

Facilitating good conversations

Advance Care Planning and Goals of Care Designation assists patients, families and healthcare providers in discussing and defining goals of care for individuals receiving health services that are both clinically appropriate and respectful of each person's values and beliefs.

The three major Goals of Care categories are Resuscitation, Medical Care and Comfort Care. Goals of Care are based upon the expected benefit from the interventions, the location of care and the patient's acceptance of those interventions.

The process to obtain Goals of Care Designation includes engaging in conversation regarding the patient's medical condition and prognosis, the individual's values and hopes, life supporting or sustaining measures and the degree of benefit versus the burden. These conversations may require consultation with members of the interdisciplinary team, including Social Work, Spiritual Care and Palliative Care.

The second step in the process includes establishing Goals of Care according to the intent to cure a condition or restore function; control a condition or maintain function; or lastly, to alleviate symptoms and provide comfort.

In the final step, the Goal of Care Designation is then written as an order. The goals are reviewed and can be modified on a regular basis and as health circumstances change.

For more information about the Advance Care Planning and Goals of Care Designation roll-out across Covenant Health, please contact Miriam Dobson, Clinical Nurse Educator for Palliative End-of-Life Care, at 780-735-7637 or Miriam.Dobson@covenanthealth.ca.

Covenant Health rolls out Advance Care Planning and Goals of Care Designation

With longer life expectancy and multiple treatment options available, Albertans are faced with increasingly complex healthcare decisions. Additionally, discussions about values, beliefs and goals regarding personal health care between family members and healthcare providers can be difficult.



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*Compassionate care led
by Catholic values*

To address these complexities, Covenant Health is rolling out Advance Care Planning and Goals of Care Designation throughout all sites, starting with Edmonton Acute Care facilities in early 2012.

By Gordon Self, D.Min

Vice President, Mission, Ethics and Spirituality

The rollout of Advance Care Planning and Goals of Care Designation at Covenant Health is a new initiative. New changes naturally raise questions, and even some degree of anxiety, in having to learn new ways of doing things.

But hold on here.

In Catholic health care, the very foundational principles underlying advance care planning and designating goals of care are not new—we have been doing so all along. In fact, the theological moral tradition of weighing clinical benefit and burden was developed by the Dominican monks 500 years ago!

Even more foundational is the long-standing Catholic tradition of respecting the intrinsic dignity of every human being, which includes respecting patients' needs, wishes and values. The Health Ethics Guide that we follow as our foundational ethics resource at Covenant Health, and even our code of conduct, Our Commitment to Ethical Integrity, reinforce these very principles.

So what is actually new? Certainly there are new forms and codes to learn. It will naturally take some time before every responsible clinician can automatically distinguish an R1 from an R3 or an M2 from a C1, for example.

Health care is notorious for its use of acronyms and here again is a new set of codes to integrate into our day-to-day clinical practice. Yet in keeping with our practice of quality, compassionate care, no form is ever a replacement for the necessary conversation with the patient or resident and their agent or family member that must inform the checks in the box.

The forms and codes are not meant to be a mere ticky-box that absolves us from sitting down with those we serve, or dialoguing with others on the interdisciplinary team, to ensure, together, we are all working on the same page—respecting the needs, wishes and values of the person in the bed.

Advance Care Planning and Goals of Care Designation are not ends in

themselves—they are vehicles for having good conversations. No matter how carefully defined the codes, there will always be some degree of interpretation and clinical judgment involved in making the appropriate designation.

Rather than replacing the art of conversation—which I would argue is still incredibly relevant in today's health system—the forms help prompt the kinds of conversations we ought to be having with our patients and residents. That is what we need to focus on, referencing the definition lists until the codes become second nature.

Another question arises. Do these forms represent an à la carte wish list—meaning that just because a family member has asked (even demanded) R1 care for their loved one that clinicians are obligated to abandon their professional judgment and conscientious beliefs to provide futile and burdensome care? Of course not, and the education rollout will repeatedly stress that the principles of good medicine and professionalism stand firm more than ever.

OK, but does Advance Care Planning and Goals of Care Designation play into a societal culture that tends to deny, even defy death, to preserve life at all costs? The Dominicans wrestled with what constitutes the moral limits of prolonging life back in the 16th century. They articulated what has remained true in Catholic health care ever since.

The ultimate goal in life is not life at all costs, but rather, friendship with God. Insofar as resuscitative and other curative measures offer proportionate benefit and are medically appropriate, then we will and must continue to save lives. But let us not forget the other traditional goal of medicine: to care.

Despite the learning curve in familiarizing ourselves with new codes and forms, we are still pretty good at knowing how to care. We demonstrate care everyday by taking time to ask patients their needs, reverently exploring their goals, dreams, hopes and fears, without skirting around the reality of death.

Advance Care Planning and Goals of Care Designation are merely means to strengthen our commitment to quality, compassionate care. They embody Covenant Health's values of respect, collaboration and compassion.

Yes, there may be new codes and forms to learn, but let us remember that the spirit behind this clinical practice change is well-grounded in the Catholic healthcare tradition with which we should be so proud.

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