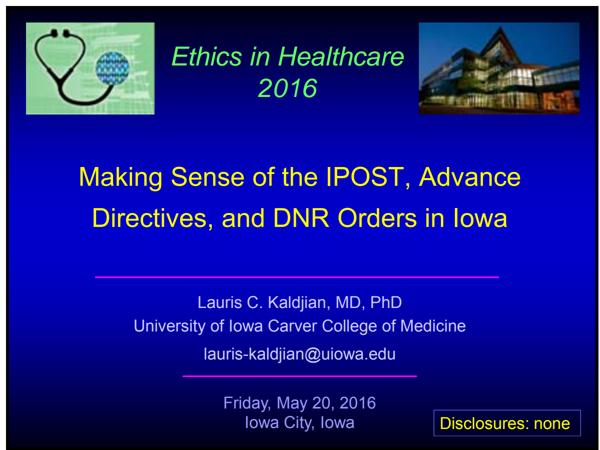
Ethics in Healthcare 2016
Making Sense of the IPOST, Advance Directives, and DNR Orders in Iowa
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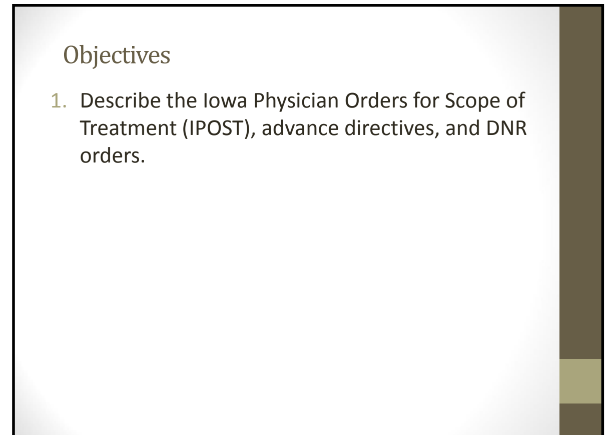
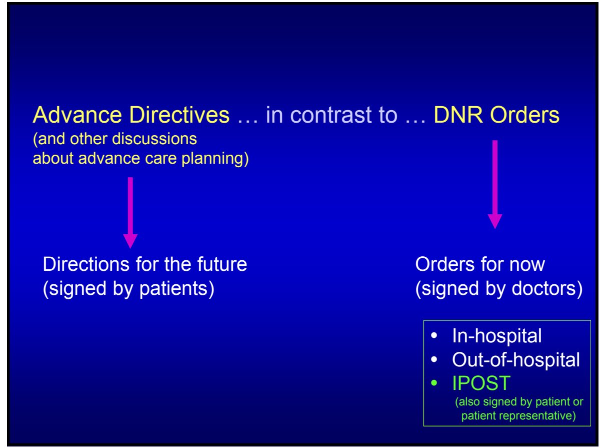
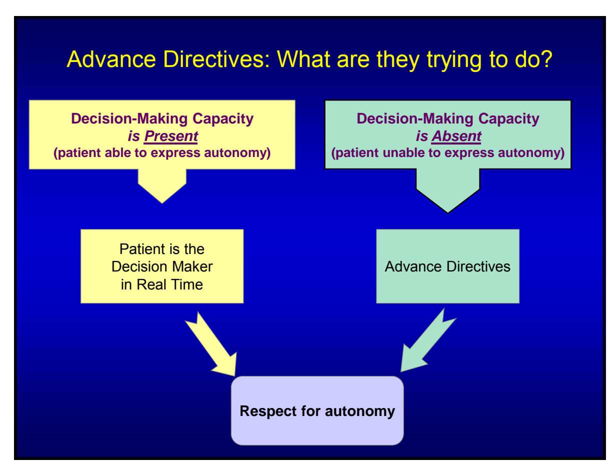
Iowa City, Iowa
Disclosures: none

