

Confusion over patient end-of-life wishes

By: JO CIAVAGLIA The Intelligencer

Health care providers and family members can find themselves interpreting patient end-of-life treatment preferences that are confusing, even contradictory.

More than 200 times in four years Pennsylvania patients had medical care either improperly withheld, delayed or administered as a result of misunderstandings involving documents outlining end-of-life medical wishes.

On 93 occasions, it appears that a do-not-resuscitate order was misinterpreted and appropriate treatment withdrawn or withheld. In another 37 incidents, patients received potentially unwanted medical interventions.

Overall, the Pennsylvania Patient Safety Authority received more than 200 reports of misunderstandings involving the two types of medical treatment documents, which may pose safety risks, according to a new analysis released today. The events occurred between 2004 and September.

The report suggests that health care providers, family members and patients need to be better educated about the different meanings and scopes of living wills and do-not-resuscitate orders.

But one local hospital administrator points out that health care providers and family members can find themselves interpreting patient treatment preferences that are confusing, even contradictory.

not the same

A living will is a type of advanced directive that a patient signs that is intended to convey his or her preferences regarding end-of-life health care decisions. It could include interventions such as ventilators, feeding tubes, antibiotics and radiation; which are not covered in a typical do-not-resuscitate order.

But living wills are effective automatically only once certain conditions exist, such as the patient not being able to communicate his or her wishes.

Conversely, a do-not-resuscitate order, also called a DNR, is a medical order a doctor issues that directs health care staff not to provide cardiopulmonary resuscitation if a patient has a heart attack or stops breathing.

"A DNR order does not mean 'do not treat,'" said Dr. John Clarke, clinical director of the Pennsylvania Patient Safety Authority.

The confusion involving the end-of-life directives isn't unique to Pennsylvania.

Clarke cited a 2002 national survey that found 71 percent of patients, 42 percent of family members and 27 percent of doctors did not understand at what point a living will becomes effective.

Another 2005 national study Clarke cited found that more than one-third of patient participants with living wills had documents that did not accurately reflect their treatment preferences.

Many of the problems appear to involve the misperception that living wills and DNRs are interchangeable, the authority report stated. But without a DNR order, CPR will be administered to a patient, unless a living will has become effective and states CPR is to be withheld.

In its report, the authority cited numerous occasions when treatment was delayed, withheld, withdrawn improperly or administered when it shouldn't have been.

One case involved a family doctor who told an emergency room doctor that a patient presenting with chest pains didn't need to be admitted because the patient had a living will. In that case, the disagreement resulted in delayed treatment.

Another case cited involved a patient who was receiving an IV medication that treats serious heart problems. When the drip began running out, no additional medication was available to mix another dose. The patient was a DNR, and the medication was discontinued.

But withholding that treatment went beyond the scope of the DNR, which is limited to only cardiopulmonary resuscitation measures, the

report said.

The authority noted the health care provider report that it received did not state the medical context of the decision to withdraw or withhold care, which may have been based on other factors unrelated to the DNR order alone.

Other misunderstandings can occur if there are conflicts between a patient's wishes and hospital protocols. For instance, a patient has a DNR order, but wants to be intubated - when a tube is inserted to protect an airway. But the DNR order might also include intubation, meaning the procedure should not be performed, according to the report.

Dr. Scott Levy, chief medical officer at Doylestown Hospital, says health care providers and family members often find themselves interpreting long, detailed advanced directives that don't take into account all medical treatment scenarios.

Often a living will states that a patient wants some medical intervention, but then spells out specific treatments, which can put health care providers in a difficult situation, Levy said.

For instance, if a directive states a patient does not want IV fluids, does that also mean withholding food or antibiotics administered intravenously?

"You're handcuffing the people who treat you." Levy said, adding, "You'd never tell the mechanic to change the carburetor, but don't use a crescent wrench."

Jo Ciavaglia can be reached at 215 949-4181 or jciavaglia@phillyBurbs.com.

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