ADVANCE CARE PLANNING: HOW DO WE MAKE SENSE OF THE EVIDENCE?

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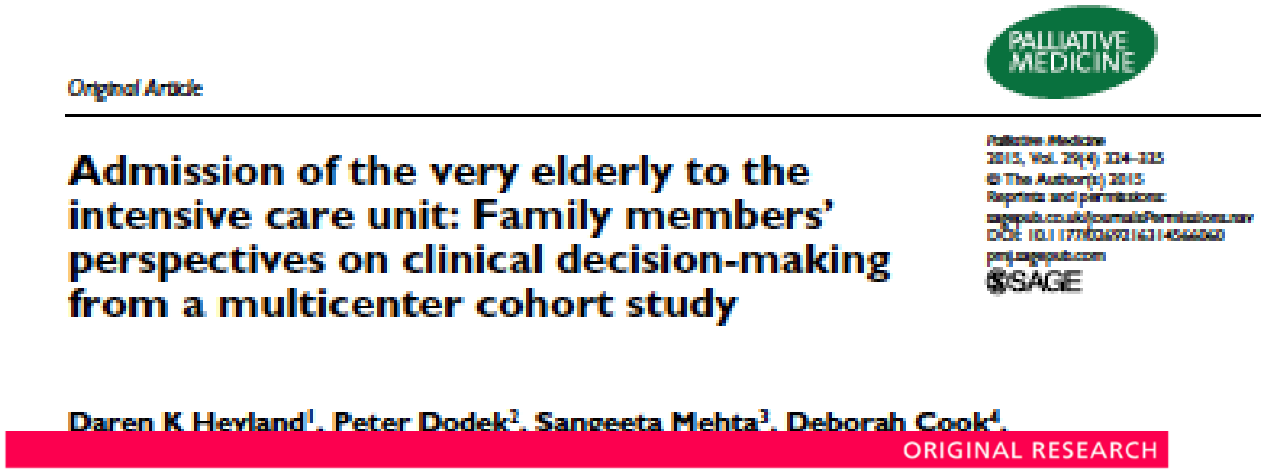
THE PROBLEM



Original Article

PALLIATIVE MEDICINE

Admission of the very elderly to the intensive care unit: Family members' perspectives on clinical decision-making from a multicenter cohort study

Palliative Medicine
2015, Vol. 29(4) 334–335
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DOI: 10.1177/0269216314566860
pmj.sagepub.com

SAGE

Daren K Heyland[1], Peter Dodek[2], Sangeeta Mehta[3], Deborah Cook[4],

- Of 80+ aged patients in ICU on life-supports, 25% families stated preference was for 'comfort measures'
- Spent on average 10 days in ICU before death

ORIGINAL RESEARCH

The prevalence of medical error related to end-of-life communication in Canadian hospitals: results of a multicentre observational study

Daren K Heyland,[1] Roy Ilan,[2] Xuran Jiang,[3] John J You,[4] Peter Dodek[5]

BMJ Qual Saf. 2016

- Of patients who preferred not to have CPR, 174 (35%) had orders to receive it.
- Considerable variability in overtreatment rates across sites (range: 14–82%).

JAMA Internal Medicine | Original Investigation

Clinician-Family Communication About Patients' Values and Preferences in Intensive Care Units

Leslie P. Scheunemann, MD, MPH; Natalie C. Ernecoff, MPH; Praewpannarai Buddadhumaruk, RN, MS; Shannon S. Carson, MD; Catherine L. Hough, MD; J. Randall Curtis, MD, MPH; Wendy G. Anderson, MD; Jay Steingrub, MD; Bernard Lo, MD; Michael Matthay, MD; Robert M. Arnold, MD; Douglas B. White, MD, MAS