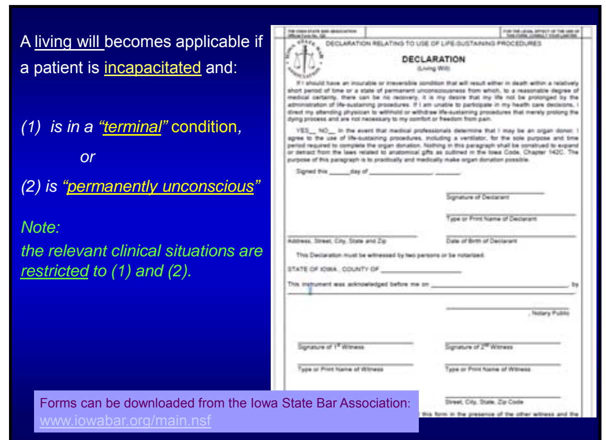
Life experienced
Clinical decisions toward the end of life:
medically complex
personally demanding
evolve over time
Life repeatedly observed
Life interpreted technically

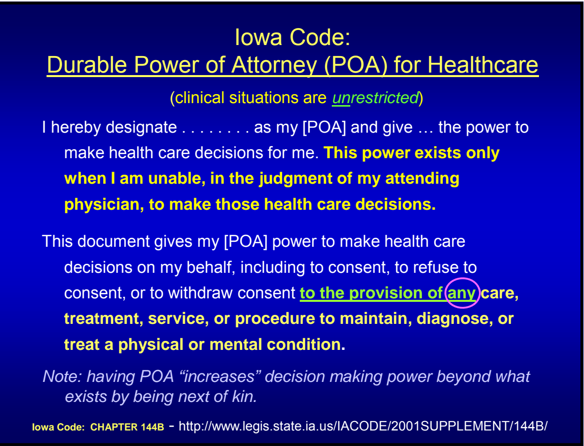

Objectives
1. Describe the Iowa Physician Orders for Scope of Treatment (IPOST), advance directives, and DNR orders.

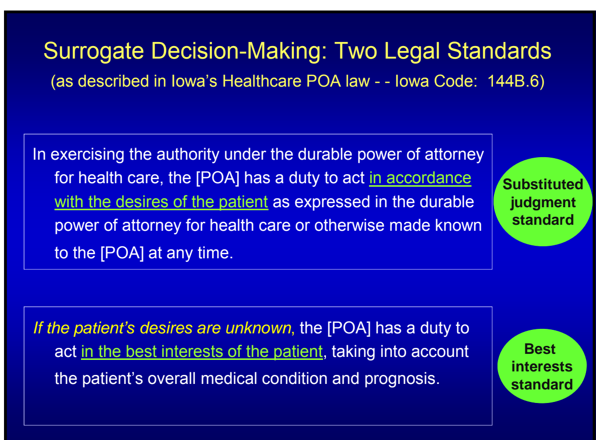

Advance Directives … in contrast to … DNR Orders
(and other discussions about advance care planning)
Directions for the future (signed by patients)
Orders for now (signed by doctors)
• In-hospital
• Out-of-hospital
• IPOST
(also signed by patient or patient representative)

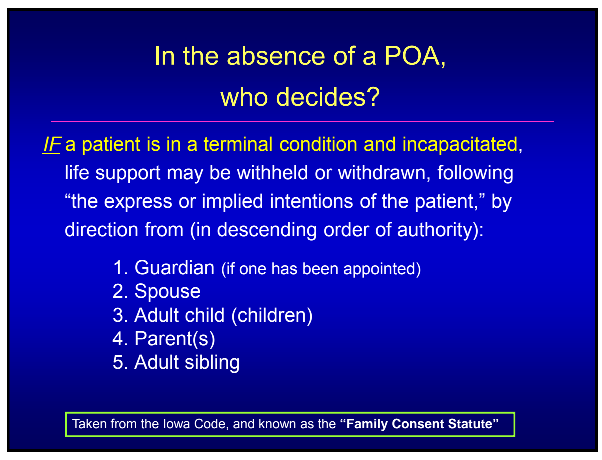

Advance Directives: What are they trying to do?
Decision-Making Capacity is Present (patient able to express autonomy)
Decision-Making Capacity is Absent (patient unable to express autonomy)
Patient is the Decision Maker in Real Time
Advance Directives
Respect for autonomy

