Finishing Well – Navigating the Medical Field

Be Prepared:

- Have a list of all current medications to include drug, dosage and frequency
- List of contacts if necessary
- Have a current Advance Directives (Included in handout)
- Be ready to articulate accurate information about present complaints, past illnesses, hospitalizations, medical matters relating to one's health
- Assertively ask questions when unclear about your healthcare or expectations of you in regard to treatment
- Set pride aside and assume the responsibility for following the treatment plan
- Know the patient's rights (Included in handout)
- Communication is key – listen closely or have someone with you to listen
- Do not self-diagnose based on Google

Finishing Well – Navigating the Medical Field

Communicating with Healthcare Professionals

Outpatient:

1. Make certain your physician is board certified in the relevant medical specialty.
2. If the doctor is good but staff is underperforming – you may want to find a new doctor.
3. Always try to establish a good rapport with the clinician.
4. With permission, consider audio recording your visit to the office.
5. Be descriptive and precise with you problems and anticipate follow-up questions.
6. For new medications, try to find projected cost before obtaining the prescription.
7. If you work daily, start the new drug over the weekend when you are off.
8. If you have a complex medical issue, consider getting a second opinion.
9. When you see multiple specialist, make sure your records are sent to primary physician.

Finishing Well – Navigating the Medical Field

Communicating with Healthcare Professionals

Emergency:

1.If you have not done so, make sure you have completed advance directive.

2. Be patient, unless it is truly an emergent, expect to burn half a day in a busy ER for urgent matters.

3. Understand the Emergency physician's main job is triage-treat and release versus admission versus transfer.

Finishing Well – Navigating the Medical Field

Communicating with Healthcare Professionals

Inpatient:

1.Be patient but assertive – welcome to the bureaucracy know as hospital medicine. The physicians who do inpatient medicine are called **hospitalists. Hospitalist will see you once per day unless it is an emergency. You will not see your regular physician.**

2. Your most frequent interactions will be with nursing.

3. You will see the doctors when they round, which is once daily.

4. If something is confusing or doesn't make sense, speak up.

5. When it comes to deciding on a plan or course of action, make sure the treating team lays out the proposed plan and the alternatives.

Finishing Well – Navigating the Medical Field

Communicating with Healthcare Professionals

Interventions:

1.Invasive procedures, no matter how routine, can lead to serious injury or death.

2. Communicate in advance your wishes by way of Advance Directives:

Part One: Health Care Agent – Someone to make health care decisions for you

Part Two: Treatment Preferences

Part Three: Guardianship - This part allows you to nominate a person to be your guardian should one ever be needed.

Part Four: Effectiveness and Signatures

Finishing Well – Navigating the Medical Field

Communicating with Healthcare Professionals

Questions and Answers

Finishing Well – Navigating the Medical Field

End of Life Discussions: Dr. Winston Ugbajah

Overview

- **End of life discussions are usually a difficult one for Physicians**
- **Now mandated by insurance companies to be discussed and documented**
- **End of life discussion should start in out-patient setting**
- **Code status**

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End of Life Discussions: Dr. Winston Ugbajah

Full Code Status

- **Full Code: Full and complete cardiopulmonary resuscitation efforts will be performed in the setting of cardiac/pulmonary arrest**
- **ACLS (Advanced Cardiovascular life support)**
  - **CPR (Cardio Pulmonary Resuscitation)**
  - **Connect to monitor/defibrillator and determine rhythm**
  - **Shockable (VF/VT) vs non shockable (Asystole/PEA) rhythms**
  - **Epinephrine or vasopressin/Amiodarone/atropine**
  - **Post resuscitation care**

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End of Life Discussions: Dr. Winston Ugbajah

DNAR

- **Withhold those measures used to attempt to restore or support cardiac or pulmonary function in the event of a cardiac or respiratory arrest.**
- **The order ONLY applies in the setting of Cardiac or Respiratory Arrest.**
- **Patient can still be intubated in the setting of Respiratory Distress**

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End of Life Discussions: Dr. Winston Ugbajah

