

Advance Directives
Essential Tools for
a Win-Win-Win
Opportunity

1

Thaddeus Mason Pope
JD, PhD, HEC-C

March 9, 2023

2

nothing
to disclose

3

preface

4

THANK YOU
THANK YOU
THANK YOU

5



6



7



8



Bucila
Stephenson

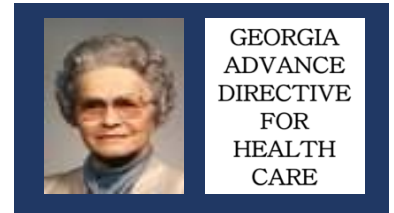
9

91 years old
pneumonia
sepsis
acute renal failure

10



11



12

on admission, family
took in her AD
gave it to H staff

13

GEORGIA
ADVANCE
DIRECTIVE
FOR
HEALTH
CARE

14

"no heroic
measures"
"no CPR"

15

but

16

intubated
ventilator

17



18

feeding tube
blood transfusions
bronchoscopy
tracheostomy

19

clinicians	advance directive
	

20

The Augusta Chronicle

Jury to decide if liability exists in case where woman's last wishes denied

Sandy Hodson shodson@augustachronicle.com
Published 10:17 p.m. ET May 20, 2017

21



May 2017

22



23



Ga Supreme Court

24

“clear objective of the Act is to ensure that ... the **will of the patient** ... not the will of the health care provider ... **controls**”

25



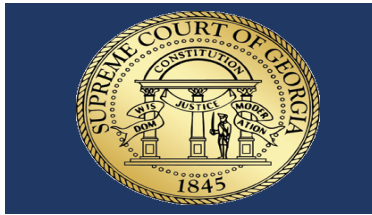
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but

27

compliance is
mandatory

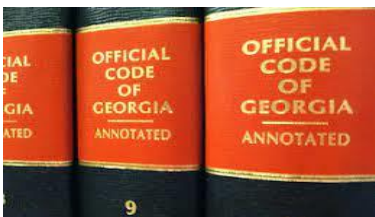
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29



30



31

Ga. Stat. Ann.
§ 31-32-8

32

“decision made by
... agent ... **shall be
complied** with”

33



34

Rules and Regulations of the State of Georgia
 Home | Browse | Help | Go to Georgia SOS | [Rules 111-4-40-10](#)

“hospital shall ...
ensure ... advance
directives **honored**”

35



36



37

May 2017



38



39

The New York Times

The Patients Were Saved. That's Why the Families Are Suing.

Paula Span

THE NEW OLD AGE APRIL 10, 2017

40

FLATHEAD BEACON

NEWS & FEATURES SPORTS OUTDOORS ARTS & ENTERTAINMENT OPIN

News & Features

Hospital Ordered to Pay \$400K in Do-Not-Resuscitate Lawsuit

A jury found St. Peter's Health in Helena and Dr. Virginia Lee Harrison negligent
BY ASSOCIATED PRESS / MAY 24, 2019

41

SPOTLIGHT TEAM FOLLOW UP

Hospital staff revived a man's stopped heart – and he sued

A successful 'wrongful prolongation of life' lawsuit in Montana, among other things, reflects the extent to which many Americans will go to gain – and enforce – their rights to control their final days.

By Mark Aronoff/Flathead Staff, Updated December 26, 2020, 2:48 p.m.

42



43



44



45

value
concordant
 healthcare

46

patients **get**
 treatment
 they **want**

47

also

48

patients do **not**
 get treatment
 they **don't** want

49

too **little**
 = harm

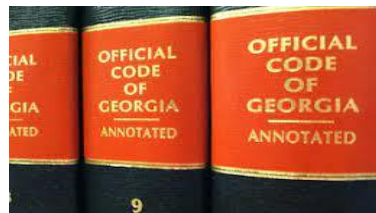
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too **much**
 = harm

51

how much is
 too much is
value laden

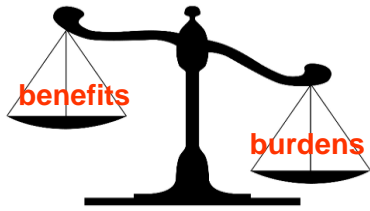
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53

preference
 sensitive
 decision

54



55

2 types of value discordant healthcare

56

over-treatment
under-treatment

57

happens to patients **with** decision-making capacity

58

happens **more**

59

to **incapacitated** patients

60

cannot tell us what they want and do not want

61



62

key **tool** to mitigate value discordant treatment for incapacitated patients

63



64



65



66



67



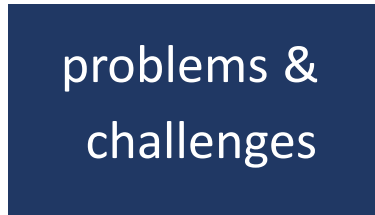
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69



70



71



72

capacity

73

what is
“capacity”

74

3

75

able to **understand**
significant benefits,
risks & alternatives to
proposed health care

76

able to **make**
a decision

77

able to
communicate
a decision

78

patient **has capacity** to
make decision at hand



patient decides **herself**

79

all patients
presumed to
have capacity

80

no need to
prove capacity

81

must prove
incapacity

82

sometimes
obvious

83



84



85

often
unclear

86

SO,

87

assess capacity
carefully

88



89



90

not all or
nothing

91

patient might have
capacity to make **some**
decisions but not **others**

92

patient may lack
capacity for
complex decisions

93

still capacity for
simpler decisions

94



95

still capacity to
appoint agent

96

2
WARNING

97

may **fluctuate**
over time

98

capacity in
morning
not afternoon

99

SO...

