EDUCATION CORNER

ADVANCE CARE PLANNING DOCUMENTS & THE DONATION PROCESS

Advance care planning documents have almost no role in the initial aspects of resuscitative care.

Misperceptions with Regards to Advance Care Planning Documents

- Nationwide living wills (LW) are inappropriately considered “do not resuscitate” (DNR) orders (misperception held 78% of the time).
- DNR orders are inappropriately equated to comfort care / end-of-life care (misperception held 64% of the time).

Danger of these misperceptions → Lack of Action!

Challenges with EOL Care Documents

- Living wills - not read and understood, lack of clarity of who the Attending is, lack of clarity on definition of “terminal”, and do not address donation.
- Physician Orders for Life-Sustaining Treatment (POLST) - DNR checked most often on POLST and does not equate to do not treat, e.g. intubation, ventilation, feeding, etc., and does not address donation.
- DNRs—sometimes inappropriately placed without informed consent from patient and/or family, LW confused as DNR orders, often misinterpreted as “do not treat” and does not address donation.

DNR only applies

= patient is pulseless
& not breathing

Resuscitation is
not just for cardiac arrest situations

Recommended ACTION

- use patient safety checklist**

Summary Points:

1. A LW is not a DNR..
2. DNR is not “do not treat”.
3. A LW and POLST are not the same.
4. Use the patient safety checklist**

**Patient safety checklist - see Alliance organ donation toolbox, “Checklists & Forms” category:

www.organdonationalliance.org/organ-donation-toolbox/

Organ Donation & Advance Care Planning Documents

- Advance care planning documents typically do not address donation.
- A previous declaration to donate supersedes any advance care planning document (unless it specifically addresses donation).
- If a document does not address the question of organ donation:
  * It does not mean it is not an option—directives should not hinder the donation process.
  * Follow CMS guidelines and hospital policies on maintaining patients for purposes of determining donation potential (CFR 42§482.45(a)(5)).
- Question whether DNR is being interpreted correctly.

Taken from a webinar presentation by Ferdinando L. Mirarchi, DO, FAAEM, FACEP (UPMC Hamot).

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