DNAR/DNI

- **Withhold those measures used to attempt to restore or support Cardiac or Pulmonary function in the event of a Cardiac or Respiratory Arrest**
- **Also, forgo intubation in circumstances other than Cardiac or Respiratory arrest such as during instances of moderate to severe Respiratory distress**

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End of Life Discussions: Dr. Winston Ugbajah

<u>Legal Hiearchy for Decision Makers for Code Discussion</u>

1. Patient/Self
2. Healthcare agent per Advance Directive
3. Spouse
4. Court appointed guardian
5. Adult Child(ren)
6. Parent(s)
7. Adult Sibling(s)
8. Ethics Recommendation

Without one of the authorized decision makers listed, code status cannot be changed to DNAR or DNI/DNAR

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End of Life Discussions: Dr. Winston Ugbajah

Conclusion

- **Discuss your wishes with family members.**
- **Make your wishes known to your Primary care physician**
- **Include your wishes in your living will and make updates as needed.**

Finishing Well – Navigating the Medical Field

Hospice – The Caring Alternative for Last Days

The **primary goals of hospice care** are to: Relieve the physical, mental, emotional and spiritual suffering of our patients and those who **care** for them. Promote the dignity and independence of our patients to the greatest extent possible.

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Hospice Care – Key Facts

- The primary goals of hospice care are to: Relieve the physical, mental, emotional and spiritual suffering of our patients and those who care for them. Promote the dignity and independence of our patients to the greatest extent possible.
- Hospice is for people who have a limited life expectancy.
- Hospice care can begin when a doctor decides the patient's life expectancy is six months or less if the illness follows its usual path. The doctor can recertify the patient for longer periods if your loved one lives beyond six months.

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Hospice Care – Key Facts

- The hospice team includes medical professionals ranging from doctors to registered nurses, hospice aides, dieticians, and physical therapists. A medical diagnosis is always required before starting hospice care and a patient's own doctor can attend them while they are under hospice care.
- Hospice doesn't include the placement of feeding tubes, or any other steps taken to prolong life at this stage of care. However, patients who already have a feeding tube in place may benefit from hospice services. ... Sometimes, very close to the end of life, patients may choose to have feeding tubes removed
- Hospices Must Provide Medications for Related Conditions This means that the hospice must supply medications to relieve the symptoms related to the terminal illness. However, the hospice does not have to pay for medications which are unrelated to the terminal illness. A hospice will not pay for such medications.

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Hospice Care – Key Facts

Common Hospice Medications

- Acetaminophen. According to a study published by the National Institutes of Health (NIH), acetaminophen is the most commonly prescribed hospice medication. ...
- Anticholinergics. ...
- Antidepressant medications. ...
- Anxiolytics. ...
- Atropine Drops. ...
- Fentanyl. ...
- Haldol (also Known as Haloperidol). ...
- Lorazepam (Ativan).

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Hospice Care – Key Facts

- Hospice is not about giving up; it's about living in comfort and dignity for the time one has left. Hospice does not make death come sooner. ... There are no studies that indicate that hospice can hasten death, but there have been studies showing that some patients live longer when receiving hospice services.
- There is no homebound rule for hospice patients. They are encouraged to travel outside the home as much as they are able. If you have an emergency unrelated to the hospice terminal diagnosis, you will have regular medical benefits for hospitalizations.
- For the first benefit period after election of the Medicare hospice benefit, the certification must be signed and dated by the:
  - Medical director of the hospice or the physician member of the hospice interdisciplinary group (IDG); and.
  - The beneficiary's attending physician (if they have one).

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Hospice Care – Key Facts

- In addition to pain and symptom management, hospice care benefits include a variety of support services for patients and their families: education, emotional and spiritual support, help with financial issues, help with the patient's personal care and hygiene, and respite care to give a family caregiver

Restated: The primary goals of hospice care are to: Relieve the physical, mental, emotional and spiritual suffering of our patients and those who care for them. Promote the dignity and independence of our patients to the greatest extent possible.

Finishing Well

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