100



101

Making Treatment Decisions for Incapacitated Older Adults Without Advance Directives

Except in cases of obvious and complete incapacity, an attempt should always be made to ascertain the patient's ability to participate in the decision-making process.

102



103

even if really lacks capacity

104

reversible

105

restore capacity if possible

106

Table 7 Means to enhance capacity

Cause of confusion	Possible intervention
Alcohol or other substances intoxication	Detoxification; supplement diet or other intake needs
Altered blood pressure	Treat underlying cause of blood pressure anomaly w/ medication or other treatment
Altered low blood sugar	Management of blood sugar through diet or medication
Anxiety	Treatment with medications and/or psychotherapy; support groups
Bereavement; Recent death of a spouse or loved one	Support; counseling by therapist or clergy; support group medications to assist in short term problems (e.g., depression)
Bipolar disorder	Treatment with medications and/or psychotherapy; support groups

107

we prefer to hear from patient herself

108

supported
decision
making

109

supported DM

substitute DM


110

patient still
in charge


111

collaborate to help
understand situations
and choices, so can make
their **own** decisions

112

if Pt can decide

patient decides

113

if Pt can decide w/ help

help them

114

Supported Decision-Making Agreement

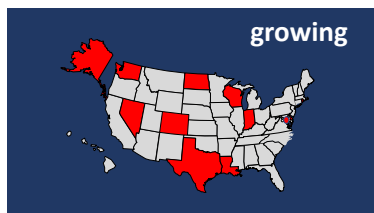
This agreement must be read out loud or otherwise communicated to all parties to the agreement in the presence of either a notary or two witnesses. The form of communication shall be appropriate to the needs and preferences of the person with a disability.

My name is: _____

I want to have people I trust help me make decisions. The people who will help me are called **supporters**.

My supporters are not allowed to make choices for me. I will make my own choices, with support. I am called the **decider**.

115



116



117

sum-up

118

3  WARNING

119

assess
restore
preserve

120

do not want 2nd
best substitutes
unless **necessary**

121

but

122

will lose
capacity

123

can no longer
make **own**
decisions

124

need a
substitute

125

someone who can
speak for Pt when
she cannot speak
for herself

126

ideally, people
appoint their
own healthcare
agents

127



128

2 parts
to AD

129

instruct
appoint

130

instruct

131

FKA
"living will"

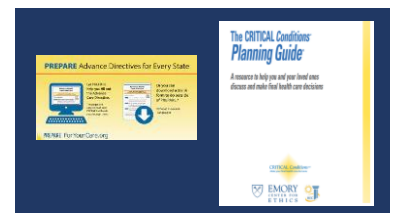
132

record treatment
you want
you do not want

133

lots of paper
forms, e-forms
& apps

134



135

some are more
treatment
focused

136

For each of the situations at right, check the boxes that indicate your wishes regarding treatment.

	Situation A If I am in a coma or persistent vegetative state and have no known hope of recovering awareness or higher mental functioning:		Situation B If I am in a coma and have a small but uncertain chance of regaining awareness and higher mental functioning:		Situation C If I am aware but have brain damage that makes me unable to recognize people, to speak meaningfully, or to live independently, and I have a terminal illness:	
	I want	I do not want	I want	I do not want	I want	I do not want
1. Cardiopulmonary resuscitation. The use of devices to restart the heart, stop electric shocks, and artificial breathing machines and/or breathing tubes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Mechanical ventilation. Breathing by machine, through a tube in the throat.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Artificial feeding. Giving food and water through a tube inserted either in your throat, the nose, or through a hole in the stomach.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

137

others are more
goal focused

138



139

Part 3: My Hopes and Wishes (Optional)

I want my loved ones to know my following thoughts and feelings:

The things that make life most worth living to me are:

My beliefs about when life would be no longer worth living:

140

advantage

141

hear from patient
herself

142

best DM for you
is **you**

143

but

144

Enough

THE FAILURE OF THE LIVING WILL

by ANGELA FAGERLIN AND CARL E. SCHNEIDER

In pursuit of the dream that patients' exercise of autonomy could extend beyond their span of competence, living wills have passed from controversy to conventional wisdom, to widely promoted policy. But the policy has not produced results, and should be abandoned.

