



Would you, could  
you, check the  
box?

Kate LaBeau

Advance Care Planning Program Manager

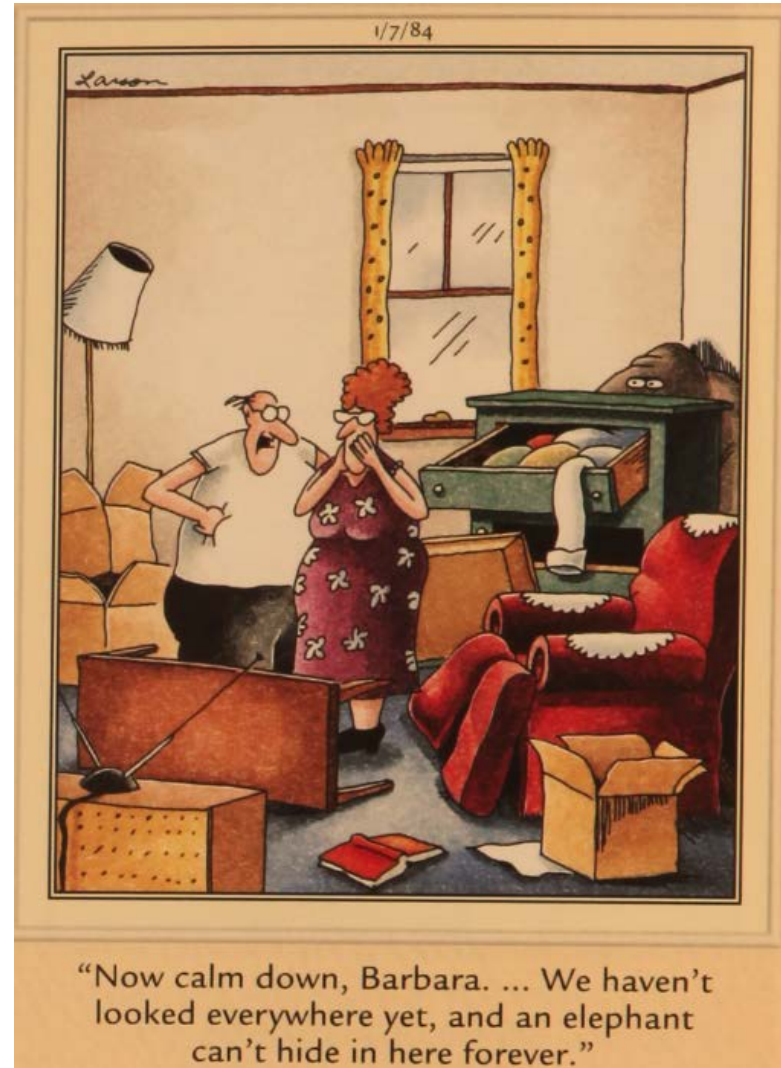
# Objectives and credits

---

1. Explore the needs and strengths of advance care planning and palliative care services in mutually inclusive settings.
  2. Identify advance care planning implementation strategies in diverse settings that maintain program, ethical, and personal integrity while meeting regulatory compliance.
  3. Describe the correlation between patient defined successful advance care planning and the nurturing of personal hope
- All artwork is courtesy of *The Far Side* by Gary Larson.

# What roles are in the room today?

- Chaplains?
- Students?
- Social workers?
- Nursing?
- Prescribers?
- All others?
- Scope of practice?



