bioethics & ACP**



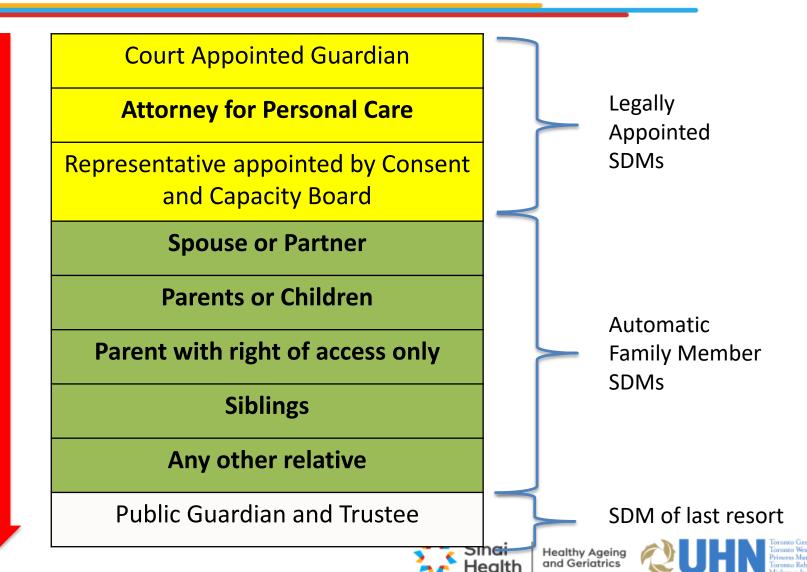
- Give people the time, space and opportunity to think about values and wishes
- Provide quality healthcare including quality of life
- Reduce suffering (as defined by the patient), respect their wishes, and lessen distress
- Build trust and decrease conflict (patient, family and HCP)
- Help patients/families with the language to have these conversations





# **ACP Part 1: Identifying a legal SDM**

**Substitute Decision Maker Hierarchy** 



# How to choose the "right" SDM

#### Consider:

- Values
- Beliefs
  - Cultural
  - Religious
- Trust
- Relationship
- Age









# **ACP Part 2: Unpacking Values**

#### Main parts of the ACP conversation:

- 1. Information Sharing
  - E.g. Illness understanding
- 2. Self-Reflection
  - Values
  - Beliefs
  - Life Goals
  - Trade-offs
  - Worries or fears
  - Sources of strength





# How do we have values-based ACP conversations?

- Be mindful of manner and tone of conversation
- Start the conversations early and often
- Share information in a way that helps the person and/or SDMs understand
- Respond to all questions
- Express the importance of sharing or disseminating values and wishes
- Share the importance of reviewing the ACP throughout the patient's life









# How do we have values-based ACP conversations?

- 1. With the individual to help them unpack their values
  - Can you share what your hopes and wishes are for your future?
  - Are there particular life goals that are of upmost importance?
  - Do you have particular worries/fears/concerns in regards to your future health?
  - What does suffering look like to you?
  - How do you define quality of life? What brings quality, value to your life?
- 2. With their SDM to ensure they are hearing what their loved one is sharing
  - Listen to the listener how is the SDM receiving the information? What do they understand?
  - What are you hearing them say?
  - What does that mean to you?
  - Are you able to support their values even if they conflict with your own?





### **Take Home Messages**

- When possible <u>plan early</u>. Discuss these issues with your loved ones and your patients when everyone can participate
- Make sure everyone knows who the <u>legal SDM</u> is
- Don't wait for the crisis to occur to consider what is most important to you
- Everyone involved (patients, loved ones, caregivers, healthcare providers) will experience <u>a better outcome</u> when these issues are discussed in a non-crisis situation, using an ethical decision-making lens





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## Resources



https://www.advancecareplanning.ca/



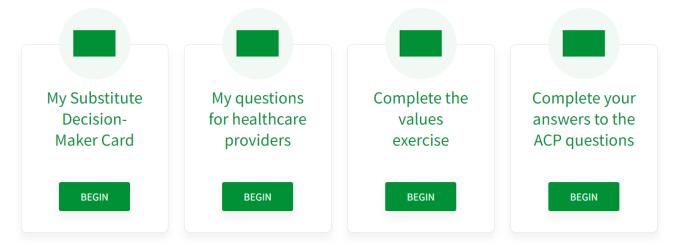
https://www.chpca.ca/



https://advancecare planningontario.ca/

## RTO ERO

#### This online workbook includes 4 sections:



## **Additional Resources**



Ministry of the Attorney General – POA documents

https://www.publications.gov.on.ca/store/2017050 1121/Free\_Download\_Files/300975.pdf



Community Legal Education Ontario

www.cleo.on.ca



Advocacy Centre for the Elderly (ACE)

http://www.acelaw.ca/







# Questions? (submit through Q&A)









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