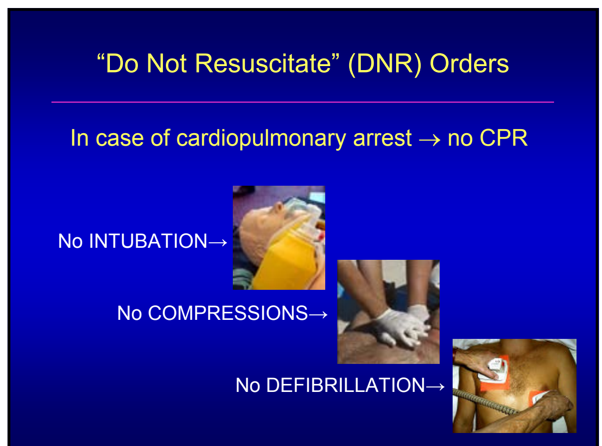
Advance Directives
Purpose: to increase the likelihood that adults' treatment preferences will be honored when they can no longer speak for themselves.
Types: (1) Living Will
- declares one's own medical preferences
(2) Durable Power of Attorney (POA) for Healthcare
- names someone else to make medical choices; may also include "specific instructions or statement of desires"
only applicable when a patient lacks decision-making capacity

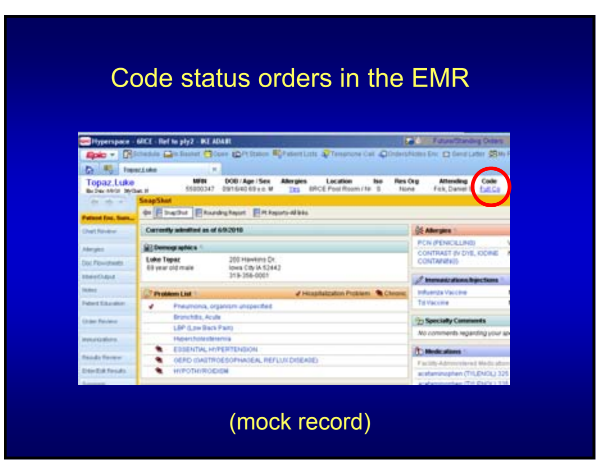

A living will becomes applicable if a patient is incapacitated and:
(1) is in a "terminal" condition,
or
(2) is "permanently unconscious"
Note:
the relevant clinical situations are restricted to (1) and (2).
DECLARATION
Forms can be downloaded from the Iowa State Bar Association:
www.iowabar.org/main.nsf


Iowa Code:
Durable Power of Attorney (POA) for Healthcare
(clinical situations are unrestricted)
I hereby designate . . . . as my [POA] and give … the power to make health care decisions for me. This power exists only when I am unable, in the judgment of my attending physician, to make those health care decisions.
This document gives my [POA] power to make health care decisions on my behalf, including to consent, to refuse to consent, or to withdraw consent to the provision of any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition.
Note: having POA "increases" decision making power beyond what exists by being next of kin.
Iowa Code: CHAPTER 144B - http://www.legis.state.ia.us/IACODE/2001SUPPLEMENT/144B/


Surrogate Decision-Making: Two Legal Standards
(as described in Iowa's Healthcare POA law - - Iowa Code: 144B.6)
In exercising the authority under the durable power of attorney for health care, the [POA] has a duty to act in accordance with the desires of the patient as expressed in the durable power of attorney for health care or otherwise made known to the [POA] at any time.
Substituted judgment standard
If the patient's desires are unknown, the [POA] has a duty to act in the best interests of the patient, taking into account the patient's overall medical condition and prognosis.
Best interests standard


In the absence of a POA,
who decides?
IF a patient is in a terminal condition and incapacitated, life support may be withheld or withdrawn, following "the express or implied intentions of the patient," by direction from (in descending order of authority):
1. Guardian (if one has been appointed)
2. Spouse
3. Adult child (children)
4. Parent(s)
5. Adult sibling
Taken from the Iowa Code, and known as the "Family Consent Statute"


"Do Not Resuscitate" (DNR) Orders
In case of cardiopulmonary arrest → no CPR
No INTUBATION→
No COMPRESSIONS→
No DEFIBRILLATION→


Code status orders in the EMR
(mock record)

Out of Hospital DNR orders (OOH DNR)

- Introduced in Iowa in 2003
- Geared towards Emergency Medical Services
- Law provides detailed instructions for physicians
- There is an OOH DNR personal identifier
  - MedicAlert® is the designated supplier (www.medicalert.org)
- To qualify for an OOH DNR order, a patient must
  - be *an adult*
  - *have a terminal condition*

For details, see: http://idph.iowa.gov/Portals/1/userfiles/61/physician_dnr_order.pdf

IPOST

(Iowa Physician Orders for Scope of Treatment, 2012)

- "intended for individuals who are frail and elderly or who have a chronic, critical medical condition or a terminal illness."
- "complements advance directives by converting individual wishes contained in advance directives, or as otherwise expressed, into medical orders that may be recognized and acted upon across medical settings, thereby enhancing the ability of medical providers to understand and honor patients' wishes." (from: *Legislative Findings* of the IPOST law)
- Covers:
  - CPR
  - level of medical interventions (including comfort measures)
  - artificial feeding
  - surrogate decision maker

IPOST

(Iowa Physician Orders for Scope of Treatment)

Can be used across medical settings.

