

Evan

Presenting situation

Evan is a 84-year old widower. He is transferred to ED by ambulance after his daughter, Sally, finds him unresponsive at home in bed, he is breathing. The treating clinician tells Sally that he has had a cardiac event and that he is seriously ill; with treatment he may recover, although this is uncertain. They ask Sally (who is appointed EPA) what approach Evan would want them to take with his treatment. Sally remembers her dad has completed an advance care plan and hands it to the team. She says she was not part of the conversation when he documented the advance care plan, and they have not discussed it.

Extracts from Evan's advance care plan (signed by Evan and his GP):

Section 2 What matters to me – *left blank*. What worries me – *nothing worries me*

Section 3 This is why I am making an advance care plan - *I am making this plan because I am already very old and cannot last forever. Resuscitation should not be prolonged if brain damage is likely.*

Section 5 As I am dying: My quality of life means – *left blank*.

In addition, I would like you to: *let the people who are important to me be with me and stop medications and treatments that don't add to my comfort. The place I die is not important to me. I don't mind where I am cared for.*

Section 6 Treatment and care choices

6 My treatment and care choices

This section is best completed with help from a doctor, nurse or specialist.

There are medical procedures that keep you alive or delay death. These may include resuscitation (CPR), life support, getting food and drink through a tube, and kidney dialysis.

Sometimes treatments can be both helpful and harmful. They may keep you alive, but not conscious, or make you a bit better for a short time, but cause you pain.

You need to decide if this is what you want. Your healthcare team will only offer treatments that you will benefit from, this includes the offer of CPR.

Think about what is important to you. For example, quality of life (how good your life is) or quantity of life (how long your life is).

Are there circumstances in which you would want to stop being kept alive and be made comfortable so you can have a natural death?

If I am seriously ill and I am unable to make decisions for myself, the following best describes the care I would like to receive. I understand this does not require the healthcare team to provide treatments which will not be of benefit to me.

Seriously ill to me means:

Choose only ONE of these five options.

I would like my treatment to be aimed at keeping me alive as long as possible. I wish to receive all treatments that the healthcare team think are appropriate to my situation.

The exceptions to this would be:

If required and appropriate I would want CPR to be attempted:

YES NO I will let my doctor decide at the time.

I would like my treatment to focus on quality of life. If my health deteriorated I would like to be assessed and given any tests and treatments that may help me to recover and regain my quality of life, but I DO NOT WANT TO BE RESUSCITATED. For me, quality of life is:

I would like to receive only those treatments which look after my comfort and dignity rather than treatments which try to prolong my life. I DO NOT WANT TO BE RESUSCITATED.

I cannot decide at this point. I would like the healthcare team caring for me to make decisions on my behalf at the time, taking into account what matters to me and in close consultation with the people I have listed in Section 4.

None of these represent my wishes. What I want is recorded in my Advance Directive on page 11.

I choose Option Number: 3

Section 6: My Advance Directive

In the following circumstances:	I would like my care to focus on:	I would accept the following treatments:	I would wish to refuse or stop the following treatments:
<i>Cardiac arrest</i>	<i>Active resuscitation if full recovery likely</i>	<i>CPR</i>	<i>Resuscitation if brain damage is likely</i>
<i>Stroke or brain injury</i>			<i>Not for active resuscitation</i>



Section 7 After my death – *If my organs and or tissues could be made available or donated I would with this to happen, glad to give anything useful. I would like to be cremated. For my funeral or tangi I would like simple and short Christian ceremony. I don't mind what my last resting place is, my daughter can decide*

Issues for discussion

1. Do you think Evan would want life-prolonging measures to be attempted? Why? Why not?
2. Does the information in sections 1-5 help with understanding Evan's wishes? If yes, in what way?
3. What aspects of the current plan would you want to clarify and potentially re-write with Evan if you had the opportunity before he became unwell?