PALLIATIVE CARE REPORT

March-April 2020

145

Annals of Internal Medicine

PERSPECTIVE

Controlling Death: The False Promise of Advance Directives

Henry S. Parker, MD

Advance directives promise patients a say in their future care but actually have had little effect. Many experts blame problems with completion and implementation, but the advance directives concept itself may be fundamentally flawed. Advance directives imply physicians must control their future care, but it is unclear how that can be predicted in detail, making most prior instructions difficult to adapt, misread, or even misused. Furthermore, many people either do not know patients' wishes or do not pursue them with effectivity. Thus, unexpected problems arise often to control advance directives, as the case in this paper illustrates. Because advance directives often only entail benefit, advance care planning

should emphasize not the completion of directives but the emotional preparation of patients and families for future crises. The *Accidental About* column might suggest that physicians should warn patients and families that momentous, unforeseeable decisions lie ahead. Then, when the crisis hits, physicians should provide guidance; should help make decisions despite the inevitable uncertainties; should share responsibility for those decisions; and, above all, should compassionately see patients and families through the last, sometimes agonizing, days of life.

See [www.ama-assn.org](#) for author information, or visit our site.

146

JOURNAL OF PALLIATIVE MEDICINE
Volume 23, Number 7, 2020
© Mary Ann Liebert, Inc.
DOI: 10.1089/jpm.2020.0272

Notes from the Editor

Advance Directives/Care Planning: Clear, Simple, and Wrong

R. Sean Morrison, MD, Senior Associate Editor

147

~~instruct~~
appoint

148

respond
dynamically to
clinical scenarios

149

1st choice –
patient picks
herself

150

health care
agent

151

who?

152

6 attributes

153

knows the
patient

154

cares about
patient

155

willing
to serve

156

willing to honor
patient wishes

157

able
to serve

health - live nearby

158

good
advocate

159

sum up

160

purpose
of ADs

161

goal
concordant
care

162

2 mechanisms

163

record values
& preferences

164

appoint agent
& alternate

165

but

166



167



168

challenge 1
prevalence

169

not
completed

170

RESPECTING PATIENTS' PREFERENCES

By Kuldip N. Yadav, Nicole B. Galzer, Elizabeth Cooney, Saida Kert, Jennifer Kim, Nicole Herbst, Adina Morita, Scott D. Walgren, and Katherine R. Courtney

HEALTH AFFAIRS
Vol. 32, No. 7, July 2013
doi:10.1377/hlthaff.2012.32.7.1217

Approximately One In Three US Adults Completes Any Type Of Advance Directive For End-Of-Life Care

171

systematic review
of 150 studies
800,000 people

172

37%

173



174

PewResearchCenter

NUMBERS, FACTS AND TRENDS SHAPING THE Y

NOV. 21, 2023

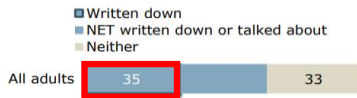
Views on End-of-Life Medical Treatments

Growing Minority of Americans Say Doctors Should Do Everything Possible to Keep Patients Alive

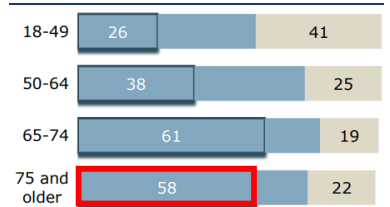
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Preparation for End-of-Life Treatment, By Age

% who say they have written down or talked with someone about their wishes



176



177



178



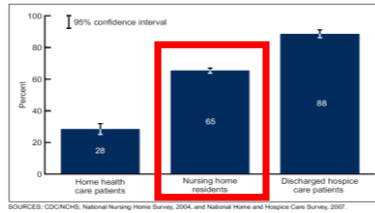
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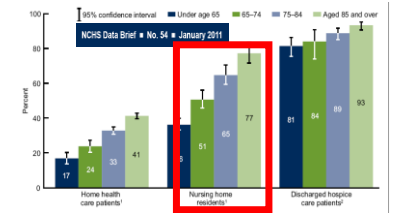
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183

65% > 37%

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1 in 3 80yo NH residents have **no** AD

185



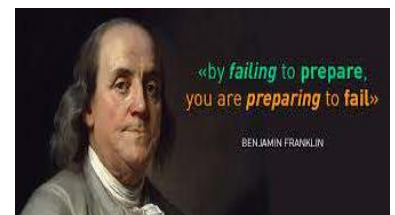
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why?

187

before COVID-19

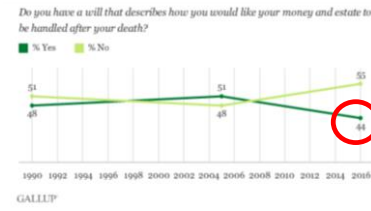
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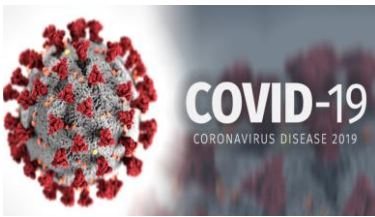
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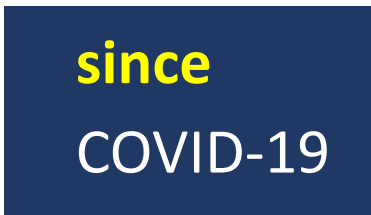
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THE INDIANA LAWYER

Life and death decisions: Pandemic increases focus on estate planning, health care advance directives

