Palliative Care: Addressing End of Life Goals before the OR

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Disclosure

– No commercial financial COI
– Committee COI; Royal College: Founder, Palliative Medicine and Exam Committee for Palliative Medicine
– Research COI; Heart Failure and Palliative Care: MOTS, CIHR, AMOSO
– Career COI; Department of Anesthesia & Perioperative Medicine for Palliative Medicine; Associate Dean, CPD Schulich, Western
At the end of this session participants will be able to:

1. Recognize ethical issues regarding:
   1. Do Not Resuscitate (DNR) in the Operating Room (OR)
   2. Patient autonomy to request an applicable DNR, and
   3. The physician’s need to practice the Standard of Care

2. Identify components of the ‘Required Reconsideration of DNR’ conversation prior to surgery

3. Consider Perioperative Supportive Care
Reflection

Consider a patient you have encountered who requested limitations to resuscitation prior to surgery.
Policies and practices that result in the automatic suspension or uncritical acceptance of DNR orders... are inappropriate. (CAS 2002)

Canadian Anesthesiology Society (CAS) 2002, Committee on Ethics and Am Society of Anesthesiology 2013, American College of Surgeons, and Association of Operating Room Nurses (AORN) have similar statements.
Advance Care Plan or DNR

• In appropriate cases, the availability of an “Advance Care Plan” (representation agreement, advanced directive, “living will”, “do not resuscitate” directive, etc.) should be ascertained, and its applicability to the proposed intervention should be determined and documented on the anesthetic assessment record.

• *Guidelines to the Practice of Anesthesia*, Revised Edition 2018, As recommended by the Canadian Anesthesiologists' Society
Mandatory Reconsideration of DNR

It is necessary to have an automatic review of the code status for patients with a DNR status prior to surgery. Smith KA, 2000

Know the ethics, law and policy for DNR in the OR in your practice location.
Ethical Considerations

The DNR

Patient autonomy to request an applicable Do Not Resuscitate (DNR),

Physician’s need to practice the ‘Standard of Care’
DNR carries its own inherent risks, independent of the patient's health state.
Patient Autonomy

Patients may request DNR in the OR

Patients with DNR request surgery

Indications for Palliative Cancer Surgery
Physicians provide the Standard of Care
Physician’s Role

Obtain consent

*Discussions cannot be delegated to other family members or physicians*

Respect for Persons

In emergency situations
Goal of the *Mandatory Reconsideration of DNR* conversation

– Respect both
  - The patient’s wishes, interests, and values,
  - and
  - Provider clinical judgment, expertise, and ethical obligations for care

If gap exists, attempt to clarify middle ground between patient wishes while maintaining ‘standards of care’
The Conversation

Be caring

Have a common understanding of an applicable DNR
Document the Conversation

1. Continue DNR as unchanged in the peri-operative period, if appropriate, and within the Standard of Care
2. Suspend DNR for an agreed-upon period
3. Limit resuscitation attempts within patient goals/wishes
4. Pt/SDM allow Anesthesiologist and Surgeon to use Clinical Judgment to provide Standard of Care in-keeping with the patients goals/wishes

Place
Recommendations
into Context

Consider the consequences of death in the OR
Dying and Death are social events
Consider Perioperative Medicine, integrated with Supportive Care / Palliative Care
Quality Improvement Opportunities

– Novel palliative surgical procedures and symptom management
– Novel anesthesia/analgesia practices for patient’s at risk of dying, frail pts, uncontrolled cancer pain
– Research and define intra-operative practice standards for a patient at risk of dying
– Create health systems that support patient values/wishes
Should dual trained Anesthesiology / Palliative Medicine providers lead the integration of palliative care? Cobert J. 2018

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Thanks for listening!
Reference

- Statement on Quality end-of-life care. American Anesthesiologists Society
- Canadian Anesthesiologists’ Society Committee on Ethics, 2002, Peri-Operative Status of “Do Not Resuscitate” (DNR)* Orders and Other Directives Regarding Treatment
References

– ETHICAL GUIDELINES FOR THE ANESTHESIA CARE OF PATIENTS WITH DO-NOT-RESUSCITATE ORDERS OR OTHER DIRECTIVES THAT LIMIT TREATMENT Committee of Origin: Ethics (Approved by the ASA House of Delegates on October 17, 2001, and last amended on October 16, 2013)


References


– https://pallium.ca/equip-yourself/


References


– Wing Lok Chan. The “do-not-resuscitate” order in palliative surgery: Ethical issues and a review on policy in Hong Kong. Palliative and Surgical Care (2015), 13, 1489-1493.