Code Status & Advance Care Planning: Why it All Matters

RADIATION THERAPISTS OF WISCONSISIN

SATURDAY, OCTOBER 25, 2025

Objectives…

- Understand the history of advance care planning and how did we get here.
- Distinguish the different types of care given for the variety of code statuses.
- Understand important aspects of DNR orders and bracelets.
- Recognize key components of a health care power of attorney form.

Disclaimer….

- Can be emotionally draining
- Please take care of yourselves both during the meeting & afterwards
- Self-care is important!

Key Parts of History…

1969 — **Suggestion that people write down their choices for medical treatment.**

1972 — **Initial form of the living will created**

Mid 1970-1980s — **Several key court cases involving young, healthy people. Emphasized the importance of conversations and documenting wishes.**

1990 — **Patient Self-Determination Act [PDSA] passed by Congress.**

2010s to present — **Technology changes and increased awareness of end-of-life issues**

What influences our beliefs in end-of-life care?

- Religious and spiritual beliefs
- Culture
- Level of education
- Personal experiences
- Others?

DEATH COMES EQUALLY TO US ALL, AND MAKES US ALL EQUAL WHEN IT COMES.

- JOHN DONNE -

In the media…

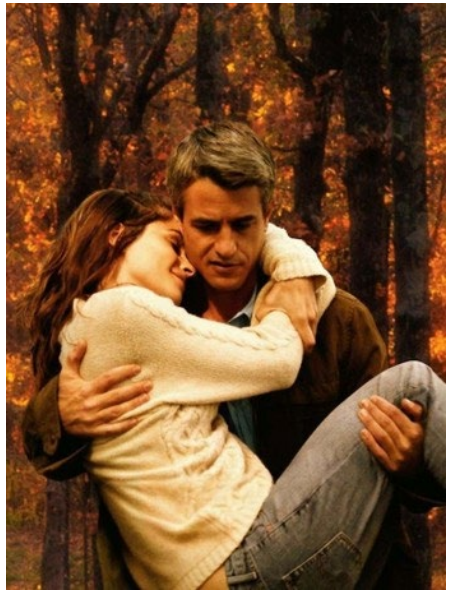
In pop culture, it is assumed that death with a terminal diagnosis is imminent, which isn't always the case. In "This is Us" instead of receiving care in the beginning, William opted to be at home with his family. Which is definitely an option but it didn't show that William could have enrolled in hospice sooner which would have not only helped him in the months before his passing but his family as well.

"The Bucket List" is about two likable older men with terminal cancer. Jack Nicholson and Morgan Freeman play fellows who get up from their sickbeds and, with their remaining time, go out to do things they always wanted to do, like skydiving and race car driving. One by one, they tick the items off a list - things to experience before they "kick the bucket". It goes without saying that this movie can be inspirational in getting you to create your own "bucket list." However, it doesn't show the reality of the side effects and symptoms of a terminal diagnosis. It also shows that the characters refuse hospice thinking it is all about death when in reality hospice is about living as much as it is about death.

Jurassic Park (1993). Tim Murphy, the middle-school-aged grandson of the park's inventor, is electrocuted on the perimeter fence of a dinosaur pen. He collapses to the ground and Dr. Alan Grant (Sam Neill) says, "He's not breathing." Dr. Grant proceeds to give Tim mouth-to-mouth resuscitation and chest compressions, and in exactly 26 seconds Tim coughs several times and wakes up. Remarkable! Per the medical publication in *Resuscitation* above, this sort of recovery from out-of-hospital cardiac arrest . . . only happens in the movies. What this shows is that the individual is perfectly fine after a medical emergency. It doesn't show the reality of the situation after he has been brought back.

Additional movies or depictions of "end of life"

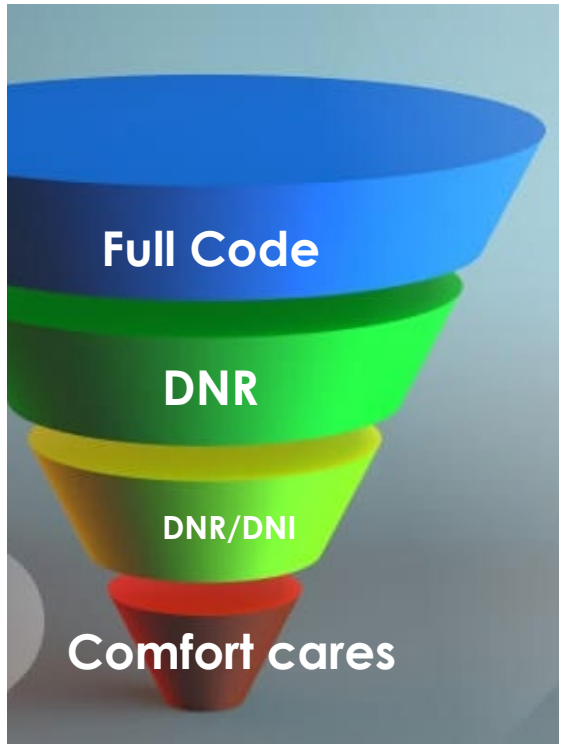
- You're Not You
- Griffin and Phoenix
- Others?



