



Overview of End of Life & the Older Adult

Education for
Health Care Professionals

Part 4: Preparing for the End



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Planning

- EOL may be hard to predict and it is best to plan in advance.
- Common desires that an individual may choose near the EOL are not wanting to die in pain and to preserve their dignity.
- Advance care planning (ACP) is a way to plan for EOL care and it helps ensure that those desires and goals of care are fulfilled.

(CHPCA, 2017; Ho et al., 2013)



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Advance Care Planning (ACP)

- ACP is a process of reflection and communication. It is a time for individuals to reflect on their values and wishes, and to let people know what kind of health and personal care they would want in the future if they were unable to speak for themselves. Elements of ACP include:
 - Clarifying the individual's understanding of their illness
 - Explaining the situation and treatment options
 - Understanding the individual's values, priorities, and goals of care
 - Identifying and documenting the individual's wishes
 - Nominating a substitute decision-maker (SDM) for a time when the individual may not be able to make decisions independently

(RNAO, 2011; CHPCA, 2017)



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Informed Consent



- HCPs are required to support individuals in making decisions by informed consent before providing treatment.
- Informed consent requires the individual to consent voluntarily without outside influences and to have full information about the condition of their illness, purpose of treatment, alternative options to treatment, risks and benefits of receiving or not receiving treatment and to have the capacity to consent.

(Government of Canada, 2017)



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Substitute Decision Maker (SDM)

- The SDM is the person who will speak for an individual who cannot speak for themselves. It may also include writing down wishes and talking with HCP and financial or legal professionals.
- The *Health Care Consent Act* provides a hierarchy that lists the relationships and roles of the the automatic SDM(s) if the individual doesn't have capacity to provide consent for a plan of treatment.
- If an individual is not satisfied with the automatic SDM provided in the list, the individual must prepare a Power of Attorney for Personal Care.

[\(OPCN, 2017\)](#)

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Dementia at the EOL

- For individuals with very severe dementia, decisions are almost always made with the SDM owing to individual incapacity.
- It is the responsibility of the clinician to solicit and understand the individual's previously stated goals and values, and then guide and facilitate medical decisions so that the treatments provided are consistent with these goals and values.
- It is important to acknowledge that decisions to withdraw or withhold life-prolonging therapy might be particularly stressful for family members.
- To minimize the burden of decision making for the SDM, the HCP should be prepared to promote compassionate, evidence-based counseling, and try to reach a consensus so that the decision is shared or agreed upon.

[\(Arcand, 2015\)](#)

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Care of the Family

- An awareness of the needs of family members and caregivers is also a critical part of a holistic assessment of the dying individual.
- Families and caregivers of dying individuals often experience a wide range of feelings and emotions, such as exhaustion, anxiety, depression, sleep disturbance, and stress.
- Despite experiencing negative feelings and emotions, the majority of family caregivers do not access support for themselves.
- Reasons given include a lack of awareness of services, the need to be seen to be coping, anxiety about leaving their family member or partner alone and fear of upsetting their family member or partner.

(RNAO, 2011)



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Optimal EOL

- EOL is a complex topic that requires reflection on what is most important to the individual, family, and caregivers.
- The common themes of optimal EOL care are comfort, communication, and support.
- Comfort is essential for EOL care because it helps maintain symptom control for individuals to be pain-free and to operate at the highest level of function.
- Additionally, communication is an effective way to be open about the details of the illness and prognosis, the individual's final wishes, and ACP.
- Lastly, support provides encouragement of older adults to make decisions about their EOL care and provides autonomy.

(Silva et al., 2015; British Geriatrics Society, 2012)



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Overview Summary

- ✓ In Canada, the aging population is increasing and older adults are living longer with their chronic illnesses.
- ✓ By improving the skills and abilities of HCPs to have discussions about EOL allows the opportunity to deliver comprehensive management, treatment, and comfort for older adults.
- ✓ Paying attention to the individual's faith, spiritual practices, and age-specific, developmental, and cultural needs are important components to EOL care.
- ✓ Medication is an essential element of symptom relief as well, but it important to review and monitor drugs for adverse effects and to use non-pharmacological treatment.
- ✓ Communicating assessment findings and goals of care, such as advance care planning, to individuals and the family provides an open environment for holistic and compassionate care.