










Going POLSTal


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- Fifty-six million people die in the world each year
 - Approximately 60% could benefit from palliative care (Davies & Higginson 2004).



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- Over one-half of Medicare dollars spent in last year of life
 - One-third of Medicare expenditures in the last year of a person's life are spent in the last month


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- Physicians have been advised by Hippocrates to "refuse to treat those who are overmastered by their disease, realizing that in such cases medicine is powerless."



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- Patient-physician discussions about EOL wishes are associated with lower rates of intensive interventions.
 - Patients with advanced cancer who reported having EOL conversations with physicians had significantly lower health care costs in their final week of life. Higher costs were associated with worse quality of death.

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- 603 patients
 - 188 had discussed end-of-life care with their doctors.
 - 36% lower costs in the last week
 - No difference in psychological distress
 - Less physical distress

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- Australian study of terminally ill cancer patients
 - 49% on i.v. fluids when they died
 - 27% of patients on IV antibiotics
 - 5% remained on parenteral nutrition
 - 78% had had diagnostic tests within the last 48 h of life
 - Only 46% were documented DNR 48 h or less prior to death.
 - Just 27% had a documented plan prior to the 48 h before death

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- In one US study, 66% of elderly inpatients either had an attempt at resuscitation, placed on a ventilator or had a feeding tube inserted in the 48 h prior to death.

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- Positive religious coping in patients with advanced cancer is associated with receipt of intensive life-prolonging medical care near death.

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- In the final 6 months of life, costs for whites average \$20,166; blacks, \$26,704 (32% more); and Hispanics, \$31,702 (57% more).
 - More than half of these cost differences are related to geographic, sociodemographic, and morbidity differences. Strikingly greater use of life-sustaining interventions accounts for most of the rest.

The Dilemma

Quality of Life

- Prolonging the dying process
- Responsibility to patient and society
- Just because we can do something, should we?

Sanctity of Life

- Physicians are not "cost containment agents."
- Responsibility to patient



Medicalization of Dying

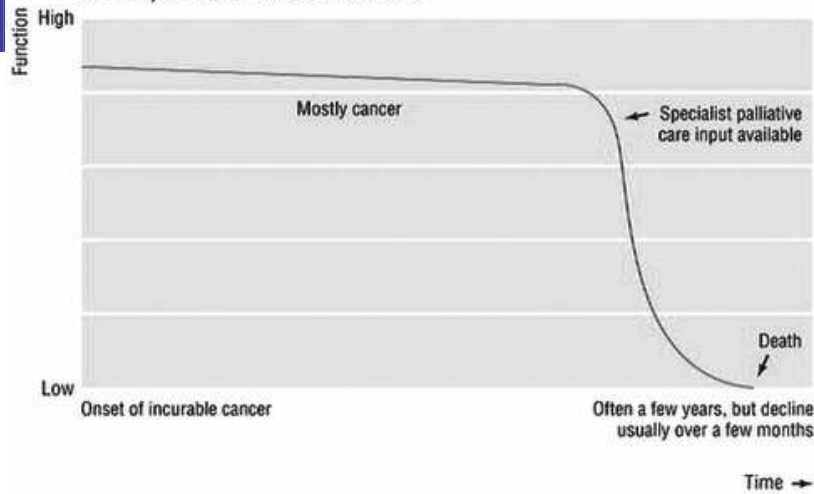
- Focus of hospital care is on diagnosis, investigation, treatment, and cure
- Everyone is expected to have 'their chance in intensive care' before being allowed to die
- Approximately a quarter of occupied hospital bed days are taken up by patients who are in their last year of life
- Unrealistic expectations of cure and quality of life



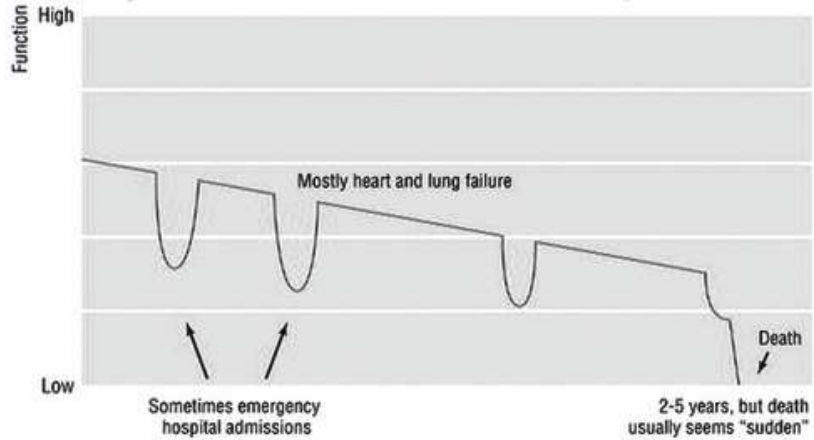
Changing Disease Trajectories

- Most are living with the disease that will kill them
- Surviving previous episodes
- Identification of terminal phase challenging

