

Glossary of Terms for Advance Care Planning

This glossary is intended for all professionals involved with the work of Advance Care Planning. This includes clinicians, organizational staff, trainers and facilitators along with the health care teams they serve.

Advance care planning: A person-centered, ongoing process of communication that facilitates individual understanding, reflection and discussion of their goals, values and preferences for future healthcare decisions.

Advance Directive Documents: These documents pertain to treatment preferences and/or the designation of a Patient Advocate in the event that a person should become unable to make medical decisions on their own behalf. Advance directives generally include the designation of an advocate(s) and the person's preferences for medical treatments. There are two types of Advance Directives, however only one is recognized legally in Michigan. They may be referred to in the following ways:

- *Living Will:* (NOT recognized as a legal document in the state of Michigan) This written document serves as a guide to desired medical treatment but does NOT designate a patient advocate. A living will can be very specific or very general.
- *Durable Power of Attorney for Health Care (DPOA-HC):* This is a legal document in which an individual designates a patient advocate to make health care decisions if he or she is rendered incapable of making their wishes known. The patient advocate has, in essence, the same rights to request or refuse treatment that the individual would have if capable of making and communicating decisions.

PLEASE NOTE: At times, an individual may combine both financial and medical directives in one document. Therefore, it is important to review other documents titled Power of Attorney for detail on medical information. Documents addressing only financial directives are generally referred to as:

General Durable Power of Attorney (DPOA): This is a legal document in which individuals designate powers to others for financial purposes in the case of incapacitating medical condition. The durable power of attorney allows an individual to make bank transactions, sign Social Security checks, apply for disability, or simply write checks to pay the utility bills while an individual is medically incapacitated. This person would NOT have healthcare decision making authority. Document may also be titled:

- General Power of Attorney
- Durable Power of Attorney for Finance

Health Care Decision Making:

Capacity: Clinical term referring to the ability to exercise decision making autonomy that reflects personal preferences, values, and judgments. This is decision specific and can fluctuate at any given moment and should be reassessed as patient status or complexity of decisions change.

- Determination of incapacity requires two clinicians: two physicians (or a physician and a psychologist) to confirm lack of capacity to make medical

decisions. Opinion **MUST** be documented in chart: the nature of why there is a lack of capacity and who the DPOA-HC or surrogate decision maker is, if one has been identified.

PLEASE NOTE: Clinical Capacity determination generally involves assessment of three key abilities:

- Ability to understand relevant information about his or her condition and the probable outcomes of the disease and of various potential interventions and its meaning in terms of the disease process; proposed therapy and alternative therapies. Advantages, adverse effects and complications of each therapy; and possible course of the disease without intervention.
- Ability to make an informed decision using the information, based on his or her beliefs and values and understanding of the consequences of the decision.
- Ability to communicate a decision.

Incompetent: A legal term, declared **only by a judge**, that a person lacks the cognition and judgment necessary to weigh risks and benefits for medical decision making. If the judge rules a person to be incompetent, a guardian is assigned. If a person has designated a DPOA-HC prior to being declared incompetent, the designated health care advocate will remain in the position to have medical decision-making authority, even if a guardian is assigned.

Health Care Decision Makers:

Guardian: A person appointed by the court as decision maker over another person. The guardian's powers and responsibilities granted may be limited or plenary; financial or medical. The Letters of Guardianship awarded by the court must be read in order to know the breadth of the medical decision-making powers granted by the court. A person who identifies themselves as a guardian **MUST** provide the *Letters of Guardianship* in order to have any decision-making authority.

PLEASE NOTE: A developmentally disabled patient with a court appointed guardian cannot have an order placed for code status other than full code without a court order specifically addressing the right to withhold life-sustaining treatment, or authorize a code status which limits full resuscitation.

Patient Advocate: Someone designated by an individual to make medical treatment decisions for them if they cannot make decisions for themselves.

Alternate Decision Maker: Someone who speaks on behalf of another person who lacks capacity and does not have an appointed guardian or does not have a designated patient advocate by way of DPOA-HC. The state of Michigan is silent on the hierarchy of decisional authority and therefore looks at substituted judgment standards or best interest standards. The goal is to come to decisional consensus by alternate decision-makers.

Common Alternate Decision Maker

- The spouse;
- An adult son or adult daughter;

- A parent;
- An adult brother or adult sister;
- Adult Aunt/Uncle
- A grandparent; or
- A person who (a) resides with the patient, or (b) has a significant personal relationship with the patient, or (c) is qualified to communicate the intent or represent the best interests of an incapacitated patient with respect to medical care decisions.

