

Advance Care Planning



Advance Care Planning for the Cognitively Frail

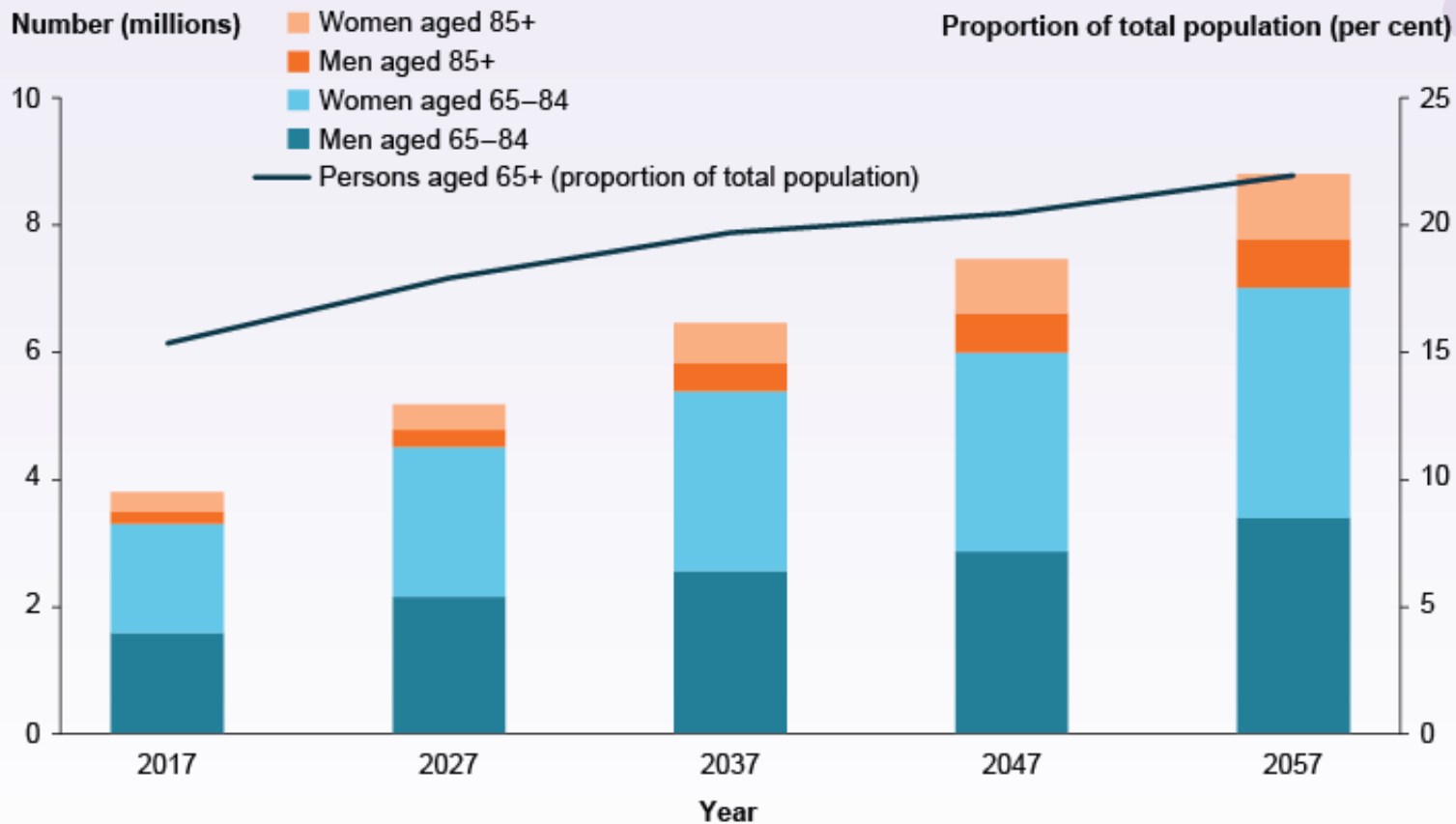
Denise Hobson

Advance Care Planning Week

24th March 2021

OACP
Office of Advance Care Planning





GEN-agedcaredata.gov.au

Normal cognitive ageing



Crystallised
intelligence

vs

Fluid
intelligence

Harada CN, Natelson Love MC, Triebel K. Normal Cognitive Aging. Clin Geriatr Med, 2013.