JAMA IM 2019

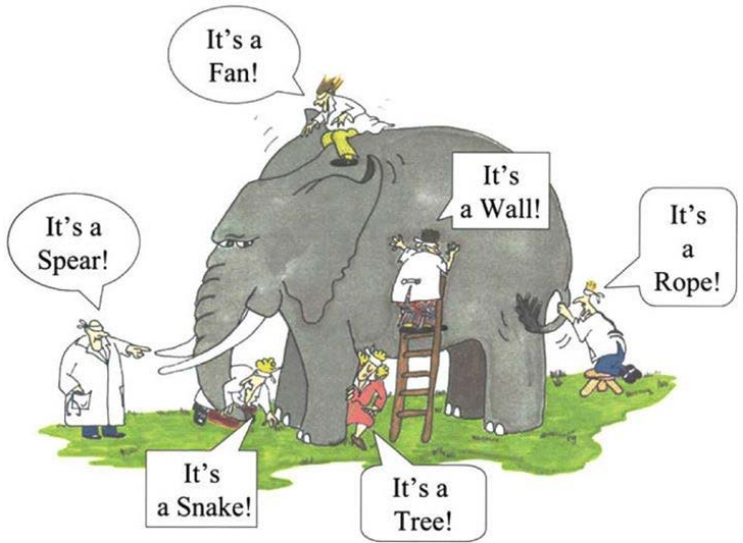
- 26% of family conferences didn't address patient values and preferences
- Only 8% of decisions grounded on patient values and preferences

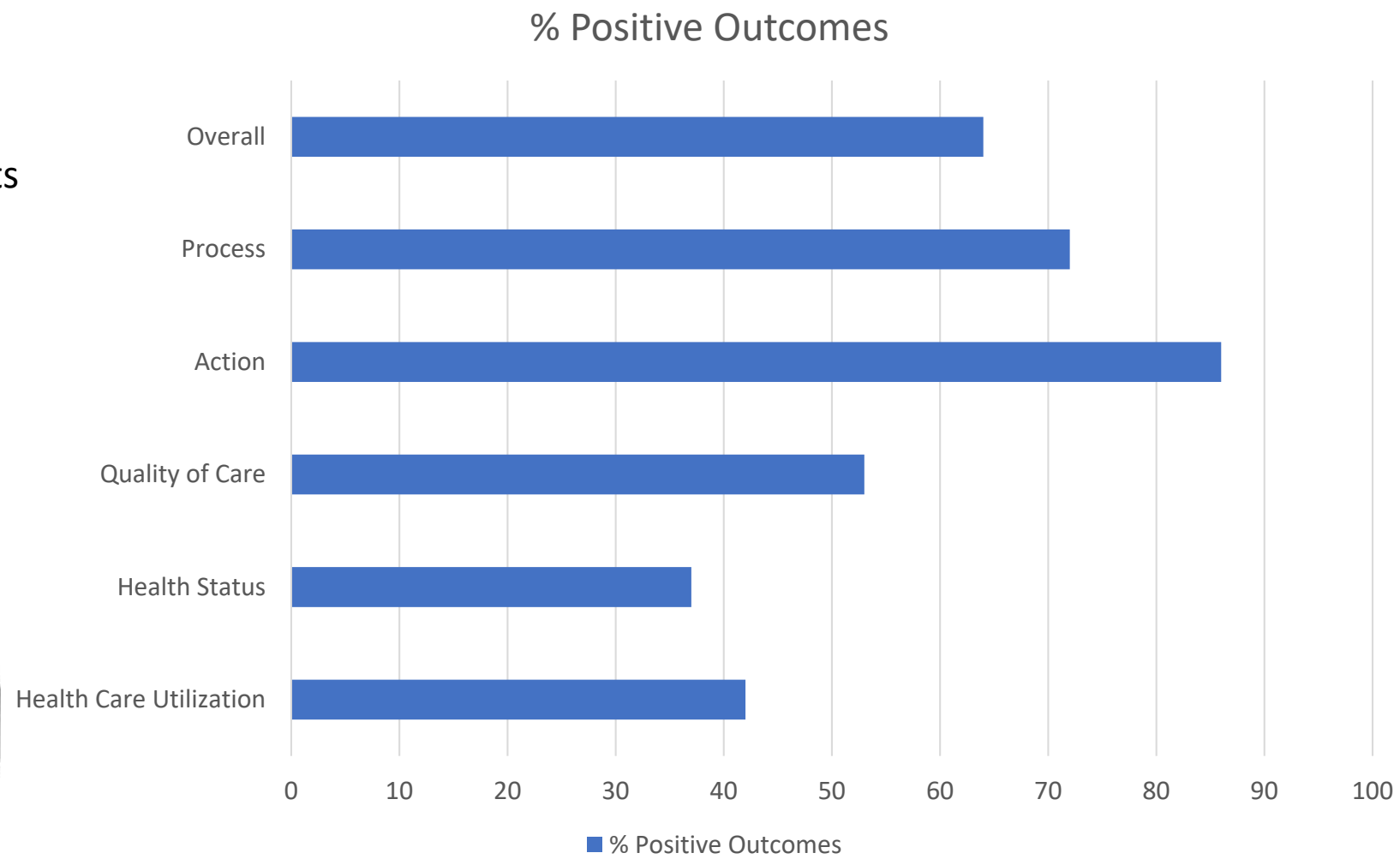
THE SOLUTION: THE EVIDENCE SUPPORTING ACP