May 26, 2020 | Olive Coeplein

200

JOURNAL OF BUSINESS Serving Spokane & Blaine/Coeur d'Alene

Advance directive demand

More clients seek end-of-life plan guidance during pandemic, Spokane attorneys say

Virginia Thomas September 24th, 2020

201

Vol. 16 No. 1 2020

Journal of Pain and Symptom Management

How COVID-19 Changed Advance Care Planning: Insights From the West Virginia Center for End-of-Life Care

Danielle Christina Funk, MS, Alvin H. Moss, MD, and Anticus Speis, MS
West Virginia University, Morgantown, West Virginia

202



203

JAMA Network **Open.**

Research Letter | Geriatrics

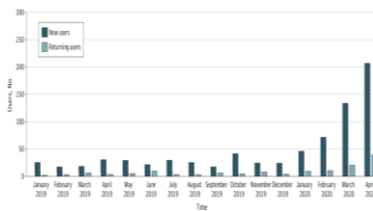
Completion of Advance Directives and Documented Care Preferences During the Coronavirus Disease 2019 (COVID-19) Pandemic

Catherine L. Avramita, MD, Scott D. Halpern, MD, PhD, Jeremy W. Asch, BA, Matthew VanDer Tuyn, MA, David A. Asch, MD, MBA

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205



206



J Med Internet Res. 2020 Aug; 22(8): e21385.
Published online 2020 Aug 11: doi: 10.2196/21385, 10.2196/21385

PMCID: PMC7423389
PMID: 32716002

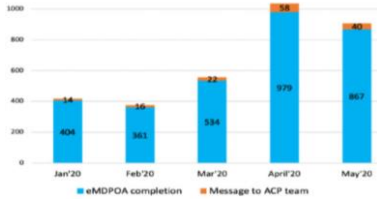
Advance Care Planning Among Users of a Patient Portal During the COVID-19 Pandemic: Retrospective Observational Study

Monitoring Editor: Gunther Eysenbach

Reviewed by Emmanuelle Belanger and Prasad Padala

Jennifer D. Probst, PhD,^{1†} Ashrafee Bhuiyan², MM, MPT, BC,² Prashita Shanbhag, MPH,³ Elizabeth W. Stange, MSc,² Saad Bassechri, MD,⁴

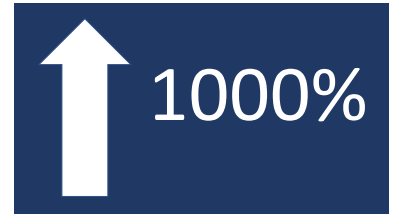
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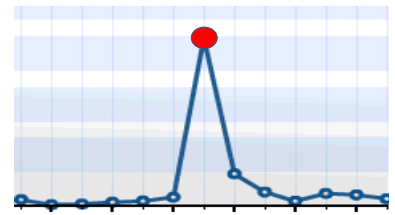
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217

back to
baseline

218

recap
obstacle 1

219

not
completed

220



221

challenge 2
availability

222

even if AD
completed

223



224

The New York Times
The New Old Age
Caring and Coping

OCTOBER 17, 2013, 6:00 AM
Where's That Advance Care Directive?
By PAULA SPAN

225



226



227

76% of physicians whose patients have ADs do not know they exist

228



229

“among patients who ... completed an advance directive ... 15% ... in the medical record”

230



231

complete ≠ have

232

Pt have ≠ HCP have

233



234

make &
distribute
copies

235

primary agent
alternate agents attorney
family members clergy
PCP registry

236



237



238

**challenge 3
updated**

239

completed AD
have AD

240



241



242

must
review

243



244

364 Ga.App. 304
Court of Appeals of Georgia.
IN RE ESTATE OF Brenda Elizabeth STROTHER.
A22A0210
|
May 20, 2022

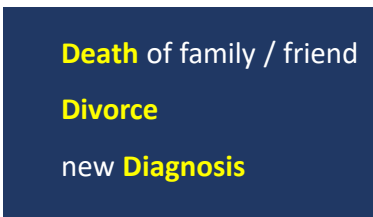
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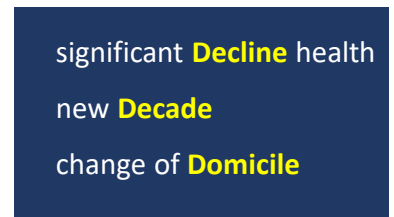
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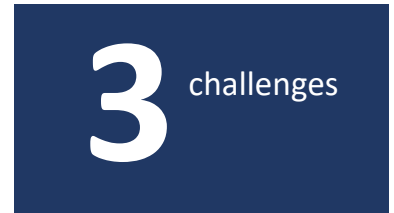


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250



251



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not completed
not found
not updated

253



254

medical
error

255

no plan →
default rule

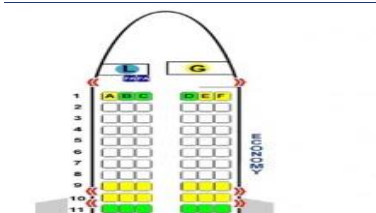
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default rules
produce **bad**
outcomes

