

DECISIONS, DECISIONS – MAKING MEDICAL DECISIONS IN COMPLICATED SITUATIONS

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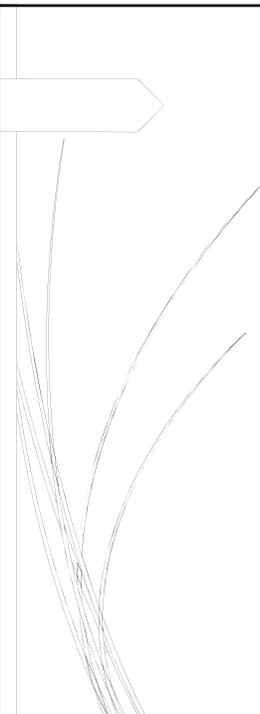
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OBJECTIVES

- Participants will understand what collaborative care planning looks like and the benefits it brings to clients.
- Participants will understand the respective roles of members of the care team.
- Participants will be able to identify when collaborative care planning can be helpful and how to select appropriate professionals.
- Participants will have a model for the decision making process.

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SOME THOUGHTS ABOUT DECISION- MAKING - bibliography at end of slides

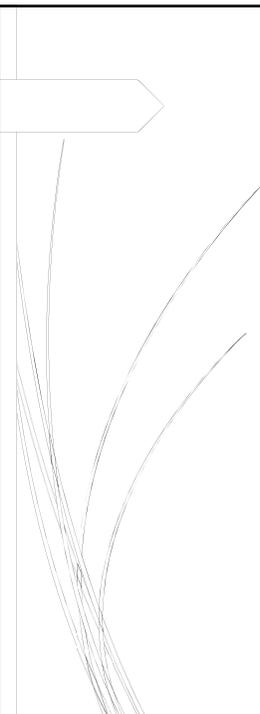
- From Canadian Virtual Hospice Article -

Making decisions for someone else comes with a tremendous sense of responsibility. The stakes feel very high for every choice that arises. Whose goals are they? Are they achievable, not achievable, or uncertain? What is the alternative plan? It's about making the decision-making process more manageable.

- From the website of Universal Class -

The steps of making the decision can cause the most stress. Take time to reflect on the choice over a few days (if possible).

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SOME THOUGHTS ON DECISION- MAKING continued

- From The Conversation Project blog -

What does the data say?

Asking physicians to talk about the evidence is a way to force them to think about what is going on behind their own medical decisions.

Focus on personal values, not lab values.

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WE UNDERSTAND

It is a big country
and
guardianship
laws vary by
state and
by county.



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KEEP IN MIND

- We recognize that **states use different terminology.**
- We will use the term "Guardian" to refer to an **individual or agency granted authority by the appropriate court** to make personal/medical decisions on behalf of an incapacitated person.
- We are using the term "**Client**" to refer to the incapacitated person/individual being served as the terms vary from state to state.
- We are discussing the **process for coming to a decision** about a recommended procedure. We will not be discussing the required legal process for obtaining consent to move forward with a medical procedure.

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PROFESSIONAL GUARDIANS & THEIR CLIENTS

- Clients are usually strangers to the guardian.
- Clients often unbefriended or solo in the world but may have some tangential relationships.
- Clients may or may not have funds for support services.
- Clients may or may not have long term relationships with medical services.
- Client may not be able to communicate wishes in clear and consistent manner.
- Client presents with a medical issue – either during the guardianship relationship OR one is asked to become guardian in order to approve a medical procedure.

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A TEAM APPROACH TO DECISION-MAKING

- Because of the nature of the decisions to be made, it is difficult for one person to make them alone.
- Build a team (even an ad-hoc one)
- Potential members of a team –
 - Physician
 - Nurse
 - Social worker
 - Medical ethicist or the Ethics Committee of a local hospital
 - Aging Life Care Professional

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Who are Aging Life Care Professionals™?



Credentialed, experienced professionals skilled in providing personalized decision-making and support with a long view perspective for elders and persons with disability



Aging Life Care Professionals are the best at what they do, adhering to a strict Code of Ethics & Standards of Practice which is continually reviewed



Knowledgeable in the following 8 core areas of expertise needed to help older adults or persons with disabilities and their families to live well

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8 Core Knowledge Areas

ALCA
8
knowledge
areas



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A MODEL FOR DECISION MAKING

First

Substituted judgment - what would the client be likely to decide if competent to decide

And then -

Best interests – what would most “reasonable people” decide if in the same situations

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NEXT STEPS

- Is the treatment allowable under applicable federal, state or local statutes?
- Guardian and team collaborate on the decision-making process.
- Does the guardian have the authority to give consent for a particular treatment or is a court ruling required to give consent?

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CONSULTING YOUR CODE OF ETHICS

- National Guardianship Association Ethical Principles
<https://www.guardianship.org/wp-content/uploads/2017/07/Ethical-Principles-2017.pdf>
- Aging Life Care Association Standards of Practice and Code of Ethics
<https://tinyurl.com/y2lqjw8d>

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QUESTIONS TO ASK THE MEDICAL TEAM

- What is the current problem?
- What has been done to date with regard to the problem?
- What is the proposed treatment for which consent is requested?
- What are the pros and cons of the procedure? What are the alternatives?
- Who will perform the procedure? Will it be done by the attending physician or a student?
- What are the risks to this individual based on the current medical status? Do the benefits outweigh any risks?

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QUESTIONS TO ASK ANYONE WHO KNOWS THE CLIENT

- Are you aware of and do you know the location of any advanced directive written by the client?
- Have you ever discussed with the client their wishes concerning medical treatment in the event of incapacity?
- If not, do you have any idea how the client might feel about certain medical interventions; e.g. the client's reaction to medical crisis faced by other family members or friends?
- Do we know the client's expressed religious preferences, beliefs and practices?