Requires signatures of the patient (or his/her legal representative) and a health care professional.

Note: the health professional can be a physician, ARNP, or physician assistant.

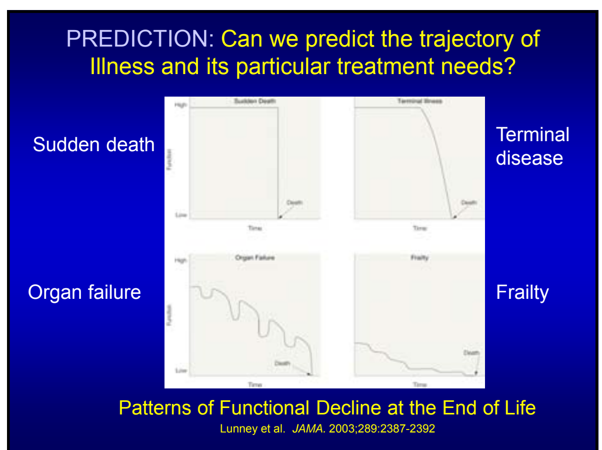
IPOST – key features

- Not restricted to persons with terminal illness or permanent unconsciousness.
- Can be used for adults and children
- Other co-existing advance directives (LW, POA, OOHDNR) take precedence over IPOST
- Physician "may" follow the directions of the IPOST (the physician is not obligated to do so)

Objectives

2. Compare the strengths and weaknesses of these different medical and legal options.

PREDICTION: Can we predict the trajectory of Illness and its particular treatment needs?



Patterns of Functional Decline at the End of Life

Lunney et al. *JAMA.* 2003;289:2387-2392

RATIONALITY: SUPPORT Study's great expectations

Assumptions:

- Patients can articulate preferences
- Preferences are stable
- Decision-makers incorporate information rationally
- Patients & surrogates will step forward, take responsibility for decisions, and make decisions at critical junctures

"We now conclude that these assumptions were naïve."

- Patients and families often seemed to be at a loss in attempting to express their preferences…."
- "Many people (patients and providers) did not want to talk about death, or they dealt with life, death, and disease in non-rational terms."

→ An autonomy-based framework fell short of expectations…

Lynn et al. Ineffectiveness of the SUPPORT intervention: review of explanations. Journal of the American Geriatrics Society 2000;48(5 Suppl):S206-13

This points to the need for a socially shared meaning of death, a community whose meaning we can share. (D. Callahan. *The Troubled Dream of Life*, 1993)

Limitations of Advance Directives

- Usually do not predict actual future circumstances
- Typically focus on interventions, not goals or values
- Surrogates may not discuss issues with patients in advance
- Surrogates and patients may have different views
  - Patients may want their surrogates' decisions to take precedence over their own wishes

Usually, the most important advantage with advance directives comes from the naming of a surrogate decision maker.

TS Drought, BA Koenig. "Choice" in End-of-Life Decision Making: Researching Fact or Fiction? The Gerontologist 2002;42 (Special Issue III);114-128.

Concerns with POLST or IPOST: *Interpreting orders*

The "TRIAD" studies found that among ER physicians and EMTs

- interpretations of test POLST forms were inconsistent
- training did not improve consistency of interpretation.

Two issues:

- By allowing combinations of orders that are potentially confusing, a POLST form may cause a patient to receive care that is either more or less aggressive than a patient wanted.
- There is presently no proven way to reduce the likelihood of these unintended consequences.

Moore, Rubin, and Halpern. The problems with physician orders for life-sustaining treatment. JAMA 2016;315:259-260

Concerns with POLST or IPOST: *Responding to real-time clinical context*

Paradoxically, IPOST may *decrease* patient-centered decision making.

