DYING IN AMERICA: ETHICAL DILEMMAS OF CAREGIVERS AND DOCTORS DURING END OF LIFE CARE

Karen Nichols, DO - Otto Shill, III, Esq.
Who we are.....

◦ **Otto Shill, III, Esq.**
◦ Certified Tax Specialist
◦ Son of an MD, Father of a DO

◦ **Karen Nichols, DO, MA, MACOI, CS-F**
◦ ACOI President, 2000-2001
◦ AOA President, 2010-2011
◦ Vice-Chair, Accreditation Council of Graduate Medical Education Board of Directors
◦ Friend of the Family, NOT the Physician in this Case
Why we are telling this tale…

“The goal of palliative care is to provide relief from symptoms and stress of a serious illness – whatever the diagnosis.” Raymond Yung, M.D., University of Michigan Medical School

40 Million Family Caregivers give  
37 Billion Hours of care worth  
$470 Billion in value  
[AARP 2013 Statistics]

◦ An ordinary family managing extraordinary issues  
◦ A unique story with universally applicable lessons  
◦ There are no clear answers.  
◦ We are not giving medical or legal advice!
Meet Otto and Betty
Questions for Reflection

1. How do you define goals of care? What role does a patient’s family play in defining those goals?
2. Does medical care ever become futile?
3. We can do anything, but we should not do everything. How should care change in the fact of declining prognosis?
4. How does your treatment change when the goals of care shift from curative to palliative care?
5. What impact do your decisions regarding change in care have on the patient’s family?
6. How do insurance or Medicare rules and procedures limit your decisions concerning care?
7. Do advanced directives make your decisions simpler or harder? How?
8. How do you deal with mistakes? What do you say to a patient and his or her family?
1 – Patient Autonomy

◦ Location of Care: Home or Facility
◦ Accessing Medical Care
◦ Problems of Patient Socialization and Sense of Purpose
◦ Issues of Mobility
◦ Impact of Dementia
◦ Patient Choice to Continue or Refuse Care
2 – Continued Role of the Doctor

◦ In the Hospital
◦ The Role of the Office Visit
◦ In Home Medical Assistance
  ◦ Telephone Assistance
  ◦ The Requirement of Office Visits
  ◦ Implications of More Serious Illness
  ◦ The Orientation of Hospice
3 – Legal Issues and Family Disagreements

◦ Advance Directives and Living Wills
◦ How do they protect you?
◦ Do you always follow them?
◦ Do the families always follow them?
◦ How do the directives become ambiguous as illness increases?
◦ How do you manage the ambiguity?
◦ How do you advise a patient’s family?
4 – Inevitability and Ambiguity of Death

◦ How many of you have treated a patient to the end of life?
◦ What was your experience with the patient’s death?
◦ Did the patient approach death multiple times?
◦ How did you and the family decide which time was the last time?
◦ How did you decide that death was inevitable?
◦ How did the patient’s family perceive the inevitability of the patient’s death?
◦ How did you prepare the patient’s family for making the decision to discontinue treatment?
◦ Who managed the discontinuation of treatment? Did the family participate?
5 – Medical Futility

◦ What is the difference between treating for health and treating for comfort?
◦ How long can treating for comfort continue?
◦ What impact does insurance / Medicare have on treatment?
◦ What indicates to you that no further treatment should be administered?
◦ When is no treatment warranted?
“…the rest of the story.”
Questions