# A personal journey to tell the tale

---

- Round 1 of the upcoming 11 months
  - It is my honor to introduce you to Ron
  - Presents to the emergency department
  - Admission to medical unit
- 
- Philosophical Virtues
    - Prudence, Justice, Temperance, Fortitude

# Are the agendas different?

---

- “You need to get the...”
- “Robert’s Rules of Order”
- Are you wanting things to be a certain way?
- Do we want the same things?
- Prudence

# Loss of Personal Identity

---

- What you come in with/ Who you were
- Who you are in this moment
- Who you will be going forward
  
- Justice

# Palliative care is not a “code status”

---

- “You need to get the ...”
- “I need to know Ron.”
- “ I need to know Ron’s world.”
- Temperance

# Denial or Teflon?

---

- Why do we default to denial?
- Is denial a fault? Or protective layer?
- Fortitude



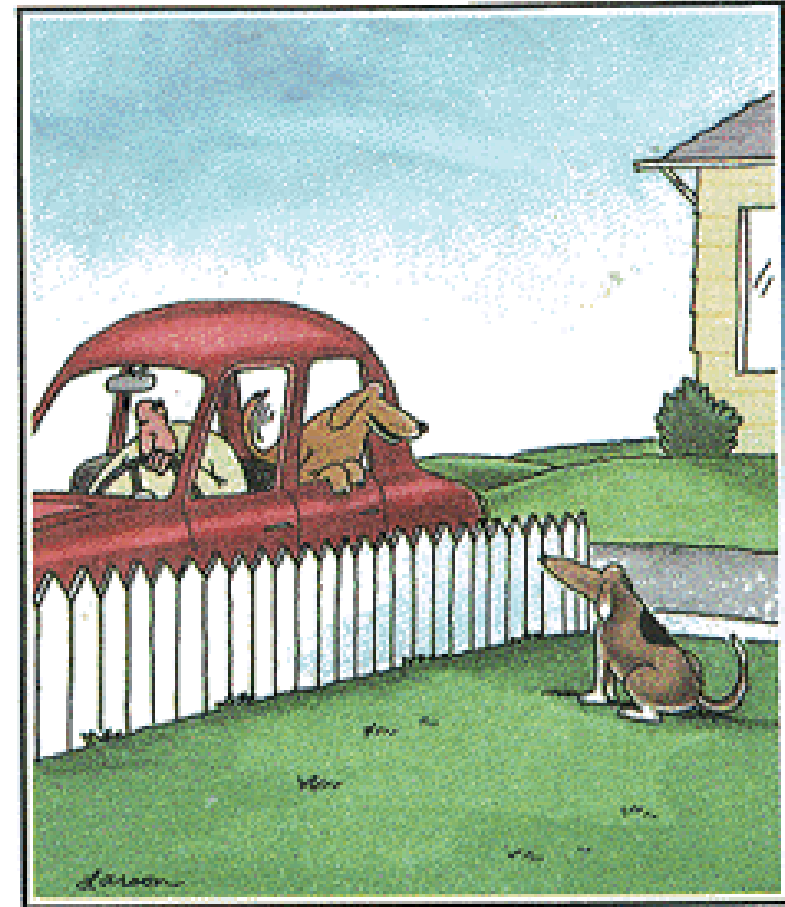
## Round 2 with more to come

---

- “You need to get the ...”
- “I am not going to break his ribs!”
- “Why is he even here?”
  
- Loss of all virtues and cares
- Loss of person

# Regulatory requirements and cadence

- Patient education- or words on a page?
- Teach back method- or well trained parrot?
- Documentation- or smart phrase?
- UM: utilization management- or managing the illness?
- Time spent- or spending time?
- ICD- or ABC?
- Delegate, speed, and Lean



"Ha ha ha, Biff. Guess what? After we go to the drugstore and the post office, I'm going to the vet's to get tutored."

## Provider self reported data

---

- 496 providers responded to a survey conducted by the National Academy of Medicine in the first half of 2016.
- Of them: 54% report seeing patients 65 and older everyday or almost everyday that they would not be surprised if they were to die in the next 12 months

National Academy of Medicine MAR-MAY  
2016

# Experience of the clinician as person

- Advance Directive
- Care Planning
- Moral distress
- End of life
- “I talk with my patients.”
- Are the needs met?



# Experience of the patient as person

- Advance Directive
- Care Planning
- Moral distress
- End of life
- “I talk with my doctor.”
- Are the needs met?

