

End of life care

Forum Date - 2/1/2020

At the outset, the audience watched a brief video on palliative care.

Opening remarks by Drs. George Abraham, Viji George and Shobha Chacko.

- End of life care is not necessarily something for just the elderly, applies to everyone.
- Stressed the importance of a Health Care Proxy. You should appoint one when you start driving. The proxy makes decisions on behalf of the patient when it was deemed that further medical care would be futile. Decisions could be made based on a variety of perspectives and factors; including physical and spiritual.
- No clear answer on how we know that a situation is futile; miracles are always possible. Best judgement of the doctors, but they cannot 'play God'. That is why the proxy is important. These decisions are even harder when the patient is a young person.
- Massachusetts has a Health Care Proxy form that can be shared with physicians. The proxy is trusted to make a 'substituted judgement'.
- 'Medical Order for Life Sustaining Treatment' - MOLST form can be filled out a priori to indicate a person's wishes when it comes to life sustaining treatments at the end of life.
- Discussing these issues are not dinner table conversations but are important when family members gather so that people can understand each other's wishes with respect to end of life care. This can help stave off disagreements among siblings later on, etc.
- Palliative care is a part of end of life care; often the last 10% of life results in 90% of health care costs.
- Question - In India, a family physician is aligned with the values of the family and help make decisions. Similarly in the US - Conversations on MOLST need to be had by the PCP. It is advised to have family members together when making this decision.
- The Health Care Proxy is a legal document made in the presence of 2 witnesses. If you assign the proxy to one child it is important to let the other child/children know so that there are no misunderstandings.
- MOLST form comes into effect immediately upon signing.
- Knowing people's wishes of how they want to be treated is important - for e.g. 70% of people want to die at home, but in reality 50% are admitted to the hospital.
- Without a MOLST, in Massachusetts, physicians/EMT are required to resuscitate - except if rigor mortis has set in or the head is severed from the body.
- Without a MOLST or health care proxy, next of kin are often placed in a very difficult situation. That of participating actively in the dying process - withdrawal of life sustaining care.
- Patients if conscious can make their own decisions except in cases when they are severely depressed or of 'unsound mind'.
- DNR (Do not resuscitate) vs DNI (Do not Intubate) - no sense in having only one or the other, both go hand in hand.

Q & A

- Can the health care proxy override the MOLST? MOLST should primarily be used for end of life i.e. when you know you are terminally ill. Otherwise it is the health care proxy that is important, so they can make decisions in unanticipated circumstances.
- Discussed details of DNI, DNR other aspects of MOLST such as dialysis, etc.
- How does a Will relate to Health Care Proxy. A Health Care Proxy overrides the Power of Attorney when it comes to end of life decisions.
- Do financial considerations come into play for EOL decisions. For physicians, the financial aspects are separated from medical; it is their job to treat. But a proxy could make a decision by taking these financial aspects into consideration.
- What about euthanasia/assisted suicide. This is hotly debated; Massachusetts has no legal position on it - allowed in Vermont, Oregon, DC under highly controlled circumstances. Religions, ethical considerations. Referred to as 'Physician Assisted Death' because of stigma associated with suicide.
- Remarks that at the end of the day there is a spiritual side to all of this and we need God's grace every day to deal with such issues when the time comes.

Ended with prayer and vote of thanks.