From 69 RCTs in the last decade

- 41% focused on process
- 28% making EOL treatment plans
- 7% focus on communicating GOC
- 4% ordering life-sustaining treatments
- 4% focus on completion of ADs
- 16% 'undefined'

- Studied in
  - variety of patient populations
  - Variety of settings





McMahan RD J Am Geriatr Soc 2020 In press

KEY POINTS

- Too much heterogeneity in evidence supporting ACP
- Need to strive for more ‘homogeneity’ and standardization
- New approach (terminology and tools) needed?
- Definition/Conceptualization of ACP is problematic
  - Planning for death (certainty) is not the same as planning for serious illness (uncertainty)
  - Decontextualized ‘conversation’ not the same as in the moment clinical decision-making
  - Current approach that relies on open-ended values and preference questions lead to medical error
  - Consideration of people/patients are informed, autonomous consumers ill-founded

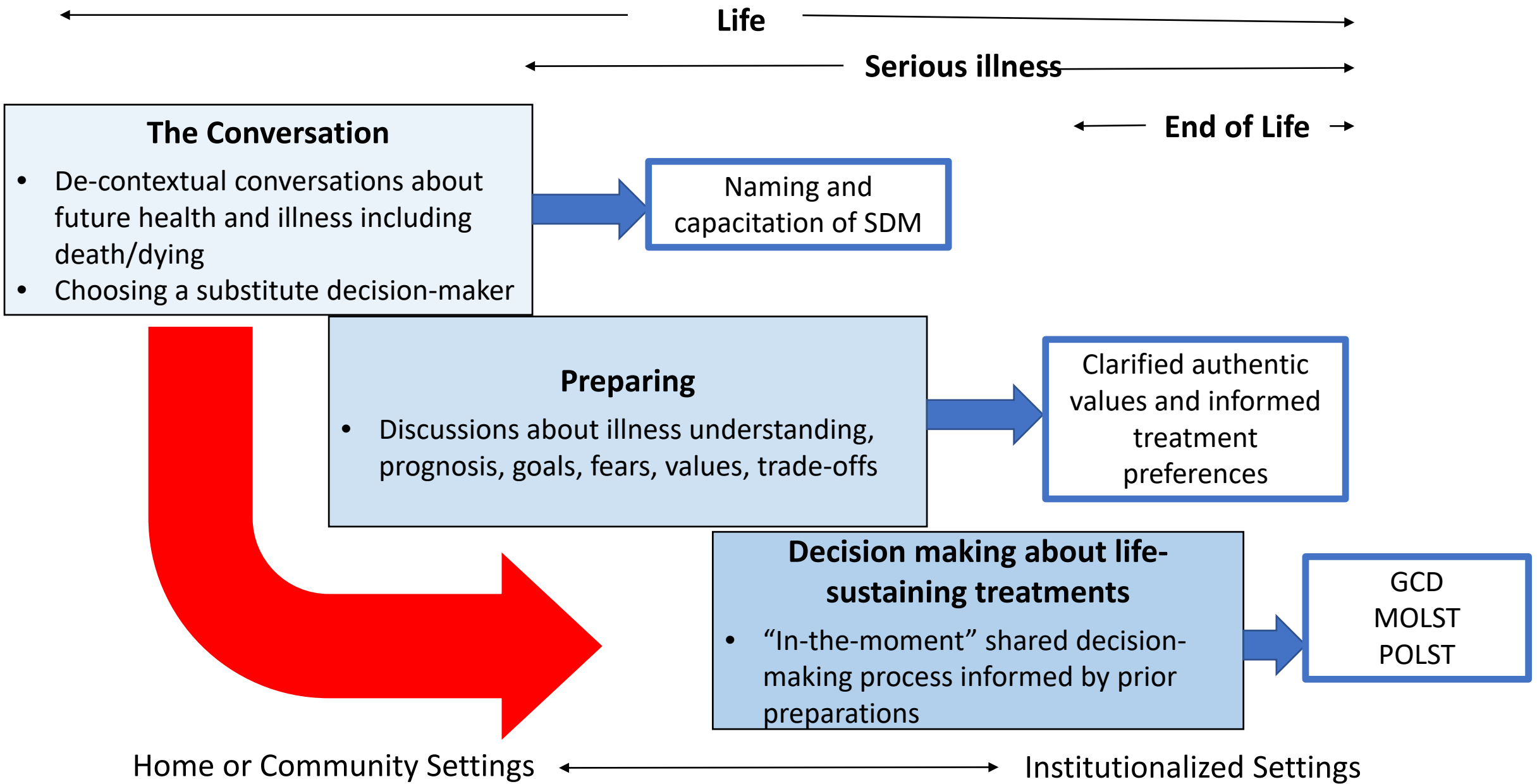
FRAMING AROUND EOL CARE IS PROBLEMATIC

Death is not a certainty at the point that an ICU Doctor has to decide about the application (or not) of life-sustaining treatments

Patients with chronic, life-limiting illness and POLST receive significant amount of goal DIS-concordant care involving ICU admission in last 6 months.

Heyland Health Care 2020

The Continuum of Communication and Decision-making in Serious Illness



WHAT ACP SHOULD AND SHOULD NOT BE

- Should not be about developing and promoting ‘de-contextualized’ Instructional Directives
  - These have limited validity and clinical utility.[1]
  - 4% of ACP interventions were Ads in recent systematic review of RCTs in the last 10 years.[2]