- IPOST assumes that treatment preferences are stable over time and relevant across all future clinical contexts.
  - But most patients with serious illnesses (who are not yet receiving hospice care) make decisions about the desirability of treatments (like intubation or antibiotics) **in the context of specific medical situations** and in consultation with clinicians and family.

➢ IPOST orders are not designed to accommodate this kind of context-specific decision-making.

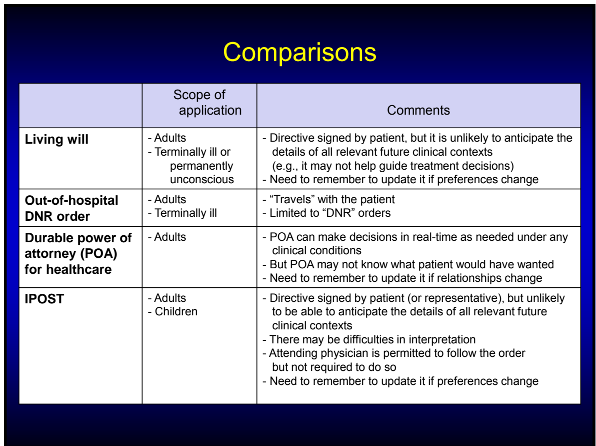
Moore, Rubin, and Halpern. The problems with physician orders for life-sustaining treatment. JAMA 2016;315:259-260

according to Iowa statutory law

Life supporting treatment may be withheld or withdrawn by direction of a:	Patient must lack decision making capacity	Patient must be terminally ill or permanently unconscious
Surrogate decision maker (when there is no POA)	YES	YES
Living will	YES	YES
Out-of-hospital DNR order	YES	YES
Durable power of attorney (POA) for healthcare	YES	NO
IPOST (Iowa physician orders for scope of treatment)	(not clear)	NO*

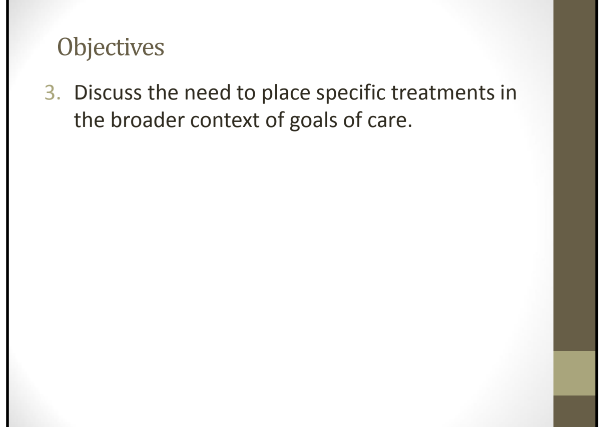
MEDICAL DECISION MAKING
Directed by: (listed in order of Iowa Code/Statute for Priority of Surrogates; check only one)
- ☐ Patient
- ☐ Durable Power of Attorney for Health Care
- ☐ Spouse
- ☐ Majority of Adult Children
- ☐ Parents
- ☐ Majority rule for nearest relative
- ☐ Other:

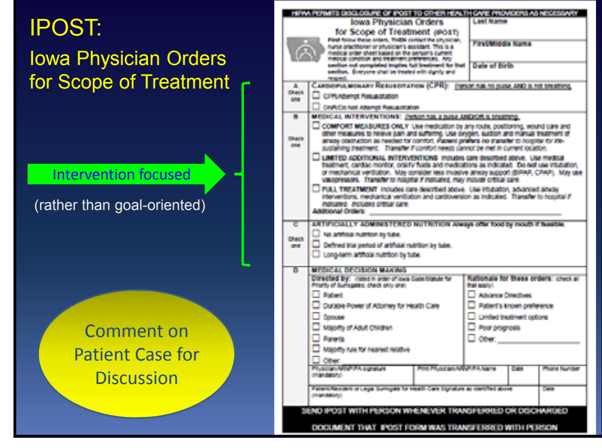
*For children, an IPOST would need to be interpreted in light of Iowa law that protects children from the denial of critical care regarding situations not involving irreversible coma or terminal illness, etc. (see Iowa Administrative Code: Rule 441—175.21 Definitions)