Older people and hospitals



- 20 – 25% have cognitive impairment ^{1, 2}
- 10 – 31% have delirium at admission ³
- 3 – 29% develop delirium ⁴

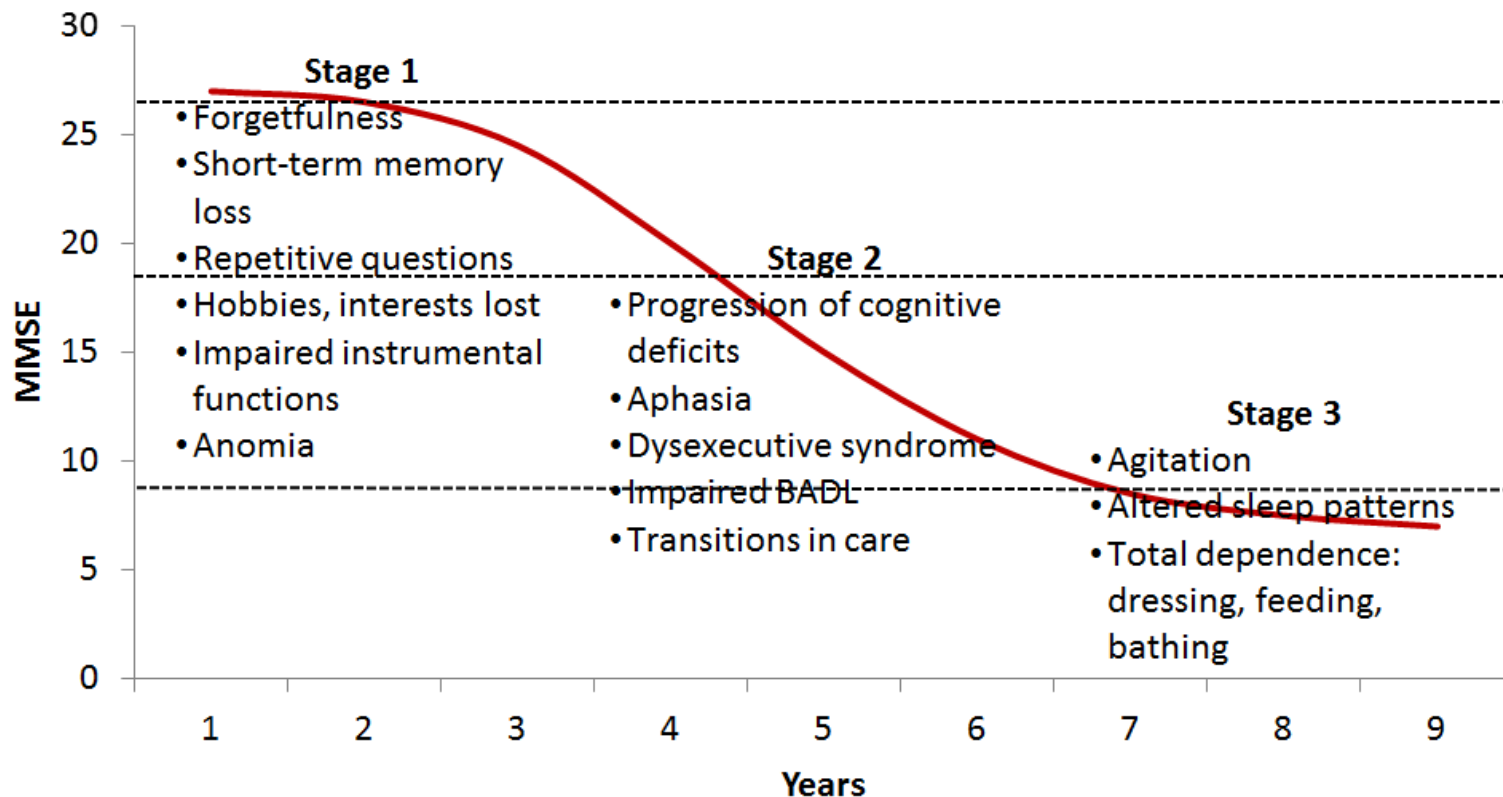
People with dementia ^{5, 6}

- More frequent ED visits
- More frequently admitted
- Increased mortality

1. Travers C. et al. A prospective observational study of dementia in older patients admitted to acute hospitals. *Australasian Journal on Ageing*, 2013
2. Travers C, Byrne G, Pachana N, Klein K, Gray L. Prospective observational study of dementia and delirium in the acute hospital setting. *Intern Med J*, 2013
3. Siddiqi N, House AO, Holmes JD. Occurrence and outcome of delirium in medical in-patients: a systematic literature review. *Age Ageing*, 2006
4. Inouye SK. Delirium in older persons. *N Engl J Med*, 2006
5. LaMantai MA, Stump TE, Messina FC, Miller DK, Callahan CM. Emergency Department Use Among Older Adults with Dementia. *Alzheimer Dis Assoc Disord*, 2016
6. Australian Commission on Safety and Quality in Health Care. Evidence for the safety and quality issues associated with the care of patients with cognitive impairment in acute care, 2013



Symptom Progression in AD



BADL= basic activities of daily living.

Modified from Feldman et al. *Clinical Diagnosis and Management of Alzheimer's Disease*. 1st ed. 1998

Capacity is not black and white



5 principles to apply when assessing an adult's capacity:

- Always presume an adult has capacity
- Capacity is decision and time specific
- Provide support and information they need to make and communicate decisions
- Assess the decision-making ability rather than the decision
- Respect dignity and privacy

[Guidelines for assessing decision-making capacity | Your rights, crime and the law | Queensland Government \(www.qld.gov.au\)](#)



Supported decision making

- Hearing aids / glasses
- Quiet space
- Written information
- Familiar language / concepts
- Family support
- Time



Alternate Decision Makers

- Advance Health Directive
- QCAT appointed Guardian
- Enduring Power of Attorney
- Statutory Health Attorney