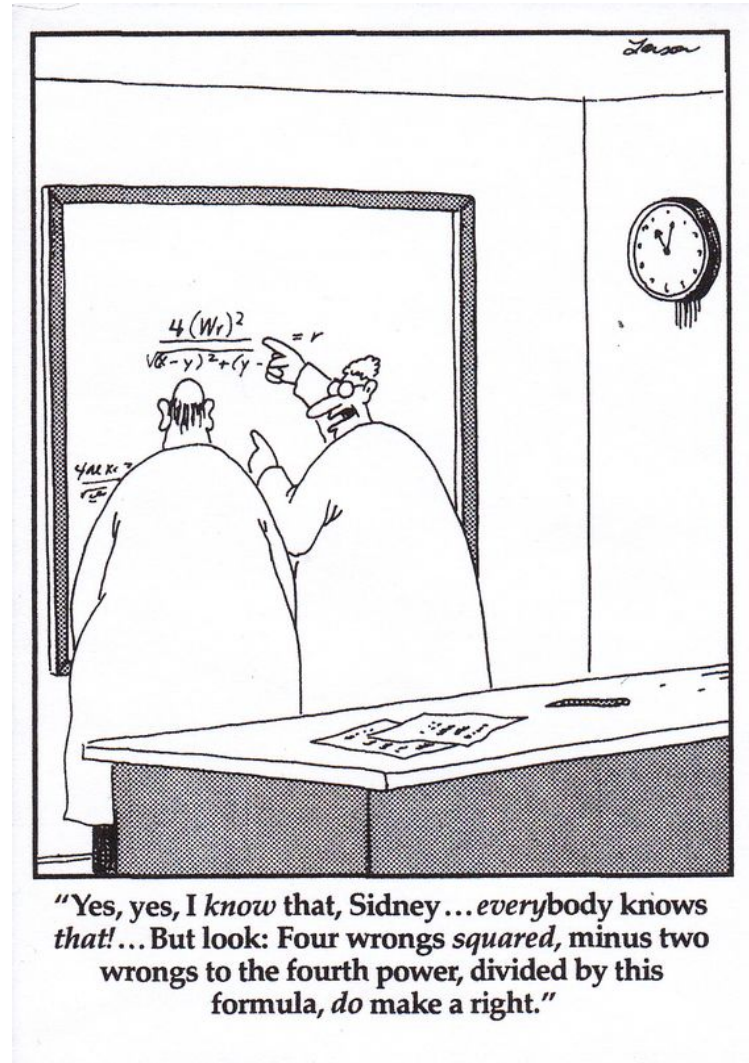
**The Far Side** / By GARY LARSON



“Just think . . . Here we are, the afternoon sun beating down on us, a dead, bloated rhino underfoot, and good friends flying in from all over. . . I tell you, Frank, this is the best of times.”

# Current state ...

- How did we get to this?
  - In your own career, where is the divergence of the personal and professional experience?