PLEASE NOTE: Many non-acute healthcare facilities' policies require the appointment of a Guardian by the Probate Court if a Patient Advocate has not been named.

Medical Terminology Definitions:

Comfort Care: Care and treatment for the relief of pain and symptoms in order to maximize comfort and to promote a peaceful environment without the use of intubation, artificial nutrition/hydration and re-hospitalization (unless indicated for comfort). Treatment includes medication, oxygen, positioning, mouth and skin care, and other strategies that promote relaxation.

Do Not Resuscitate or Do Not Attempt Resuscitation (DNR/DNAR): Order designating that in the event of a cardiac or respiratory ARREST, resuscitation will not be attempted. All other aggressive treatment desired will be provided as appropriate.

Futile care or Non-beneficial care: Medical intervention that does not lead to improvement in the patient's prognosis, comfort, well-being, or general state of health. A term used to describe medical treatment that does not offer a reasonable hope of benefit or has risks or burdens that exceed any possible benefit.

Life-sustaining treatment: All advance medical treatments can be considered life-sustaining treatment. When a person reaches a point when certain treatment options become permanent to stay alive, those medical treatments are then referred to as "life-sustaining" treatments. Examples of life sustaining treatment options include involve enteric feeding (by a tube), total parenteral intravenous feeding nutrition, mechanical ventilation, internal cardiac defibrillator, heart/lung machine, or dialysis.

Out of Hospital DNR: An actionable State of Michigan out of hospital provider order that directs care for emergency personal. May be used as a guide for in hospital treatment plans.

MI-POST - Michigan Physician Orders for Scope of Treatment: An actionable out of hospital provider order that directs care for emergency personal and throughout the healthcare system. This order also encompasses further scopes of treatment preferences such advance medical interventions, limited interventions such as mechanical ventilation, hospital transfer and ICU care and artificial nutrition. Advisory only within the acute care setting.

Medical Treatment Options Definitions: See [Appendix A](#)

Appendix A

Medical Treatment Options Definitions

Artificial nutrition and hydration: Clinically assisted nutrition includes nasogastric feeding and percutaneous endoscopic gastrostomy (PEG) or radiologically inserted gastrostomy (RIG) feeding tubes through the abdominal wall. PEG, RIG and nasogastric tube feeding also provide fluids necessary to keep patients hydrated. Clinically assisted hydration includes intravenous or subcutaneous infusion of fluids (use of a 'drip'), and nasogastric tube feeding or administration of fluid. The term 'clinically assisted nutrition and hydration' does not refer to help given to patients to eat or drink, for example spoon feeding.

Cardiopulmonary resuscitation (CPR): An emergency procedure that involves breathing for the patient and applying external chest compression to make the heart pump. It can include: breathing into a patient's mouth and pressing on their chest, electrical shock and drugs to try to start their heart, and/or a tube to help them breathe. Studies have shown that people living with cancer, COPD, heart disease, multiple chronic illnesses, and other serious illnesses have poor outcomes after CPR. CPR works best if a person is healthy with no illness and is given within a few minutes of the heart or lungs ceasing to work. "Success" rate for the chronically ill, older or weak is approximately 17% in a hospital setting and less than 3% in those living in a nursing home.

Defibrillation: An attempt to return a person's heart back to a normal rhythm by using electric shocks to a person's chest.

Intubation/Ventilation: The process of attempting to place a tube into the airway to breathe for a person who is unable to breathe adequately. The tube is hooked to a ventilator or a bag that pushes air and oxygen into the lungs to simulate breathing. Ventilators will not return the ability to breathe to a patient who can no longer breathe on their own.

DNI: Do Not Intubate

Chest Compressions: The process of attempting to circulate blood throughout a person's body by pushing forcefully and quickly on a person's chest to manually simulate the pumping of the heart.

Palliative care: The holistic care of patients with advanced, progressive, or incurable illness. Care is focused on improving the quality of life with or without curative treatments. Attention is directed to the provision of psychological, social, and spiritual support to patients and their families. Palliative care is not dependent on diagnosis or prognosis, and can be provided at any stage of a patient's illness. The objective is to support patients to live as well as possible until their death, and to die with dignity.

Hospice: The word "hospice" is used to describe both an institution providing care for people who are dying, and an interdisciplinary model of care that focuses on relieving symptoms and supporting patients and their families at the end-of-life. Hospice care, generally offered to those with a life expectancy of 6 months or less, includes setting aside active and/or life prolonging treatment in favor of pain management and comfort care, with a focus on ensuring the best quality of life possible until death. Hospice includes

Palliative Care for the incurably ill given in such institutions as hospitals or nursing homes, but can also be given in homes. It includes support for all those affected by the patient's illness: patients, family, and friends.

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