257



258



259



260



261

default rules for
medical treatment
probably **bad** for
your patient

262

default
aggressive
curative directed
therapy

263

but

264

The Washington Post
Most people want to die at
home, but many land in
hospitals getting unwanted
care

265

Trauma Death
Views of the Public and Trauma Professionals on Death and Dying From Injuries
Lezworth M. Jacobs, MD, MPPE; Karyl Barnes, RN, PhD; Barbara Bennett Jacobs, RN, MPPE, PhD, CHPN
Arch Surg. 2008;143(8):730-735

266

Question and Responses ^a	Public, % (n=1006)	Professionals (n=774)
If doctors believe there is <u>no hope</u> of recovery, which would you prefer? Life-sustaining treatments should be <u>stopped</u> and should focus on comfort	72.8	92.6

267

no AD → UMT

268

harms
without AD

269

harm 1
wrong
surrogate

270

80% incapacitated
patients have
no agent

271



272

default
surrogate

273

3rd choice

274

1. Pt make **own** decision
2. Pt **choose** who she trusts

275

agent
appointed
in AD

276

default
surrogate

277

3rd choice

278

not chosen
by patient

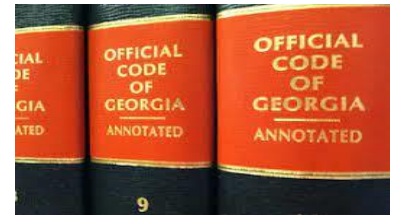
279

chosen off
a list

280

almost all states
specify a
sequence

281



282

Ga. Stat. Ann.
§ 31-9-2

283

adult child
parent
adult brother or sister
grandparent
grandchild
niece, nephew, aunt, uncle
adult friend

284

#1 Default Choice

#2 Choice

#3 Choice

285

problems

286

wrong
surrogate

287

1

288

Pt prefers someone **off** the list

289

RESEARCH LETTER

Patients With Next-of-Kin Relationships Outside the Nuclear Family

JAMA April 7, 2015 Volume 313, Number 13 1369

290

Nuclear family member	102 042	92.9
Spouse	53 212	48.5
Adult child	22 495	20.5
Parent	14 031	12.8
Sibling	12 304	11.2

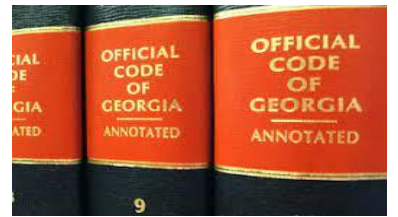
291

Outside the nuclear family	7761	7.1
Nonnuclear relative	3190	2.9
Niece or nephew	1134	1.0
Cousin	523	<1
Aunt or uncle	490	<1
In-law	358	<1
Step-parent or step-sibling	291	<1
Grandparent	170	<1
Grandchild	166	<1
Other blood or legal relative	58	<1

292



293



294



295

adult child
parent
adult brother or sister
grandparent
grandchild
niece, nephew, aunt, uncle
adult friend

296

even if preferred surrogate **on** the list, not **ranked**

297

priority sequence in
list might **not** match
your preference

298

example

299

adult **sibling** might
be better surrogate
but **child** trumps

300



301



302

recap

303

risks from
no AD

304

risk 1
wrong
surrogate

305

risk 2
NO
surrogate

306



healthcare facility has
incapacitated patient
with no available
surrogate

307

increasingly
common
situation

308

hospitals & LTC
challenged

309

patient **needs**
treatment

310

but

311

no capacity
no surrogate

312

patient
cannot
consent

313

nobody
else to
consent

314

various
terms

315

“unrepresented”
“adult orphan”

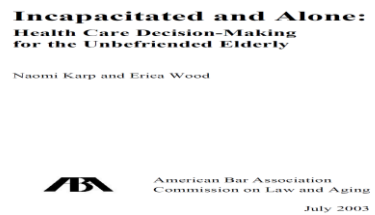
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patient w/o proxy
Incapacitated & alone

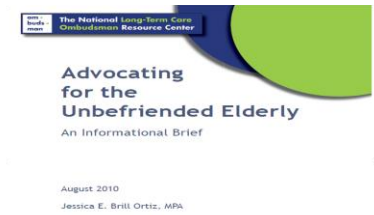
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most prevalent
“unbefriended”

318



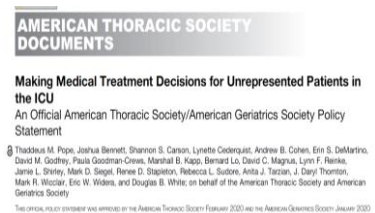
319



320



321



322

who
are they

323

lack
capacity

324

lack agent
or surrogate

325

nobody to
consent to
treatment

326

big
problem

327

hospital
estimates

328

16% ICU
admits

Decisions to limit life-sustaining treatment for critically ill patients who lack both decision-making capacity and surrogate decision-makers*
*Ongino R, White, MD, J, Journal of Intensive Care Medicine, 2019; 34(10): 1000-1005

329

5% ICU
deaths

ARTICLE | *Annals of Internal Medicine*
Life Support for Patients without a Surrogate Decision Maker: Who Decides?
*Gandhi, Rakesh, MD, MSc, Journal of Intensive Care Medicine, 2019; 34(10): 1006-1011

330

> 25,000
US, each year

331



End of Life Care Audit –
Dying in Hospital
National report for England 2016

332

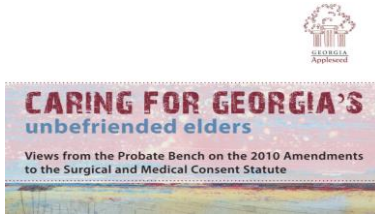
3.4. Is there documented evidence that the cardiopulmonary resuscitation (CPR) decision by a senior discussed with the **nominated person(s) important to the patient** during the last episode of care?