What is Code Status?

- Refers to the type of emergent treatment a person would or would not receive if their heart or breathing were to stop.
- Important to think about before an emergency occurs!!
- Talk to your loved ones- especially Health Care Power of Attorney agent your wishes.

Code Status:

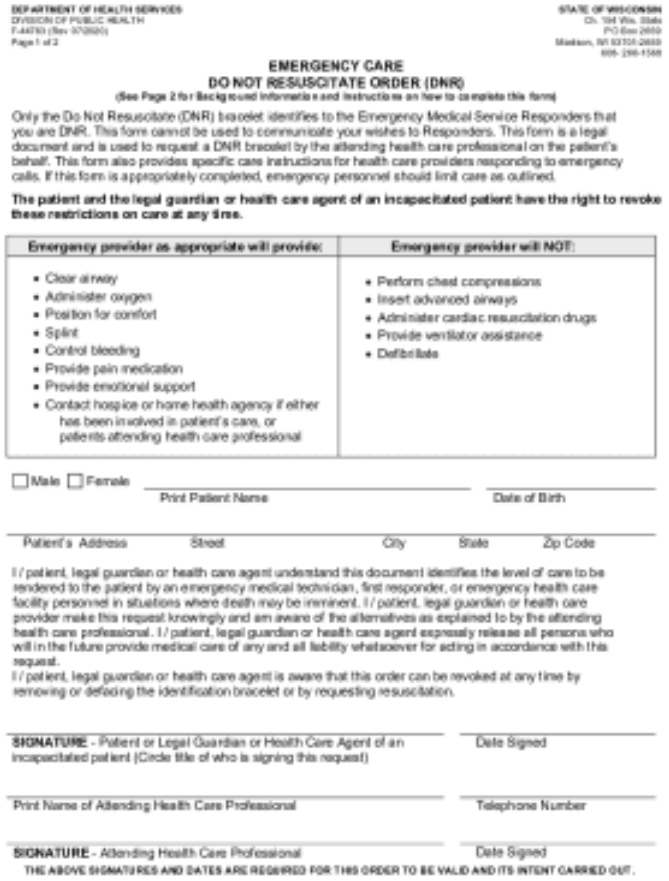


Full code= full resuscitation. If your heart stops beating and/or you stop breathing, all efforts will be provided to keep you alive.

DNR= Do not resuscitate. Must be a written order by your doctor. It informs health care providers that if your heart stop beating and/or you stop breathing NOT to perform chest compressions.

Do Not Intubate (DNI) orders instruct health care providers not to place a tube in your mouth and lungs (called intubation) even if you stop breathing on your own. Then, add in what DNR is= DNR/DNI.

It does not seek to cure or aggressively treat illness or disease. Instead, it simply focuses on easing the effects of the symptoms of the disease as patients reach the end of their lives.



DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH

STATE OF WISCONSIN

EMERGENCY CARE
DO NOT RESUSCITATE ORDER (DNR)

Only the Do Not Resuscitate (DNR) bracelet identifies to the Emergency Medical Service Responders that you are DNR. This form cannot be used to communicate your wishes to Responders. This form is a legal document and is used to request a DNR bracelet by the attending health care professional on the patient's behalf. This form also provides specific care instructions for health care providers responding to emergency calls. If this form is appropriately completed, emergency personnel should limit care as outlined.

The patient and the legal guardian or health care agent of an incapacitated patient have the right to revoke these restrictions on care at any time.

