Regional Palliative Care Services

May 2016 ~ Issue 35

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Contacts:

Northeast Nurse Consultant
250-795-6134

Northwest Nurse Consultant
250-631-4191

Northern Interior Nurse Consultant
250-565-7318

Advance Care Planning

By Jennifer Ferguson, Nurse Consultant

We have all heard the saying "there are few guarantees in life, death is one of them". On some level, I think we all understand that one day we will die. We often push these thoughts to the back of our minds and choose to live in the present and near future. We believe that death will not cross our doorstep for many years to come.

The truth is that despite how smart we may be and in spite of all of the technological advances that we have at our disposal, none of us are able to predict the day of our passing with any great precision. A question I've had to ask myself is: what happens if I suffer a serious injury tomorrow and am unable to speak for myself? Does my family know exactly what I would want in terms of health care if they were called upon to make decisions on my behalf? Ask yourself this same question. If your answer is "I'm not sure" or "I think so", consider spending some time thinking about and completing your Advance Care Planning. We all should be engaging in the advance care planning process. It is even more imperative for those who have been diagnosed with life limiting and progressive illnesses such as cancer, organ failures, dementias and neuromuscular disorders to be thinking about and having

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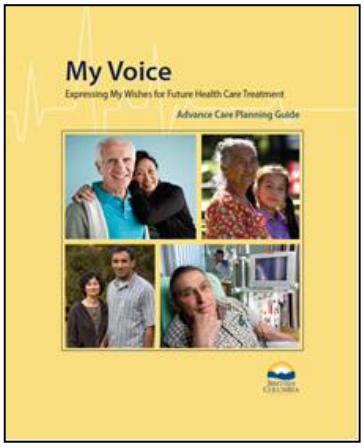
these conversations with their loved ones.
The Speak Up Campaign (2016) states that Advance Care Planning is the process of reflection of your own individual beliefs and wishes regarding your health care and communication of these beliefs and values to others who may be called upon to speak on your behalf.

This campaign has outlined 5 steps of Advance Care Planning;

- **Think** about your values, wishes and beliefs. What is your understanding of your situation and the specific medical procedures/treatments that may be offered to you?
- **Learn** about different medical procedures/treatments that may be offered to you and know what they can and cannot do.
- **Decide** who will be your substitute decision maker and who will speak for you if you are not able to speak for yourself.
- **Talk** about your wishes with your substitute decision maker, loved ones and your physician.
- **Record** your wishes.

Some of the most difficult decisions that families make have to do with life prolonging medical interventions. These interventions may include a ventilator to help with breathing, tube feeding, dialysis, chemotherapy and cardiopulmonary resuscitation. Often times we will hear families say "he would want everything to be done" or "she wouldn't want to be hooked up to tubes". What exactly do these statements mean in the context of advancing illness? Would their loved one want to be resuscitated if it meant they would never be able to leave the hospital or return to their previous level of function? Or if their loved one was not able to recognize or communicate with their family – would this change their decision? Being hooked up to tubes could mean a loved one would not want to be ventilated but may want a trial of IV antibiotics to treat pneumonia. If the advance care plan is specific and clear, it may make it easier for the decision makers to make the decisions that they feel their loved one would have made if they were able to speak for themselves (My Voice, 2012). Family members may also feel relieved that some difficult decisions do not need to be made by them because they are aware they are following the wishes of their loved one. It may also help to reduce some of the conflict amongst family members if it is clear what the person who can't speak would want. Even if a person decides against certain life-sustaining treatments, they will be provided appropriate medical care within the guidelines they have established and will not be abandoned by the health care team. Health care providers will continue to provide treatments to ensure that the person is in good symptom control.
In British Columbia, an Advance Care Planning guide called My Voice is available to help residents of BC start the conversations about their wishes and beliefs and also contains forms and a place to document their wishes. A copy of My Voice is available for download online and most physician offices also have copies.
End of life discussions with our loved ones can be challenging for us to start, but it is one of the most important conversations that we can have. By having these discussions we can help to ensure that we are preparing our loved ones to speak on our behalf according to our wishes and potentially reduce some of the emotional stress of making these decisions for us. Please think about starting your conversation soon.



Contest

What do you know about Advanced Care Planning?

Test your knowledge by answering the quiz below for a chance to win.

CONTEST & PRIZES

All submissions will be entered in a chance to win a prize, and all submissions who correctly answered all questions will have an additional chance to win a prize. Only one entry per person. Contest winner will be notified using the contact information provided in your entry.
Email this page with answers, include your name and contact information to Sandra.Schmaltz@northernhealth.ca or fax to 250-565-5596.

DEADLINE Contest closes June 3, 2016

1. The best way to start talking to others regarding your end of life wishes is:
   - A. 25
   - B. 65
   - C. 80
   - D. All of the above
2. What are the steps of Advance Care Planning (ACP) as identified by the 'Speak Up' campaign?
   - A. Talk, listen, plan, record
   - B. Think, learn, decide, talk, record
   - C. Think, listen, decide, record, keep in a secure location
   - D. Talk, learn, decide, record
3. What is the name of the guide that is available to BC residents to assist with ACP?

   _____
4. Can someone develop an ACP on behalf of an incapable adult?
   - A. Yes
   - B. No
5. An ACP can contain information regarding wishes for:
   - A. Cardio-pulmonary resuscitation
   - B. Intubation
   - C. Enteral (tube) feeding
   - D. Dialysis
   - E. All of the above
6. Have you done your own ACP
   - A. Yes
   - B. No

Please print clearly

Name: _____

Address: _____

Contact (Email / Tel): _____

_____

Fax to Sandra Schmaltz @ 250-565-5596

Or email Sandra.Schmaltz@northernhealth.ca

Palliative Care Education Sessions

Webinar/Teleconference

Every Thursday from 2:00 p.m. to 3:00 p.m. (PST)

A team of experts in palliative care will be presenting a series of interdisciplinary webinars on palliative care. All health professionals from all care settings are invited to attend. A specific subject will be taught each month and sessions will be repeated each Thursday of that month to allow more people to participate. Webinars are recorded and provided on OurNH and the NorthernHealth.ca at the end of each month.

Month	Dates	Topic
May	25, 26	End of Life Nutrition and Fluids
June	2, 9, 16, 23, 30	Top 5 Drugs in Palliative Care
July	7, 14, 21, 28	Dementia in Palliative Care
Aug	4, 11, 18, 25	Methadone

Topics subject to change

If you are interested in having your name added to our distribution list, please contact Sandra.Schmaltz@northernhealth.ca

Methadone Quiz Answers:

1. Methadone was first dsicovered in Germany in the 1930's.
2. Methadone is: a synthetic opioid, is inexpensive compared to other opioids, and has a negative stigma associated with its use.
3. Methadone undergoes a rapid and extensive initial distribution phase, followed by a slow and prolonged elimination phase.
4. A single dose of methadone has a long duration of action. False
5. Methadone has no active metabollites. True
6. Methadone has a predictable, but long half-life. False
7. Methadone is contraindicated for use in patients with: a known allergy to methadone or its preservatives and severe COPD.
8. Methadone has many drug interactions? True
9. Methadone's potential side effects include: dry mouth, sweating, pruritus; sedation that improves with stable dosing; less nausea and constipation than other opioids.
10. Methadone's equianalgesic ratio is quite variable, and the higher the previous opioid dose the more potent methadone will be.