• YES	78%*	7219
• NO	18%	1706
• NO BUT	4%	377

If 'no but' during the last episode of care it was recorded that:

• There was no nominated person important to the patient	47%	177
• Attempts were made to contact the nominated person important to the patient but were unsuccessful	53%	200

333



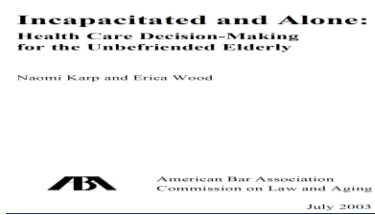
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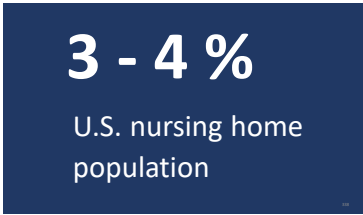
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336



337



338



339



340



341



342

Not just big, but
**growing
problem**

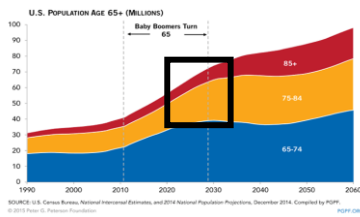
343

4 key
factors

344

1

345



346

2

347

AARP Public Policy Institute

10,000,000 boomers live alone

The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers

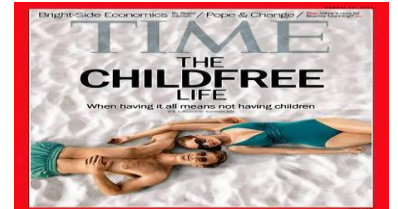
348



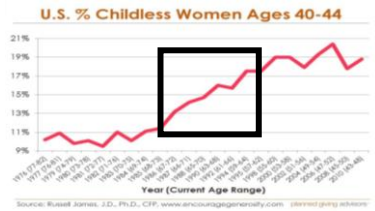
349

3

350



351



352

4

353

others
"have"
family

354

able but
unwilling

355

no **contact** (e.g.
LGBT, homeless,
criminal)

356

conversely

357

willing but
unable

358

SDM lacks
capacity

359

we have **many**
unrepresented

360

what's the
problem

361

**risks &
harms**

362

cannot
advocate
for self

363

have **no**
substitute
advocate

364

POSITION STATEMENT
**Making Treatment Decisions for Incapacitated Older Adults
Without Advance Directives**
AGS Ethics Committee

"highly vulnerable"
"most vulnerable"

365

GUARDIANSHIP FOR VULNERABLE ADULTS IN NORTH
DAKOTA: RECOMMENDATIONS REGARDING UNMET
NEEDS, STATUTORY EFFICACY, AND COST
EFFECTIVENESS
WINOCE C. SCHMIDT

**"unimaginably
helpless"**

366

problem

367

nobody to
authorize
treatment

368



369

3 common responses

370

1

371

under-treatment

372

reluctant to act without consent

373

wait

374

until **emergency**
(implied consent)

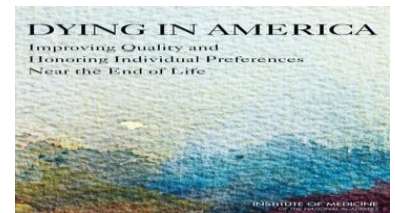
375

but

376

longer period suffering
increases risks

377



378

ethically **“troublesome**
 . . . wait until . . .
 condition worsens
 into an **emergency”**

379

2

380

over-
 treatment

381

fear liability
 fear regulatory
 sanctions

382

treat
 aggressively

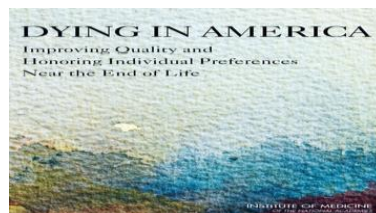
383

but

384

burdensome
 unwanted

385



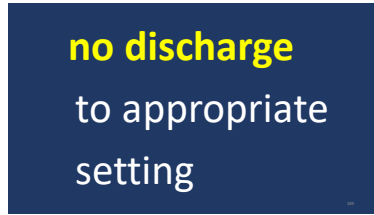
386

“compromises . . .
 consideration of
 patient preferences
 or best interests”