 - Spouse (including a de facto partner and/or civil partner)
 - Carer (not paid carer, health provider or residential service provider)
 - Close friend or relation
- Public Guardian

[Consent to provide health care to adults flowchart | End of Life](#)

General / Health Care Principles



1. Presume the adult has capacity
2. Same human rights and fundamental freedoms
3. Empowering and supporting to exercise their human rights
4. Maintaining supportive relationships
5. Maintaining culture, language, values and beliefs
6. Respect for privacy
7. Right to liberty and security
8. Participation in decision-making
9. Performance of functions and exercise of powers
10. Structured decision-making

General / Health Care Principles



1. Presume the adult has capacity
2. Same human rights and fundamental freedoms
3. Empowering and supporting to exercise rights
4. Maintaining supportive relationships
5. Maintaining values and beliefs
6. Respecting autonomy
7. Right to liberty and security
8. Participation in decision-making
9. Performance of functions and exercise of powers
10. Structured decision-making

Substituted judgement



B. Personal Values

Describe what you value or enjoy most in your life:

Think about what interests you or gives your life meaning.

Consider what you would like known about you when health care decisions are being made:

Think about your past experiences, wishes and beliefs or what is important to you.

Describe the health outcomes that you would find unacceptable:

*Think about what you would **not** want, including situations you consider may involve severe disability.*

When ACP should be considered / reviewed



- Initial diagnosis
- Key stages along the journey
 - Life changes
 - Increasing frailty / dependency
 - Residential care
- Markers of end stage disease



“Do whatever your ingenuity and your heart suggest. There is little or no hope of any recovery in memory. But a man does not consist of memory alone. He has feelings, will, sensibilities, moral being... and it is here that you find ways to touch him. In the realm of the individual, there may be much that you can do.”

AR Luria