- Should focus on activities that better prepare patients and SDMs for future ‘in the moment’ decision-making.[3]

1. Heyland Health Care 2020
2. McMahan RD J Am Geriatr Soc 2020 In press
3. Sudore Ann Intern Med 2010

BMJ Supportive & Palliative Care

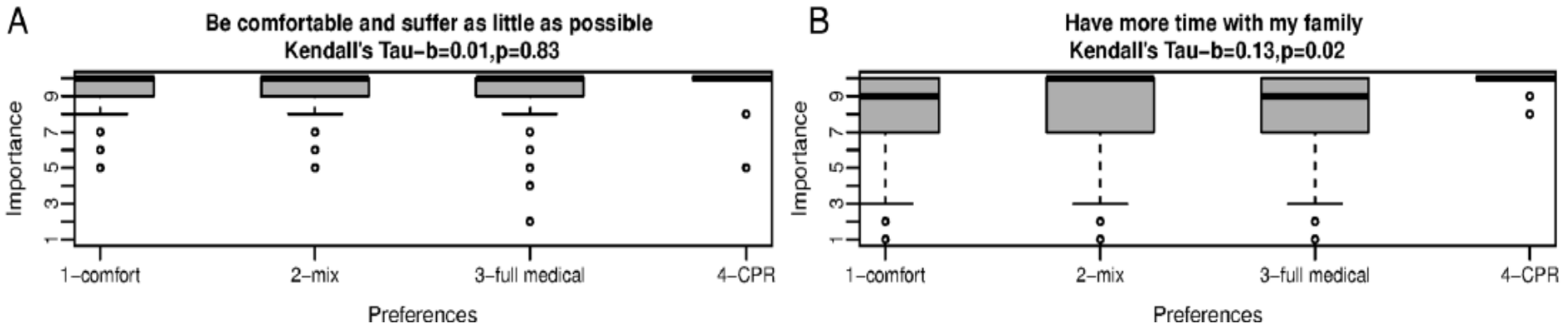
Discordance between patients' stated values and treatment preferences for end-of-life care: results of a multicentre survey

Daren K Heyland, Rebecca Heyland, Peter Dodek, John J You, Tasnim Sinuff, Tim Hiebert, Xuran Jiang and Andrew G Day

BMJ Support Palliat Care published online October 6, 2016

PLAN WELL

- There were inconsistencies in participants' expressed value statements.
- For example, we expected that 'living as long as possible' would be negatively correlated with
  - 'be comfortable and suffer as little as possible',
  - 'avoid being attached to machines and tubes',
  - 'death is not prolonged' and the
  - However, we did not find a significant negative correlation in any of these instances.
- In fact, ''live as long as possible''' was positively correlated with "be comfortable and suffer as little as possible" (correlation coefficient, 0.14, p=0.03).



- No/little relationship between measured values and elicited preferences

PROBLEMS WITH CURRENT ACP/GOC APPROACH

- People are unclear on their authentic values
  - Not as simple as asking them "What's important to you?"
- People are 'ill-informed' about risks, benefits, and possible outcomes of life-sustaining treatments
  - Not as simple as asking them their preference "What do you want us to do?"
  - Wishes should not be equated with a medical order!