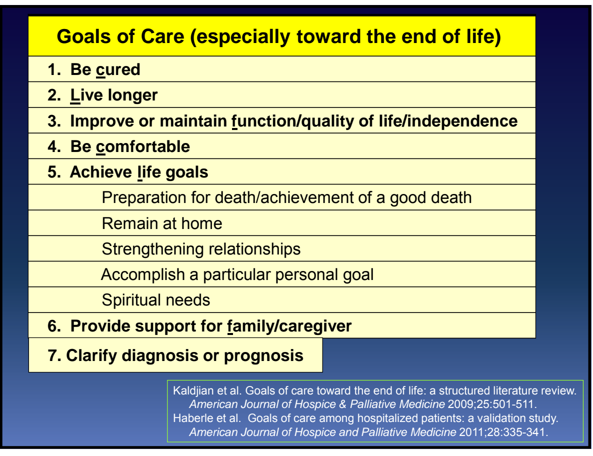


Comparisons

	Scope of application	Comments
Living will	- Adults - Terminally ill or permanently unconscious	- Directive signed by patient, but it is unlikely to anticipate the details of all relevant future clinical contexts (e.g., it may not help guide treatment decisions) - Need to remember to update it if preferences change
Out-of-hospital DNR order	- Adults - Terminally ill	- “Travels” with the patient - Limited to “DNR” orders
Durable power of attorney (POA) for healthcare	- Adults	- POA can make decisions in real-time as needed under any clinical conditions - But POA may not know what patient would have wanted - Need to remember to update it if relationships change
IPOST	- Adults - Children	- Directive signed by patient (or representative), but unlikely to be able to anticipate the details of all relevant future clinical contexts - There may be difficulties in interpretation - Attending physician is permitted to follow the order but not required to do so - Need to remember to update it if preferences change

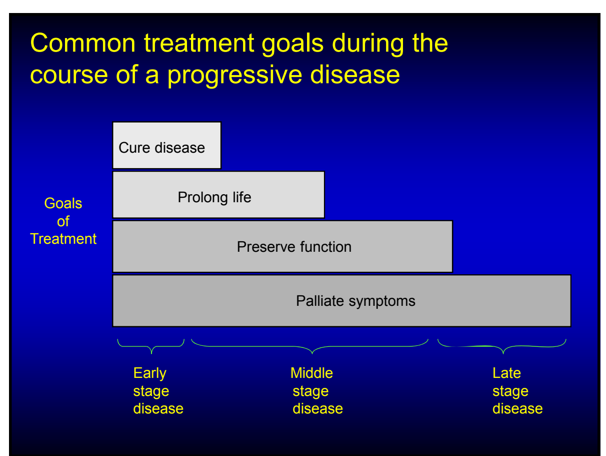


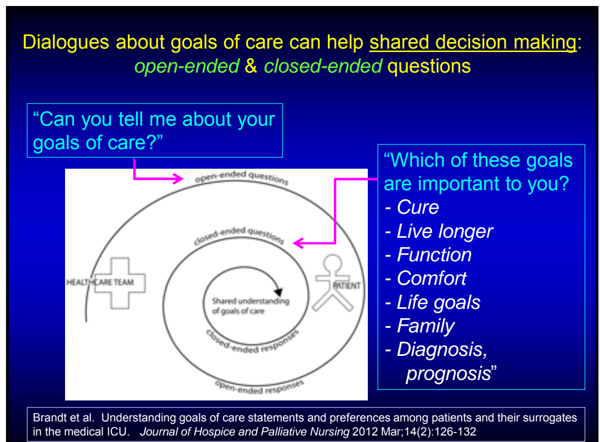


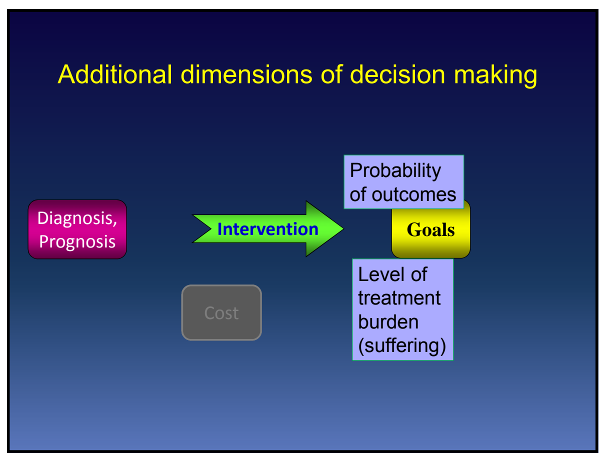


Goals of Care (especially toward the end of life)
1. Be cured
2. Live longer
3. Improve or maintain function/quality of life/independence
4. Be comfortable
5. Achieve life goals
Preparation for death/achievement of a good death
Remain at home
Strengthening relationships
Accomplish a particular personal goal
Spiritual needs
6. Provide support for family/caregiver
7. Clarify diagnosis or prognosis

Kaldjian et al. Goals of care toward the end of life: a structured literature review. *American Journal of Hospice & Palliative Medicine* 2009;25:501-511.
Haberle et al. Goals of care among hospitalized patients: a validation study. *American Journal of Hospice and Palliative Medicine* 2011;28:335-341.

