Initiatives to promote shared-decision-making:

ACP, GOPC, CPR decision-making

a Victorian perspective

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Palliative Care Physician
Clinical Leader – Northern Health ACP Program

2015
Advance Care Planning

Goals of Patient Care

CPR/NFR decision-making

SHARED DECISION-MAKING
Goals of Patient Care Summary

- Doctor directed
- In consultation with patient and/or Person Responsible and family
- Planning for urgent situations or for when treating clinicians are not around
Advance Care Planning

- Patient directed
- In consultation with the clinicians
- Planning for when the patient can’t speak for themselves
Advance Care Planning

Goals of Patient Care

CPR/NFR decision-making
If you become ill and cannot talk to your doctor about your treatment...

Who will make medical decisions for you & how will they know what you want?

Think about **Advance Care Planning**...

...for more information take a brochure or phone **9495 3235**

Northern Health
Advance Care Planning

Goals of Patient Care

CPR/NFR decision-making
Firstly –

Documents correct ‘Person Responsible’ and Medical Enduring Power of Attorney if appointed.

Documents prior Advance Care Planning.
### Choose ONE option from A, B, C or D

**NO LIMITATION OF MEDICAL TREATMENT**  
*(standard medical care unless Limitations of Medical Treatment are recorded below)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>Goal of Care:</strong> CURATIVE OR RESTORATIVE. Treatment is aimed at PROLONGING LIFE</td>
<td></td>
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</table>
  - FOR CPR and all appropriate life-sustaining treatments  
  - Additional comments (including use of blood products):  
  - For CODE BLUE / MET CALL |

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<td><strong>B</strong></td>
<td><strong>Goal of Care:</strong> CURATIVE OR RESTORATIVE but following treatment limitations apply. <em>(Tick ONE)</em></td>
<td></td>
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</tbody>
</table>
  - NOT FOR CPR  
  - but is for intubation for deteriorating respiratory function  
  - NOT FOR CPR or INTUBATION  
  - but is for all other appropriate ACTIVE MANAGEMENT  
  - Additional comments (eg inotropes, non-invasive ventilation):  
  - For CODE BLUE / MET CALL  
  - NOT for CODE BLUE (if cardiac arrest)  
  - For MET CALL (Code Blue in Subacute) |

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<td><strong>C</strong></td>
<td><strong>Goal of Care:</strong> PRIMARILY NON-BURDENSOME TREATMENT &amp; SYMPTOM MANAGEMENT</td>
<td></td>
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</tbody>
</table>
  - NOT FOR CPR or INTUBATION  
  - is for ACTIVE MANAGEMENT that would not be burdensome for THIS patient. Optimise symptom control  
  - Additional comments (eg antibiotics, IV fluids ...):  
  - NOT for CODE BLUE (if cardiac arrest)  
  - For MET CALL  
  - OR MET CALL for SYMPTOMS only (Code Blue in Subacute) |

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<td><strong>D</strong></td>
<td><strong>Goal of Care:</strong> COMFORT DURING DYING – TERMINAL CARE <em>(prognosis is assessed to be hours or days)</em></td>
<td></td>
</tr>
</tbody>
</table>
  - NOT FOR CPR, INTUBATION, VENTILATION  
  - Additional comments:  
  - NOT for CODE BLUE  
  - MET CALL for SYMPTOMS only (Code Blue in Subacute) |

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I have discussed above Goals of Care with:  
  - Patient  
  - Medical EPOA or ‘Person Responsible’ (named above)  

Others involved in discussion:  

Limitations of Treatment discussed with Consultant (print name):  

Doctor’s name (print):  
Doctor’s Designation:  
Date:  
Doctor’s Signature:  
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Note: This form is designed to guide discussions about healthcare goals and treatment limitations. It is important to consult with medical professionals and family members to make informed decisions.
Medical treatment goals based on -

(i) A medical assessment & a medical decision about treatment and what is clinically possible

...then within those constraints

(ii) A shared decision-making discussion between clinician and patient and/or substitute decision-maker

...leading to

- An agreed medical treatment plan including:
  - Overall medical treatment goals &
  - Specific emergency medical treatments / limitations
Medical treatment goals based on -

(i) A medical assessment & a medical decision about treatment and what is clinically possible

...then within those constraints

(ii) A shared decision-making discussion between clinician and patient and/or substitute decision-maker

...leading to

➢ An agreed medical treatment plan including:
  - Overall medical treatment goals &
  - Specific emergency medical treatments / limitations
Thirdly -

- The medical orders can be endorsed after Consultant review to continue in the community or at another health service such as Residential Aged Care:

  ➢ should NOT come as a surprise after discharge
Advance Care Planning

Goals of Patient Care

CPR/NFR decision-making
Would the patient survive CPR?

NO

Dying patient
Discuss good dying

Medically unwell - not imminently dying
Discuss why CPR not being offered

Very poor outcome likely from CPR
Discuss why CPR may be inappropriate but accept opposite view

Possibly YES

Uncertain outcome from CPR
Discuss to obtain informed decision
Would the patient respond to the treatment?

No

- Dying patient
  - Discuss good dying

- Medically unwell - not imminently dying
  - Discuss why the treatment not being offered

Possibly Yes

- Very poor outcome likely from the treatment
  - Discuss why the treatment may be inappropriate but accept opposite view

- Uncertain outcome from the treatment
  - Discuss to obtain informed decision
Two experts in shared decision-making

The doctor and treating team are the experts in the medicine

They interpret the medicine – within the patient’s context

The Patient and their SDM and broader family are the experts on the patient

They interpret who the patient is and what is important to them.

Together

they come to a shared understanding about what would be in the best interests of the patient
References

