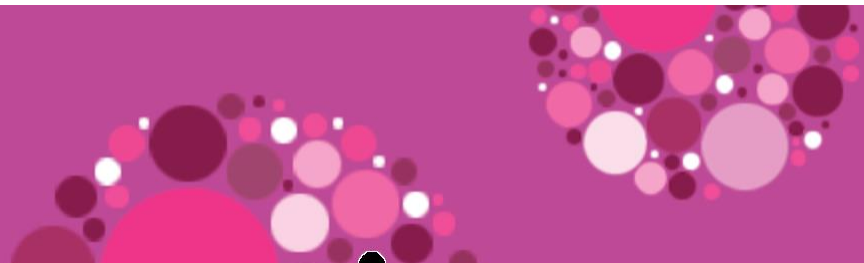


“talking
DNACPR”

Jillian Hartin
Senior Nurse PERRT
Talking DNACPR faculty member



Legal changes

Landmark judgment in resuscitation case

Janet Tracey

Court of Appeal finds that doctors acted unlawfully when they placed a do not resuscitate order on Janet Tracey without consultation



High Court rules doctors should consult on DNR orders for disabled patients

High Court rules that doctors must consult the family of patients without mental capacity, or their carers, before putting Do Not Resuscitate orders on their medical records



Carl Winspear



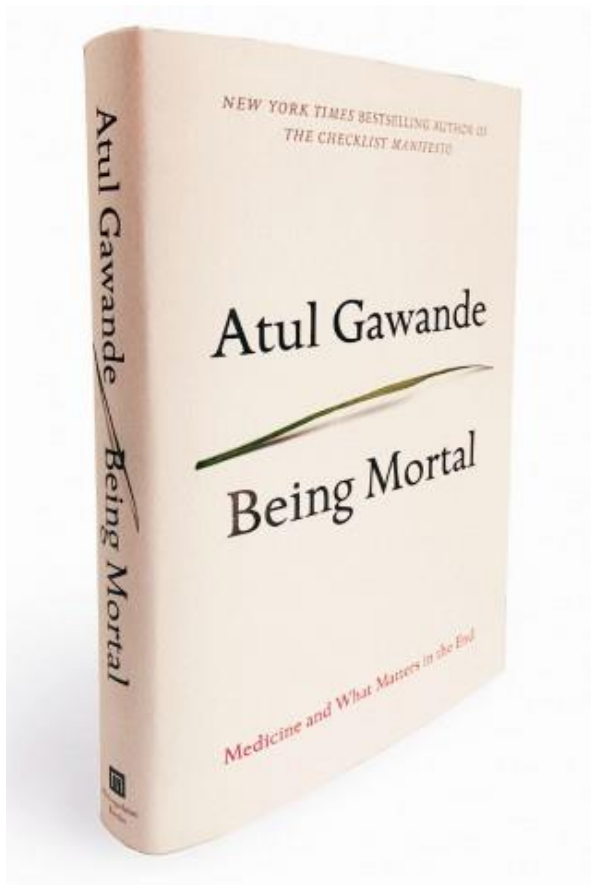
Jim has a number of chronic neurological conditions that have left him fully dependent and requiring 24/7 care. He has not had capacity for a number of years. Unfortunately Jim has been admitted to his local hospital with increasing frequency for management of episodes of acute deterioration. Jim's son has often been called to attend the local hospital when Jim is admitted and he shares his experiences of DNACPR decision making

Hospital & Community

What can we do better?

- Don't avoid the conversation
- Early conversations with patient and family
- Sensible planning
- Communicate with each other – **effectively**
- **Support staff in developing skills and confidence in having the conversation**

Being mortal



“A large part of the task is helping people negotiate the overwhelming anxiety—*anxiety about death, anxiety about suffering, anxiety about loved ones, anxiety about finances...*There are many worries and real terrors.”

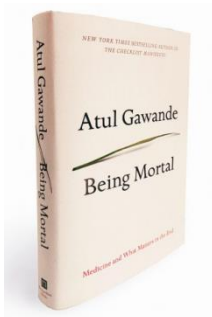
Talking DNACPR course

- Legal perspectives
- Ethical and Philosophical context
- Religious context
- Relational Care
- **Simulations**

Framework for a good conversation

“A family meeting is a procedure, and it requires no less skill than performing an operation”

- Persons
- Purpose
- Preparation
- Process
- Product



CLINICIAN STEPS

- Set up
 - Thinking in advance
 - Is this okay?
 - Hope for best, prepare for worst
 - Benefit for patient/family
 - No decisions necessary today

- Guide (right column)

- Act
 - Affirm commitment
 - Make recommendations about next steps
 - Acknowledge medical realities
 - Summarize key goals/priorities
 - Describe treatment options that reflect both
 - Document conversation
 - Provide patient with Family Communication Guide

CONVERSATION GUIDE

Understanding What is your understanding now of where you are with your illness?

Information preferences How much information about what is likely to be ahead with your illness would you like from me?

FOR EXAMPLE:
Some patients like to know about time, others like to know what to expect, others like to know both.

Prognosis *Share prognosis as a range, tailored to information preferences*

Goals If your health situation worsens, what are your most important goals?

Fears / Worries What are your biggest fears and worries about the future with your health?

Function What abilities are so critical to your life that you can't imagine living without them?

Trade-offs If you become sicker, how much are you willing to go through for the possibility of gaining more time?

Family How much does your family know about your priorities and wishes?

(Suggest bringing family and/or health care agent to next visit to discuss together)

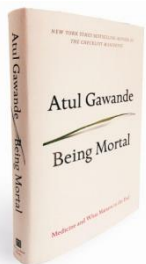
Draft R4.4 10/30/13



Hospital & Community

What Atul Gawande thinks we can we do better!

.....we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone's lives."



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