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Title: Advanced Directive Terminology
Introduced by: Evelyn Eccles, MD, for the Washtenaw County Delegation
Original Author: Evelyn Eccles, MD
Referred to: Reference Committee E
House Action: **APPROVED**

Whereas, end of life care can be some of the most expensive care with little success according the Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services, and

Whereas, many patients and their families agree to aggressive medical care without fully considering the impact, and

Whereas, conversations regarding options and wishes for end of life care often either do not occur or are inadequate, and

Whereas, the conversations regarding non-beneficial care are often held well down the path of decision-making, and

Whereas, much of the medical jargon can be confusing to patients and their families and that terms such as DNR, DNI, and DNAR can be construed as failure, abandonment, and withdrawal of care - - comfort or otherwise, and

Whereas, the difference in terminology did not affect patients’ initial decisions or show evidence of coercion, there could be reassurance to families if a more neutral term is used; therefore be it

RESOLVED: That MSMS actively encourage the use of the term “allow natural death” and its acronym “AND” over terms that are viewed more negatively when discussing advance care planning and end of life care decisions.

WAYS AND MEANS COMMITTEE FISCAL NOTE: \$5,000.00 or more as this resolution requires MSMS to develop messaging and outreach activities.

Relevant MSMS Policy:

Appropriate End of Life Therapy
MSMS will continue to work at all levels for improved pain management and symptom control.
MSMS will continue education on recognition of depression and its adequate therapy.
MSMS will continue to promote advance directives.
MSMS will continue support for hospice including education about hospice and the use of hospice care. (Res94-97A)

End-of-Life Care Decisions (Pending final approval by the 2019 MSMS HOD)
MSMS supports more rigorous efforts to promote advance care planning to ensure patient preference is known when end-of-life care decisions must be made including the need to address better knowledge, availability, and tracking of advance directives or other advisory documents. (Board Action Report 6 per Res53-13)
Amended 2019 (Board-March2018)

Declaring a Patient Dead/End-of-Life Care Training
MSMS supports implementation of curricula in end-of-life care, hospice, and declaration of patient death in residency training programs where appropriate and the development of continuing medical education programs in end-of-life care and sensitivity/communication training for physicians. (Res34-13)

Relevant AMA Policy:

Palliative Care and End-of-Life Care H-295.875

Our AMA:

1. Reaffirms the Council on Medical Education's support of palliative medicine as a medical subspecialty with certification recognized by the American Board of Medical Specialties, and also encourages the inclusion of palliative medicine in the core curriculum of undergraduate and graduate medical education.
2. Encourages the training of all allied health workers in the use of palliative care techniques and interdisciplinary team care.
3. Will continue its efforts in producing and distributing clinical CME programs on pain management and end-of-life care.
4. Our AMA will work with relevant national medical specialty organizations to petition the American Board of Medical Specialties and relevant specialty boards to support development of innovative fellowship models that would qualify physicians for board certification in the fields of hospice and palliative medicine as well as geriatrics.

Encouraging the Use of Advance Directives and Health Care Powers of Attorney H-140.845

Our AMA will: (1) encourage health care providers to discuss with and educate young adults about the establishment of advance directives and the appointment of health care proxies; (2) encourage nursing homes to discuss with resident patients or their health care surrogates/decision maker as appropriate, a care plan including advance directives, and to have on file such care plans including advance directives; and that when a nursing home resident patient's advance directive is on file with the nursing home, that advance directive shall accompany the resident patient upon transfer to another facility; (3) encourage all physicians and their families to complete a Durable Power of Attorney for Health Care (DPAHC) and an Advance Directive (AD); (4) encourage all medical schools to educate medical students and residents about the importance of having a DPAHC/AD before becoming severely ill and encourage them to fill out their own DPAHC/AD; (5) along with other state and specialty societies, work with any state that has technical problems with their DPAHC/AD to correct those problems; (6) encourage every state medical association and their member physicians to make information about Living Wills and health care powers of attorney continuously available in patient reception areas; (7) (a) communicate with key health insurance organizations, both private and public, and their institutional members to include information regarding advance directives and related forms and (b) recommend to state Departments of Motor Vehicles the distribution of information about advance directives to individuals obtaining or renewing a driver's license; (8) work with Congress and the Department of Health and Human Services to (a) make it a national public health priority to educate the public as to the importance of having a DPAHC/AD and to encourage patients to work with their physicians to complete a DPAHC/AD and (b) to develop incentives to individuals who prepare advance directives consistent with our current AMA policies and legislative priorities on advance directives; (9) work with the Centers for Medicare and Medicaid Services to use the Medicare enrollment process as an opportunity for patients to receive information about advance health care directives; (10) continue to seek other strategies to help physicians encourage all their patients to complete their DPAHC/AD; and (11) advocate for the implementation of secure electronic advance health care directives.

Encouraging Standardized Advance Directives Forms Within States H-85.957

Our AMA encourages each state society to develop a standardized form of advance directives for use by physicians and other health care providers as a template to discuss end-of-life care with their patients.

Educating Physicians About Advance Care Planning H-85.956

Our AMA: (1) will continue efforts to better educate physicians in the skills necessary to increase the prevalence and quality of meaningful advance care planning, including the use of advance directives, and to improve recognition of and adherence to a patient's advance care decisions; (2) supports development of materials to educate physicians about the requirements and implications of the Patient Self-Determination Act, and supports the development of materials (including, but not necessarily limited to, fact sheets and/or brochures) which physicians can use to educate their patients about advance directives and requirements of the Patient Self-Determination Act; (3) encourages residency training programs, regardless of or in addition to current specialty specific ACGME requirements, to promote and develop a high level of knowledge of and ethical standards for the use of such documents as living wills, durable powers of attorney for health care, and ordering DNR status, which should include medical, legal, and ethical principles guiding such physician decisions. This knowledge should include aspects of medical case management in which decisions are made to limit the duration and intensity of treatment; (4) will work with medical schools, graduate medical education programs and other interested groups to increase the awareness and the creation of personal advance directives for all medical students and physicians; and (5) encourages development of a model educational module for the teaching of advance directives and advance care planning.