# What is holding clinicians back?

---

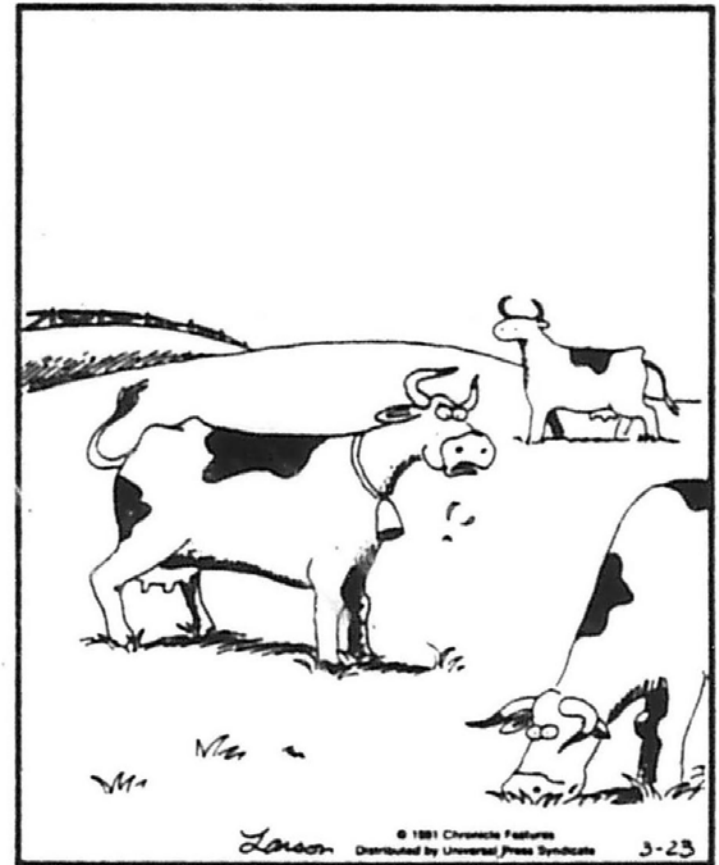
- ... "huge disconnect" between the beliefs and actions of the same 736 physicians who said conversations about advance care planning were important (99%) and that it was their responsibility (75%), and not a family member's or another clinician's.

Tony Back, MD, co-director of the University of Washington's Cambia Palliative Care Center of Excellence and executive director of Vital Talk

# Palliative Care and ACP

- Prudence: find and attain good goal
- Justice: give its due with respect and dignity
- Temperance: avoid distractions on way to goal
- Fortitude: courage; persistence

THE FAR SIDE by Gary Larson



"Hey, wait a minute! This is grass! We've been eating grass!"



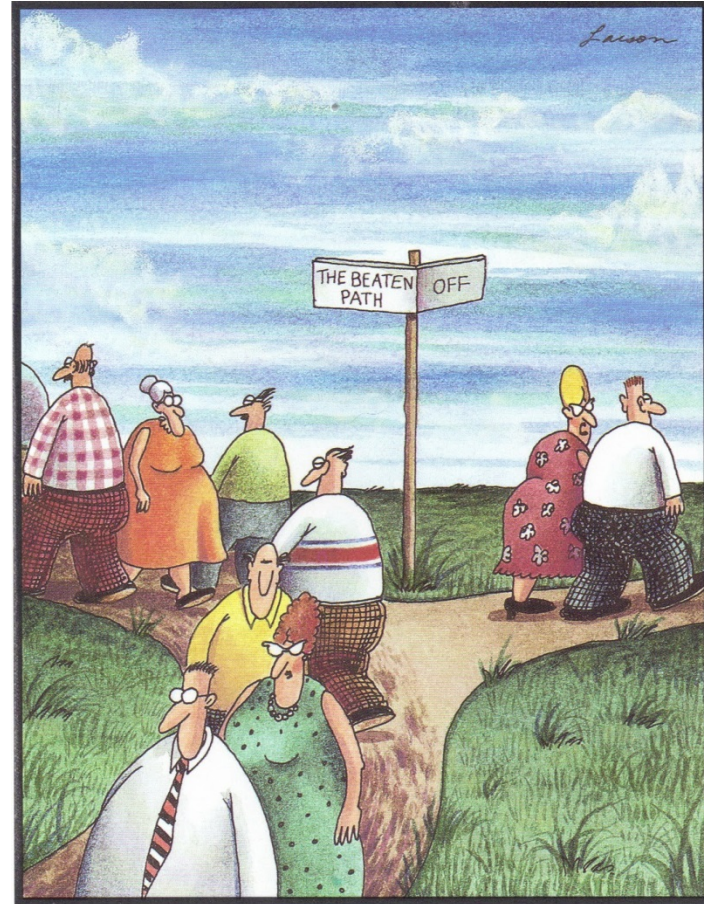
## Round 4, 5 and 6 of the 11 months

---

- “You need to get the...
- ‘new hope.’...” for Round 5
- “You need to get the ‘new hope.’” Round 6

# Is your current practice your best practice?

- What would you “do-over”?
- What must be in place for you to change up the practice?
- What can you envision next?
- What creates the dissonance?
  - External
  - Internal



"I don't know if this is such a wise thing to do, George."