387



388



389



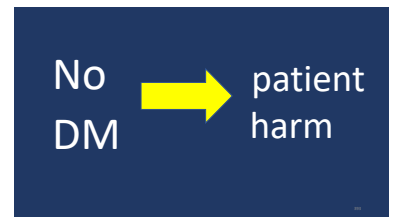
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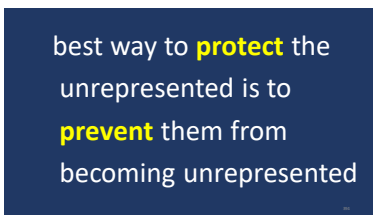
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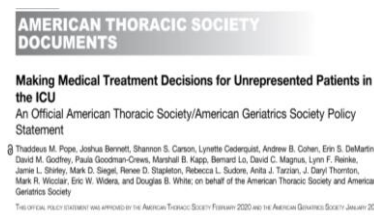
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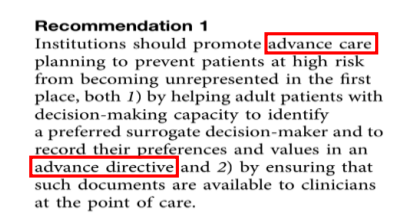
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394



395



396

recap

397

no AD →
default rules

398

default rules →
create risks

399

wrong
surrogate

400

no
surrogate

401

UMT

402

value
discordant
treatment

403



404

no AD →
lose **other**
benefits

405

evidence
based
benefits

406



407

less
hospitalization

408

fewer
ICU days

409

more
hospice

410

lower
costs

411

less
family anxiety,
depression

412

greater
satisfaction

413

better
quality of life

414

AD completed
AD available

415



416

harm 3
misread AD

417

TRIAD studies

The **R**ealistic
Interpretation of
Advance **D**irectives

418



419

2 common
errors

420

1

421

majority of clinicians
incorrectly interpreted
AD & DNR orders as
synonymous

422

AD → DNR

423

but

424

AD \neq DNR

425

2

426

majority of clinicians
incorrectly interpreted
 DNR as “do not treat”

427

DNR  do
 not
 treat

428

but

429

DNR \neq do
 not treat

430

that's **enough**
 on problems &
 challenges

431



432

fixes &
solutions

433

many

434

1990

435

Patient Self-
Determination Act

436

patients must be
apprised of rights
to AD on admission

437



438

2016

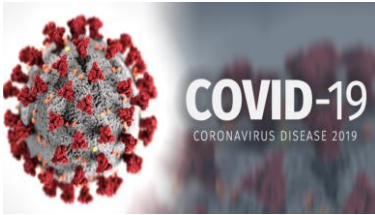
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99497
99498

440

2020

441



442



443



444



445



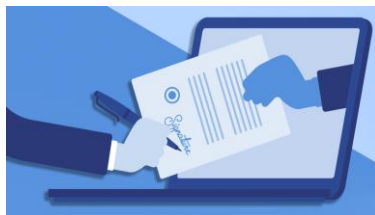
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447



448



449



450



451

“**none** of the following persons may act as a witness ... the patient’s health care provider ...”
Cal. Prob. Code 4674

452



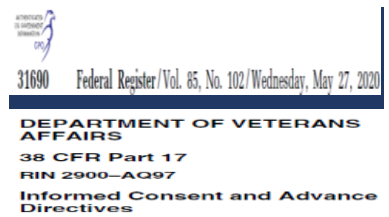
453



454



455



456

“**remove** ... bar on ... employees serving as witness ... **unnecessary burden** to completion of advance directives”

457

2023

458



459

federal, state
& private fixes
& solutions

460



461

to address **low**
AD completion
rates

462

patient
decision
aids

463



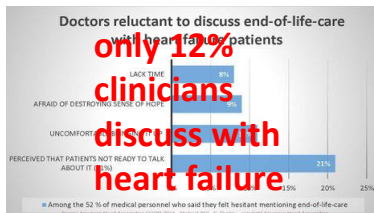
464

misunderstand
prognosis

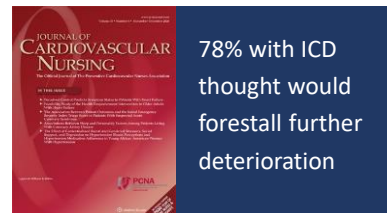
465

unaware
imminently
relevant

466



467



468

before
encounter

478



479

during
encounter

480



481

present options
clearly &
graphically

482



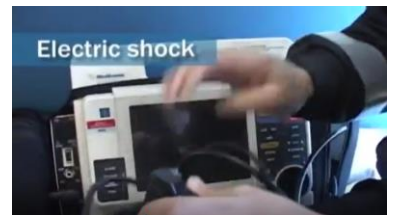
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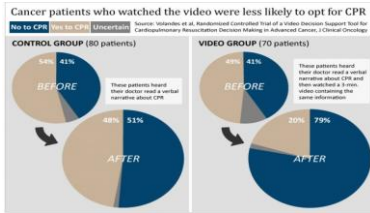
484



485



486



487

do PDAs work?