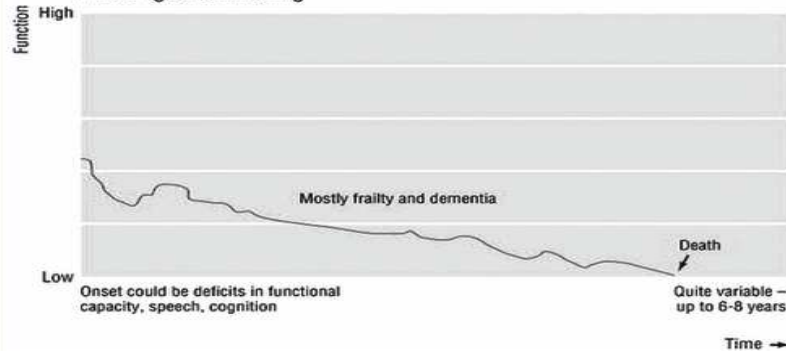
Short period of evident decline



Long term limitations with intermittent serious episodes



Prolonged dwindling



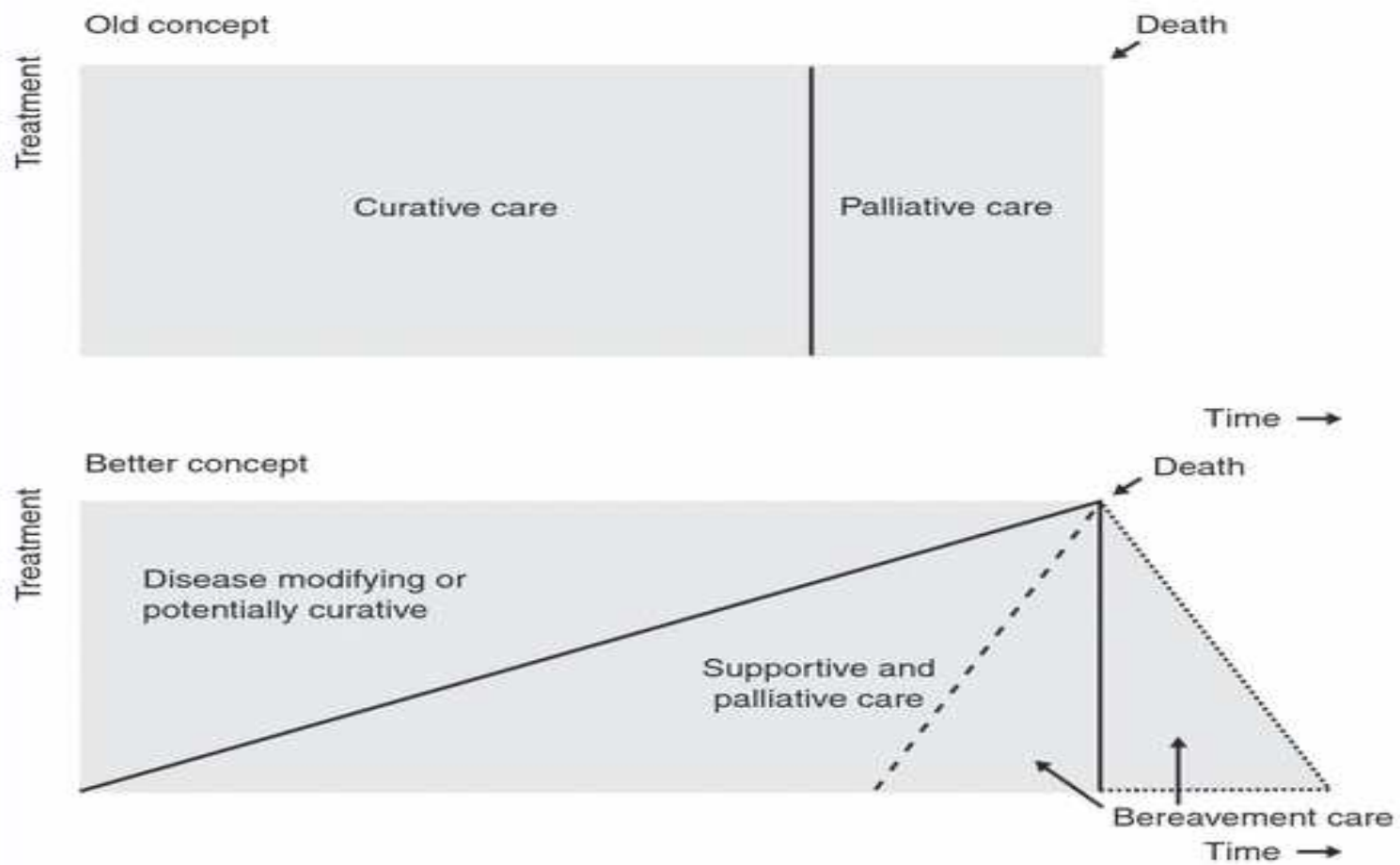


Figure 1 Appropriate care near the end of life. Adapted from Lynn and Adamson, 2003 (7).




Study Design

- FMR clinic patients 65 or older
- 100 charts reviewed
- Notes for 1 year, last annual exam, or last hospital admission examined
- Scanned documents examined



Results

- Average patient age 75.45
- 74% had no code status assigned (74)
- 10% Full code (77.6)
- 14% Code 2 (80.2)
- 2% Code 3 (84.5)

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- 6 Patients had a POA recorded in chart
 - 5 of those had no code status assigned

Other observations

- ~ 50% of code assignments from POLST
- Goofy advanced directives
- Several sick people with no code assigned
 - 1 90-year old
 - 4.5 cm AAA
 - CAD, several cancers (including mets)
 - History of cardiac arrest



What does this tell us?

- We need to address code status
 - Early
 - Often
 - Before people are really sick
- 2 AM with an intern is not the time to do it
- Circumstances and diseases change




Caveats


- Most people don't code
- Only as good as our documentation



Recommendations

- Code discussions during annual visits
 - Handouts
- Set up expectations and prognoses
- Have supporting documents in record

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- 'How people die remains in the memories of those who live on'
 - Cicely Saunders, the founder of the modern hospice movement in England.

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- http://www.youtube.com/watch?v=c0snC9_E_no