

Advanced Care During Covid-19: Facts, Myths, and Ethical Challenges

June 18, 2020

Questions and Answers during Webinar

#1. Does legislation around living wills and advanced directives vary by state?

Yes

#2. What are the PTSD outcomes after ventilation from Covid treatment? How about the end of life requests?

We commented on our poor knowledge this early in the epidemic of the psychological and physical “morbidity” or sequelae of prolonged ICU care in the discussion.

#3. I am beginning initiatives to train LTC employees to initiate advance care planning discussions among their residents. Has anyone done something similar in their organization? Any pointers? All feedback would be much appreciated.

The resources will be provided in the final email following this webinar

#4. What is being done about family/friend/medical POA being with a COVID patient who is critically ill — the profound impact on survivor and loss of opportunity to affect outcome?

Video connections have been made available and in hospitals with palliative care teams, psychologists, social workers and chaplains are frequently contacted to assist family members with these difficult issues.

#5. If you have an advance directive, does it take priority over what the family wants, or can they override it?

The advance directive does take precedence but may often not be directly applicable to the situation at hand. Providers need to support families in their grieving and in going forward together by delaying some patient requests to give the family a bit of time.

#6. If a 70-year old is healthy and contracts COVID, is it reasonable to want to be intubated - though generally the wish would be not to be intubated at EOL. What are the anticipated difficulties in body systems following recovery from COVID and how would one gauge if subsequent quality of life would be consistent with values of quality over quantity?

As discussed, we still don't know the level of lung damage that could be permanent. It is also true that there may be complications down the road of one's body unable to make an adequate recovery for that person and treatments can be directed towards comfort later.

#7. Do you have any updates on the development of a Colorado Statewide System/Exchange for Advance Directives? It can be hard to ensure that your advance directive is on file with each individual care facility you receive care from - especially if it is an emergent situation.

Unfortunately, there are delays in the electronic registry, sadly, until well into 2021, by current estimates.

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#8. Sometimes decisions have unintended consequences. After a medical decision is shown to lead to such unwanted outcomes, how do you change it? Example: intubation but do not see patient getting better.

This is important to discuss with your provider about times to withdraw and withhold and the importance of time-trials.

#9. Could/would a patient override their current written documents (advance directive and/or power of attorney) by telling their health care team that they want someone else to be consulted, or to be their new decision maker? Is there a standard practice for when this happens?

Yes, just renounce the prior advance directives and make new ones, also assign a new agent with MDPOA. Always possible if you still have decisional capacity.

#10. What happened to Mr. Cooper after he went home?

He had home oxygen and a pulse oximeter to monitor his condition with daily calls from the COVID-19 team based at the hospital. After a week or so his oxygen requirements decreased and eventually, he recovered. His wife also contracted the virus but had a relatively mild course and has also recovered.

#11. How have social workers completed Advance Directives with the 2 witnesses required during COVID19 on an outpatient basis when they are not seeing people in person?

Social workers make a notation indicating the date, who was present and that a signature was not possible given COVID-19 visitation restrictions.

#12. Family surrogates seems to be a default position, but may not always be in the best position to know what a particular patients might want, What ethical challenges are there when there are differences between blood family members, non=blood family members, or partners who are not related?

In Colorado there is not a familial/non-familial hierarchy

#13. Is there any point at which the risk of exposure to COVID of the care team attempting resuscitation and intubation outweighs the patient's or surrogate's preference for full code?

The team needs to put on their personal protective equipment prior to administration of CPR and the number of people responding to the code should be limited to those administering CPR but with these precautions in place, the risks of exposure by attempting resuscitation would be reasonable. Other scenarios that make this more complicated are when PPE is in limited supply or not available.