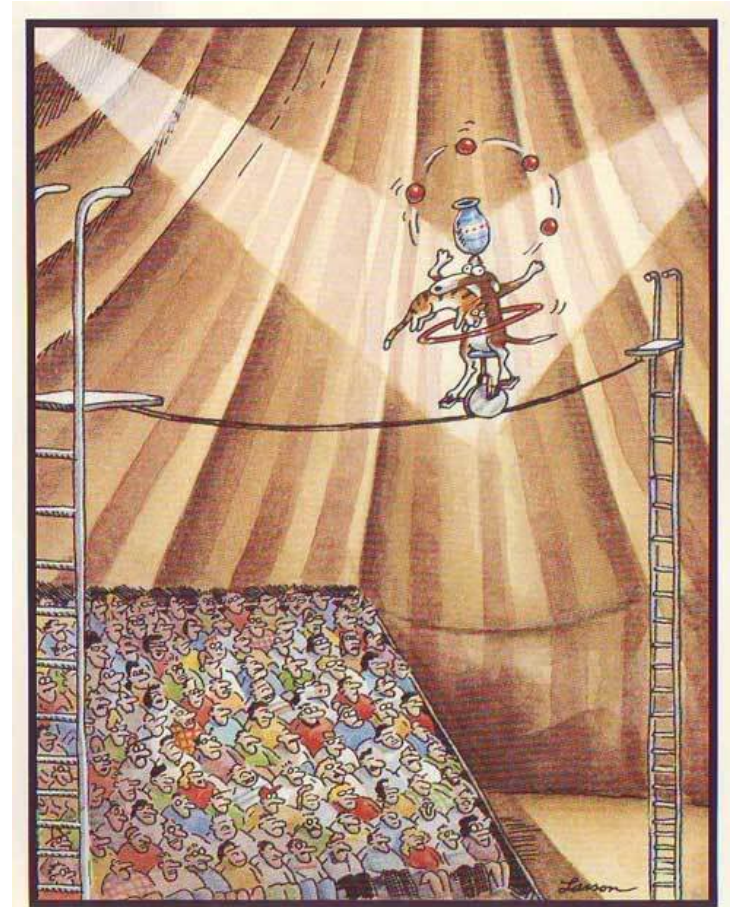
# What is hope anyway?

---

- Correlation to statistics?
- Protective coating?
- Fluid and responsive to stimuli?
- Can it be shared?
- Are we truly able to take hope away from others?
- Does it result from compliance or patient safety?

# Who is in the room today?

- Who else is in the room today: Healer?
- Can we be compliant clinicians and meet regulatory mandates while practicing the art of healing?
- Do we hold and define the hope of others? Or is Hope a mutual benefit?



High above the hushed crowd, Rex tried to remain focused. Still, he couldn't shake one nagging thought: He was an old dog and this was a new trick.

## The 7th round of the 11 months

---

- Round 7
- Healing: who you are or what you do?
- Thank you Ron.

# Person's requirements for healing

---

- Please be an enabler of:
  - My control and dignity- with your vulnerability
  - My hope –with your honesty
  - My care – with your attention
- Please be a witness of:
  - My world
  - My fears
  - My loss

## Would you, could you check the box?

---

- Prudence: practical wisdom; to find and attain a good goal.
- ☐
- Justice: to give others their due; to see and respect their dignity.
- ☐
- Temperance: to avoid distractions on the way to your goal.
- ☐
- Fortitude: courage; persistence in adversity.
- ☐

# Would you, could you check these boxes?

---

- Hope: when wanting and possible align
- ☒
- Healing: ease or relieve of suffering
- ☒



Would you, could you, ask questions?