→ **Need greater support in shared- decision making related to serious illness in advance**

PS. Patient (and Family) lack of preparedness is a major barrier to Physician engagement

You JAMA Int Med 2015

PLAN WELL GUIDE:

A NOVEL DECISION AID TO SUPPORT DECISION-MAKING IN SERIOUS ILLNESS

Compared to other ACP tools, Plan Well Guide offers the following features or attributes:

1) Discriminates between planning for terminal care vs. planning for serious illness
2) Explains how we make medical decisions under conditions of uncertainty
3) Utilizes a 'constrained' values clarification tool where respondents have to pick between competing values
4) Uses 'Grids' to transparently connect states values to respondent preferences for medical treatments during serious illness
5) provides a 'first in class' decision aid on the different levels of care

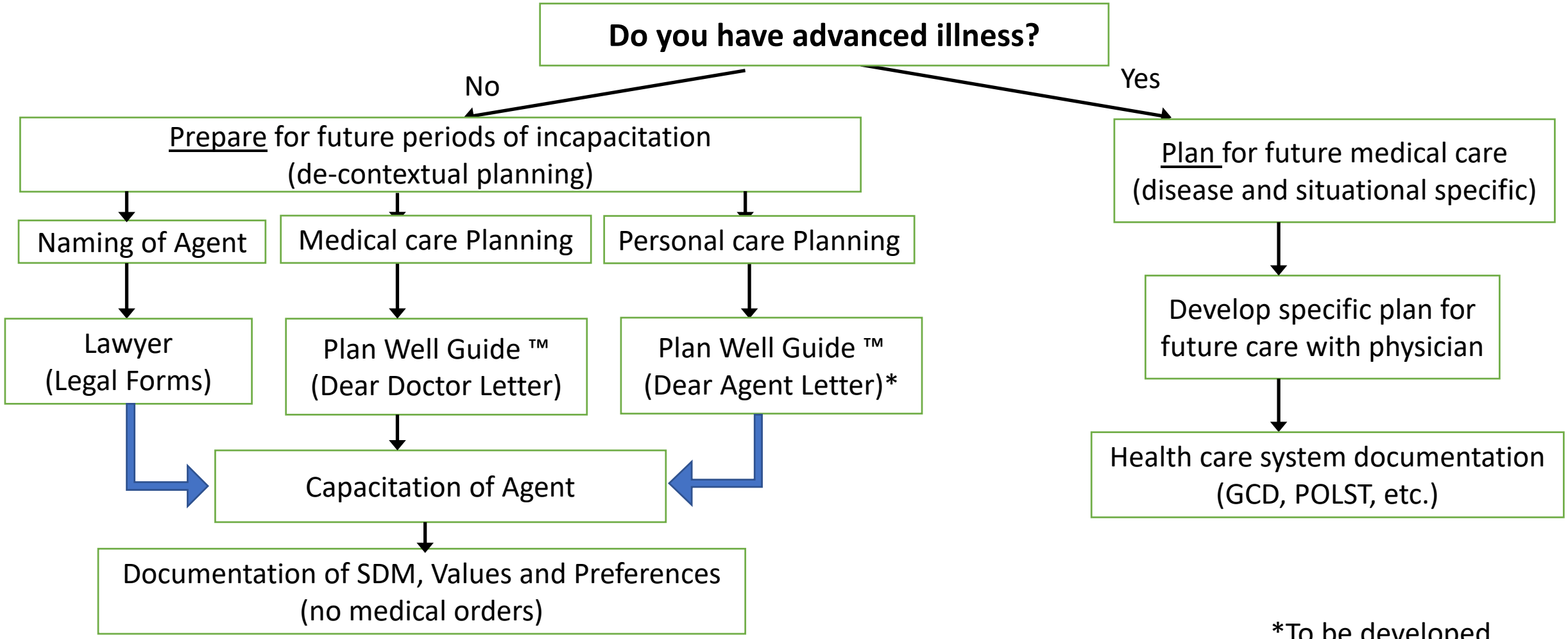
RCT showed[1]

- Increased likelihood that patients will receive the care that is right for them
- Reduced decision conflict (more knowledgeable, more clarity, more sure)
- Majority very satisfied with the experience and would recommend it to others

- Physicians considered intervention patients to have lower decisional conflict
- Physicians spent less time with patients finalizing goals of care for intervention patients compared to usual care patients.

1. Heyland CMAJ Open 2020

Advanced Serious Illness Preparation and Planning (ASIPP)



*To be developed