Santa Clara University

End of Life Decision Making for Publicly Conserved Persons

A Workshop for Deputy Public Guardians in Santa Clara County

January 2006

ZIBIS Sama Clere Halvarshi - Albumina kecawar



Markkula Center for Applied Ethics

- Center for teaching, research on-campus & in community
- Established in 1986
- Healthcare/biotech;
 Government; Character education; Business;
 Global ethics project
- Leading universitybased applied ethics center



Sponsored by:

The Honzel Family Foundation

Faculty:

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Purpose:

- To gather information and insight re medical decision making, especially at the end of life, so that:
 - DPGs can apply ethical standards to medical decision making
 - DPGs can make informed, ethically justified decisions that can withstand rigorous scrutiny

3 Sessions

- Is it time to die?
- 2. Decisions at the Ending of Life
- Client Values and End of Life Decision Making

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Goals for Day one:

- To understand how the healthcare world works
- To understand the time, place, and process of dying
- To identify the ethical issues raised in end of life decision making
- To discuss a framework for addressing these issues
- To describe hospice and palliative care

Death and Dying

- End of life care includes:
 - Preparing for an anticipated death
 - Managing the final stages of a fatal condition
- Surrogates are being asked to make increasingly difficult treatment decisions about increasingly complicated medical options.



Death and Dying

- Death is a natural transition, not a medical or personal failure.
- Death has changed from a quick infectious process to a prolonged dying from chronic disease.
- Prolonged dying may be worse than death itself.

Ethics ...

- raises questions about how we should act and how we should live.
- asks us to justify who we are and how we behave.
- rarely blue or red; usually shades of purple.
- requires us to ask questions of ourselves and others . . .

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End of Life Ethics ...

...asks questions about how we ought to act and how we should live.

- "What standards determine if this action is right or wrong?"
- "What character traits—compassion, fairness—are necessary to live a truly human life?"
- ...aids us in knowing and doing what is right.

Answering these questions . . .

demands paying attention to values, both professional and personal, both our own and others' (especially the dying person's)

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Dying persons must . . .

- be treated with respect and dignity even when they can no longer participate in decision making.
 - Treating patients with dignity and respect may involve decisions to limit or stop aggressive treatment; and, . . .

Death is a process . . .

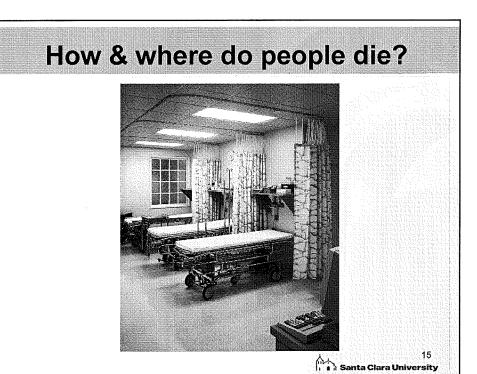
- and different moral obligations exist at different times.
- Proposed ethical standard:
 - Dying like living is a process and attending to the process of dying is a good in itself.

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Goals for Day two:

To understand:

- The California health care law and how it impacts health care decisions by conservators
- Some of the medical aspects of :
 - CPR
 - Artificial Nutrition & Hydration
 - Shortness of breath
 - Suffering
- Brain failure, PVS, Brain Death



Protracted Life-Threatening Illness

- > 90%
 - predictable steady decline with a relatively short "terminal" phase
 - cancer
 - slow decline punctuated by periodic crises
 - CHF, emphysema, Alzheimer's type dementia

The majority of PG cases involve....

- Progressive Dementia ["Brain Failure"]
 - Which is considered a terminal illness.
- Plus a need for a decision regarding appropriate treatment

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Death and Dying

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Goals for Day three:

- To describe the AHCD.
- To distinguish between ethics and values.
- To define and identify personal and professional values.
- To identify values that govern the conservatorconservatee relationship.
- To understand informed consent.
- To apply values to difficult medical decisions.

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What are values?

- Values are inner dispositions or beliefs which actually guide our behavior.
 - central beliefs
 - determine how we will act
- Values and ethics are not the same thing. Ethics is concerned with how we should behave; values with how we do behave.

When values conflict . . .

- we have an ethical dilemma.
- Value conflicts:
 - safety with independence
 - personal with medical
 - religious with medical
 - legal with medical
 - personal with legal
 - conservator with conservatee, family, . . .
 - medical team w/ patient w/ hospital w/ . . .

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Ethically justifiable decisions ...

- are made in light of all that can be known about the conservatee's values, preferences, and, definition of well being.
- protect client autonomy to the maximum extent possible.
- demonstrate respect through shared decision making whenever and to whatever extent possible.
- are timely.

When making decisions:

- Consider the values & wishes of the conservatee / ward
- Consider how your own values inform the decision
- Examine the goals of treatments
- Do not just focus on the interventions

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Can wards/conservatees tell you . . .

- If they want prayer
- If they enjoy travel
- With whom they spend their time
- If controlling their bladder/bowels is important
- If they don't want to be a burden

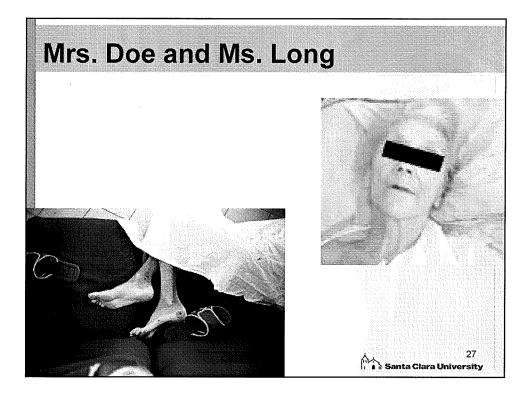
- HELP: Your Way, 2004. www.help4srs.org

If Yes, then, you can . . .

- discern some of their values:
 - Belonging
 - Cleanliness
 - Family
 - Friendship
 - Independence
 - Inner harmony
 - Security
 - Spirituality

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- Using values along with ethical principles ...
- Surrogates can make appropriate choices for the patient
- See the cases of Mrs. Doe & Mrs. Long for examples



Our Public Guardian's comments:

- Once we have ascertained values we have an obligation as surrogates to act ethically. This really gets us to where the "rubber hits the road."
- My sense is that once we have been informed and educated on the physical aspects of the dying process and the inevitability of death; we, as conservators, must search our hearts and apply ethical principles to end of life decisions.
- This is what I want to accomplish with these workshops."