488

yes

489

robust evidence shows PDAs are highly **effective**

490

> 130 RCTs

491

30,000 patients
50 conditions

492



493

JOURNAL OF SURGICAL RESEARCH • MARCH 2019 (235) 350-366

A Review of Decision Aids for Patients Considering More Than One Type of Invasive Treatment

Kathleen A. Leinweber, BS,^a Jesse A. Columbo, MD, MS,^{a,b,c,d,e}

494

6 big benefits

495

improved
knowledge

496

more accurate
expectations

497

more value
congruent
choice

498

higher
patient
satisfaction

499

less
decisional
conflict

500

less
patient
anxiety

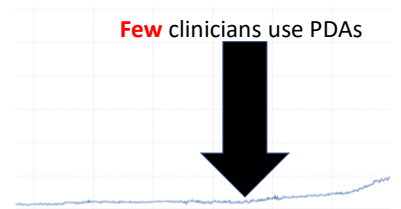
501

what's the
problem?

502

“**not** incorporated
in mainstream care”

503



504

recognition
endorsement

505



506



507

but

508

implementation
adoption

509



510

seldom	stagnant
incomplete	elusive
infrequent	rare

511

“significant and
sustained adoption
problem”

512

SO...

513

“comprehensive
strategy ... to promote
wider uptake of SDM”

Coulter - World Psych 16:2 - June 2017

514

more PDAs



Pts more informed

515

Pts more informed



more value congruent

516

Pts more informed



more advance directives

517

Pts more informed



better advance directives

518



519

clinician →
patient

520

patient →
clinician

521

to address AD
misinterpretation

522



523



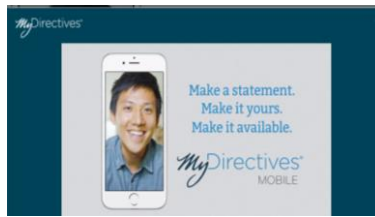
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525



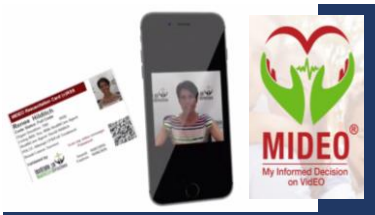
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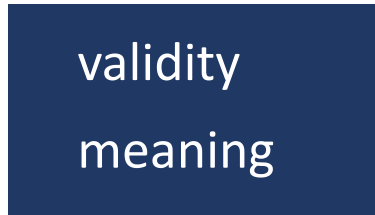
527



528



529



530



531

someone claims
patient **lacked capacity**
to complete the AD

532



533



534



535

wants mother **removed**
from life-sustaining
treatment per her **1991**
advance directive

536



537

says mother **executed**
a new advance directive
on Nov. 13, 2019 and
wants to live

538

later in time
ADs **revoke**
earlier ADs

539

but ... is the
newer AD
valid?

540

did Arline have **capacity** to complete?

541

video helped

542



543



544



545

September 3
AD names agent "companion"

546



547

October 16
AD names **new** agent

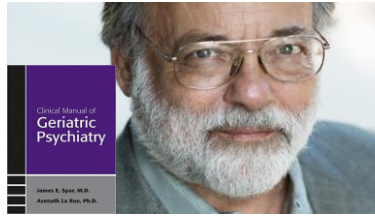
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549



550



551



552

validity requires not only capacity but also **voluntariness**

553

someone claims patient **coerced** to sign AD

554



555

videos help prove AD **validity**

556

capacity
voluntariness

557

meaning

558

what did the patient want?

559

did she want it under these circumstances?

560

TRIAD VIII: Nationwide Multicenter Evaluation to Determine Whether Patient Video Testimonials Can Safely Help Ensure Appropriate Critical Versus End-of-Life Care

Ferdinando L. Mirarchi, DO, FACEP; Timothy E. Cooney, MS; Arvind Venkat, MD, FACEP; David Wang, MD; Thaddeus M. Pope, JD, PhD; Abra L. Fain, MD; Stanley A. Terman, PhD, MD

J Patient Safety 2017;13: 51-61

561

“adding a video testimonial / message ... significant ... achieving interpretive consensus”

562



563

conclusion

564

April 16, 2023

565

National Healthcare Decisions Day

566



567

inspire
educate
empower

568

NHDD.org

tips & strategies

569



570



571

but

572



573

more

serious
advanced illness

574

more

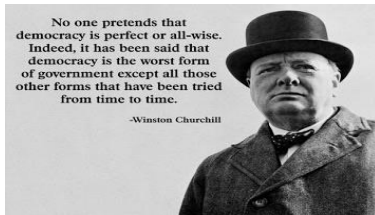
risk of UMT

575

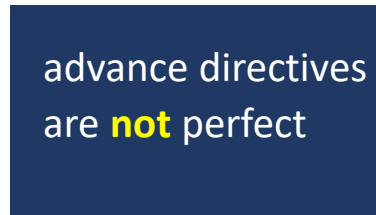
greater

need to elicit &
document GOC

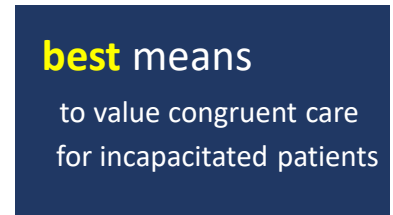
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577



578



579



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