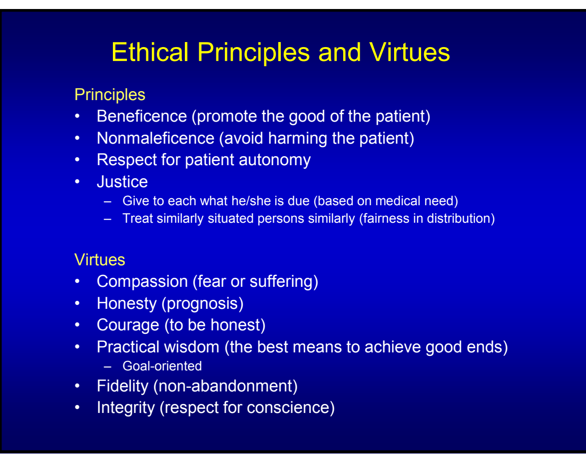


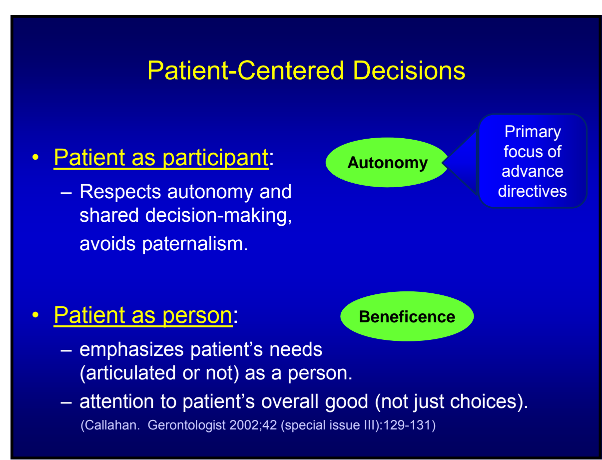


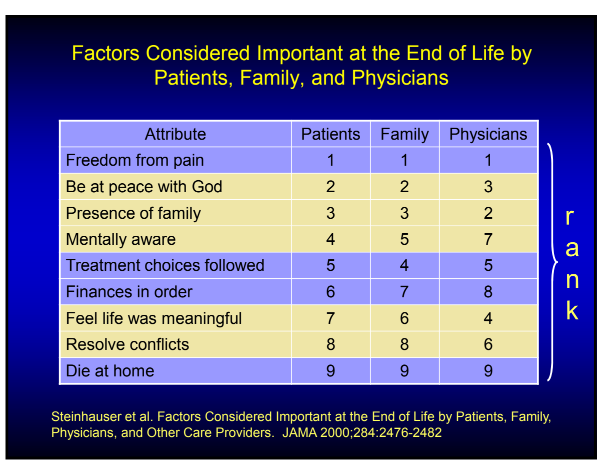


Objectives

4. Identify ethical principles and virtues that help guide end-of-life discussions and decisions.







Attribute	Patients	Family	Physicians
Freedom from pain	1	1	1
Be at peace with God	2	2	3
Presence of family	3	3	2
Mentally aware	4	5	7
Treatment choices followed	5	4	5
Finances in order	6	7	8
Feel life was meaningful	7	6	4
Resolve conflicts	8	8	6
Die at home	9	9	9

Beneficence: promoting the patient's good

Multidimensional good (well-being) of the patient

- Physical (as a biological organism)
- Personal (as an autonomous person, with values & preferences)
- Social (as social being, situated in & dependent on relationships)
- Spiritual (as a spiritual being, with fundamental beliefs & purposes)
  - Spiritual needs (particularly important in the face of suffering):
    - Meaning and purpose
    - Hope
    - Forgiveness and reconciliation
    - Relationship with God (if patient believes in God)