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Health Decisions

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A Message from the Board Chair

by Reverend James Patrick McCoy

As VEN approaches the conclusion of its 2009 fiscal year, we look back over a busy year of transition, building and development. At this time last year, there was little hint of the challenges and the work that would lie ahead – either in society at large or in our smaller venue. On the national political scene, we knew that we would be selecting a new chief executive, but we didn't know how historic and dynamic that change would turn out to be. There were also precious few of us that foresaw the economic crisis that would threaten both individuals' and organizations' abilities to meet their goals for a better future.

This was all true for VEN as well. In June we wrapped up our fiscal year and the Board met for its annual planning retreat. A few weeks later, in early July, our plans went back to the drawing board when John Campbell, our first – and to that time our only – Executive Director announced that he would be resigning to take a new position closer to home. The remainder of the summer was given over to making plans for transition, launching a recruitment campaign, and the hiring of a new Executive Director.

The result for VEN – which came in October, well ahead of the national result – was the hiring of Cindy Bruzzese, formerly the Program Manager of the Madison-Deane Initiative, to provide executive leadership for VEN's next phase. Like the U.S.'s presidential decision that followed a couple of months later, the outcome for VEN was the selection of a young and dynamic new leader brimming with ideas for change and backed up with a mastery of management detail.

Also like our national situation, our new executive found herself having to deal with financial exigencies, stemming in part from the broader environment and

partly from the ever increasing need for organizations to take a close look at priorities and strategies.

In the 24 years since its founding, VEN has built an extensive foundation of relationships and resources to support the integration of Vermonters' values into the health care options available to them. Development of *Taking Steps*, VEN's guide to making decisions about our choices for end-of-life care, was a project that began in its early years, and in revised editions, this work continues to be a basic tool widely used throughout the state (and beyond). The Neighbor to Neighbor project in the mid-90's, the Journey's End project in the late 90's, and the Health Care Values Study Circles in 2001 and 2002 saw VEN engaging Vermonters statewide in dialog about their needs and values in health care. In more recent years, VEN has been a key player in creating and promoting the Advance Directives Registry, an online data bank providing health providers with secure ready access to Vermonters' care choices when that information is most critically needed, and VEN has been active in leading the Rural Ethics Network, a coalition providing support to healthcare ethics committees from smaller hospitals around the state.

Through these and other activities, VEN has been deeply involved in education and resource-development, working to make it possible for Vermonters' health care to more closely respond to the values by which our lives are guided. Though the current fiscal environment presents distinct challenges, we are excited by the opportunities these challenges are revealing, by our new leadership, and by the continued support of individuals and organizations around the state. VEN's mission and record of accomplishment continue to inspire, and we look forward with enthusiasm to the work that lies ahead.

*-J. Patrick McCoy is the Director of Chaplaincy at
Dartmouth Hitchcock Medical Center*

Advance Directives Are Not DNR Orders

by Robert Macauley, MD

In my work at Fletcher Allen, I often hear physicians say that a patient is DNR, or “Do Not Resuscitate.” That can mean one of two things: either the patient has expressed a wish not to receive CPR (either verbally or in a written Advance Directive), or the patient’s physician has completed a DNR order authorizing no CPR. What many patients – and physicians – don’t realize is that there is a huge difference between these two, a difference that has significant implications for patient care.

An Advance Directive (AD) is written by a patient and communicates his or her wishes about specific medical treatments, or who should make decisions if the patient can no longer do so. An AD is an important expression of the patient’s values, but it is not binding on all medical personnel, such as paramedics and first responders. Given the ambiguous nature of many ADs – what is a “reasonable” prospect of recovery, and what are “heroic measures”? – they aren’t very practical in critical situations. That’s why modern medicine functions on the principle that we do everything for everybody, unless a physician authorizes some limitation of treatment.

The way that a physician authorizes that limitation is through a COLST form, which stands for Clinician Orders for Life Sustaining Treatment (and can be found on the VEN website). The COLST form not only addresses CPR, but also intubation, antibiotics, feeding tubes, and hospital transfer. Unlike an AD, the COLST form is specific and unambiguous: either CPR should be performed, or it shouldn’t. It is a powerful tool for ensuring that all medical personnel understand a patient’s wishes and are legally obligated to respect them.

The significance of this confusion is that over-emphasis on AD’s can actually be a disservice to patients. Much has been written and discussed in recent years about Advance Directives, and many patients feel that once they’ve completed one of their own, their advance care planning is done. But if they are sure that they would not want a specific procedure – like CPR – under any circumstances, they need to take one more step: talk to their doctor, and have a COLST form filled out.

One of the challenges of the COLST form is that it is one of the best kept secrets in Vermont. Many physicians – even those involved in end-of-life care – aren’t aware of its existence, and instead rely on the older, more general “DNR Order” forms. So we need to do more education of professionals so that they know how to honor their patients’ wishes. (Hence articles like this.)

In the end, this is the advice I usually give to patients:

- It’s more important to name a health care proxy than to focus on specific treatments, since it’s impossible to predict exactly what situation you’ll find yourself in one day.
- The conversation you have with your proxy is more important than what you write on a piece of paper.
- But if you’re absolutely sure you would never want CPR, intubation, or a feeding tube, talk to your doctor about a COLST form. (And be prepared to explain what it is, if your doctor hasn’t heard of it yet!)

-Robert Macauley is the Medical Director of Clinical Ethics at Fletcher Allen Health Care and a member of the Vermont Ethics Network Board of Directors

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Message from the Executive Director

Past Reflections and A Glimpse into the Future

In spite of these challenging economic times, the Vermont Ethics Network has remained steadfast in our efforts to engage, educate and empower individuals, health care providers and policy-makers about ethical issues, values and choices in health and health care. We have continued to provide educational resources and materials to individuals, communities and care givers about advance care planning, Advance Directives and the Vermont Advance Directive Registry. But as we know, ethical issues in health care go beyond Advance Directives and thus we seek to grow into our larger mission as we look ahead towards the future.

We will expand our support of local hospitals through the work of the Rural Ethics Network, building opportunities for improved access to resources and greater information sharing. To the extent that ethical conflict diminishes the quality of healthcare, we are committed to supporting our hospital ethics committees in their work to resolve the often complex the challenging issues that can arise. We will also remain active in the legislature with regard to policy issues impacting health care decision-making and access to care. And this year, with the passage of Act 25, VEN will be expanding their reach and scope of work to include issues related to palliative care and pain management through the coordination of a statewide Palliative Care and Pain Management Task Force.

With a long history of accomplishments over the past 24 years, our goals moving forward will be to:

- Enhance the recognition, management and prevention of ethical conflicts within rural hospitals, health care facilities and communities;
- Provide education to individuals, care givers, volunteers, policy makers and communities throughout Vermont about ethical issues in health and health care;
- Empower patients, families, and health professionals to join in constructive dialogue and shared decision-making about healthcare values and choices;
- Provide coordination and networking support related to the sharing of information and resources about palliative care and pain management across the state through the Palliative Care and Pain Management Task Force; and
- Engage policy makers and their constituencies in examining ethical issues embedded in the utilization of health care resources and future health care reform efforts.

-by Cindy Bruzzese, MPA

Vermont Ethics Network

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