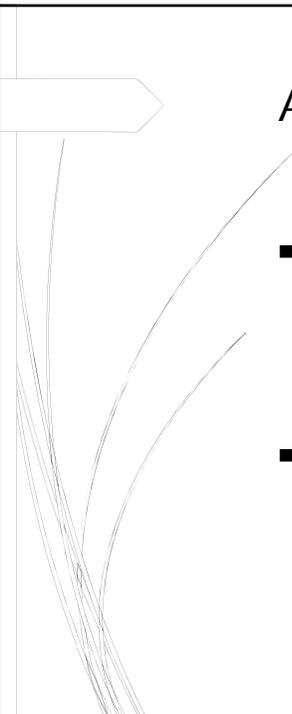
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AND THEN...

- Efforts to ascertain the client's understanding of the situation.
- Interviewing the client – even clients who appear to be quite incapacitated may answer in surprising ways or give some indication of wishes.
- Can the client verbalize any risks or benefits?
- Review client medical record – by someone who can read and ask appropriate questions.
- Explore what aftercare will be required and how likely is the client to be able to participate in rehabilitation.

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AND THEN...

- Interview current caregivers (in-home staff, assisted living, nursing home staff) who usually have a good sense of the client and may also have strong feelings about the care they would like the client to have (or not have).
- For example, not all caregivers or facilities are equally good at end of life care.

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AND THEN ...

Team review:

Presentation of medical facts

Presentation of social history & current/prior functioning

Debate on the following –

Is the treatment right for THIS client?

Will it allow the client to continue current lifestyle or

What is important to that client?

What does the team believe the client would want?

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BIO-ETHICS CONSIDERATIONS

Treatment should enable clients to achieve their goals within their own limitations. Proposed treatment should not place undue burdens on clients. The guardian must consider how to best fulfill the obligation to care.

Medical decision making must incorporate respect for client dignity and rights of self-determination, the principles of do no harm and justice.



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The experts in aging well.

Vision

A world where adults and their families live well as they face the challenges of aging.

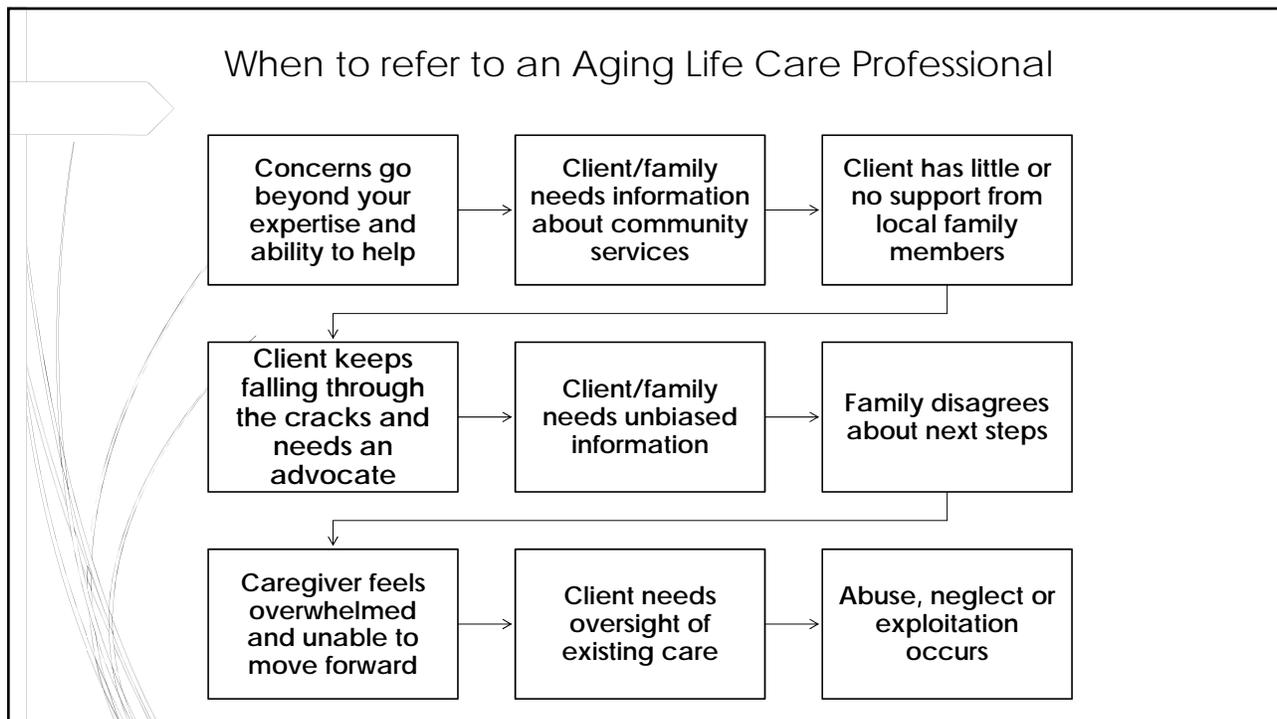
Mission

Leading the community of Aging Life Care Professionals™ through education, professional development, and the highest ethical standards.

Role

We develop expertise; enhance the success of members; share a unique knowledge base; and promote the interests of the Aging Life Care™ profession.

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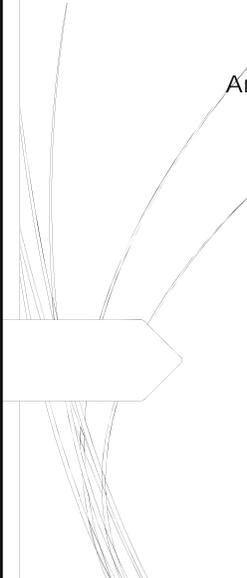


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