Emergency provider as appropriate will provide:	Emergency provider will NOT:
• Clear airway • Administer oxygen • Position for comfort • Splint • Control bleeding • Provide pain medication • Provide emotional support • Contact hospice or home health agency if either has been involved in patient's care, or patients attending health care professional	• Perform chest compressions • Insert advanced airways • Administer cardiac resuscitation drugs • Provide ventilator assistance • Defibrillate

☐ Male ☐ Female _____ Print Patient Name _____ Date of Birth

Patient's Address _____ Street _____ City _____ State _____ Zip Code

I / patient, legal guardian or health care agent understand this document identifies the level of care to be rendered to the patient by an emergency medical technician, first responder, or emergency health care facility personnel in situations where death may be imminent. I / patient, legal guardian or health care provider make this request knowingly and am aware of the alternatives as explained to by the attending health care professional. I / patient, legal guardian or health care agent expressly release all persons who will in the future provide medical care of any and all liability whatsoever for acting in accordance with this request.

I / patient, legal guardian or health care agent is aware that this order can be revoked at any time by removing or defacing the identification bracelet or by requesting resuscitation.

SIGNATURE - Patient or Legal Guardian or Health Care Agent of an incapacitated patient (Circle title of who is signing this request) _____ Date Signed

Print Name of Attending Health Care Professional _____ Telephone Number

SIGNATURE - Attending Health Care Professional _____ Date Signed

THE ABOVE SIGNATURES AND DATES ARE REQUIRED FOR THIS ORDER TO BE VALID AND ITS INTENT CARRIED OUT.

DNR Orders:

- A DNR order is something a doctor writes. It tells EMS (Emergency Medical Services) practitioners and emergency medical responders not to perform CPR (cardiopulmonary resuscitation) if your heart stops or you can't breathe. If you don't have a DNR order, the care team will try CPR.
- In Wisconsin, a doctor can issue a DNR order for qualified patients. See Wis. Stat. § 154.17(4).
- It's most helpful to set up a DNR order before you have an emergency. DNR orders only focus on CPR. The purpose of the DNR order is to make sure that your wishes are honored, no matter what facility you go to in an emergency.

DNR Bracelets

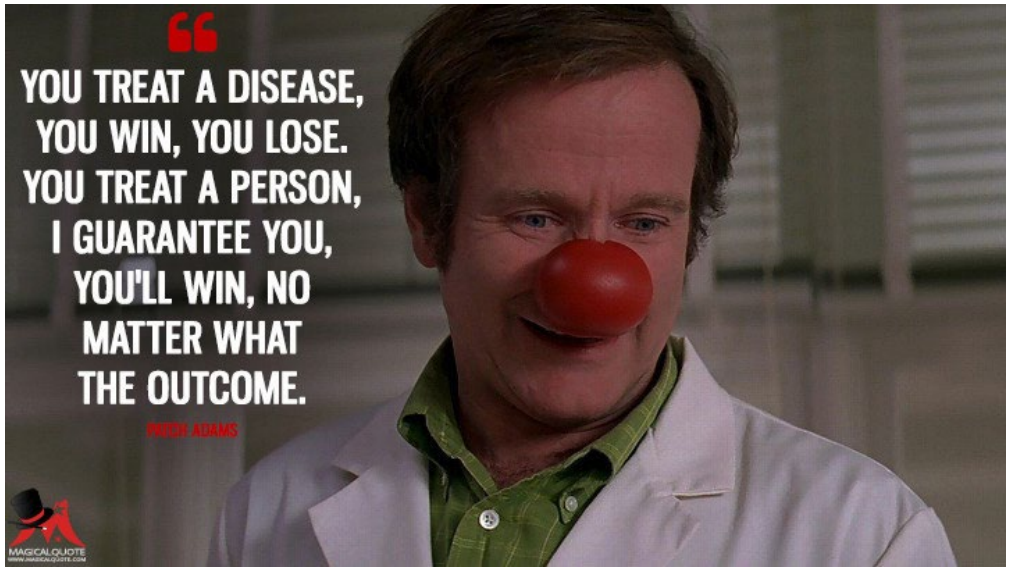
- **Plastic:** The plastic DNR bracelet is free. It looks like a hospital identification band. You get a plastic DNR bracelet from the attending health care provider. The band has an official insert that includes:
- The attending health care provider's signature.
- The attending health care provider's printed name.
- The attending health care provider's work phone number.
- The pre-printed logo of the State of Wisconsin.

- **Metal:** The metal DNR bracelet comes from StickyJ® Medical ID for a fee. DHS recommends this vendor for more permanent DNR bracelets.
- View the Wisconsin DNR Bracelet Order Form (PDF).
- The front of the bracelet shows:
- The international medical symbol, the Staff of Aesculapius.
- The phrase, "Wisconsin Do Not Resuscitate EMS."
- The back shows:
- The patient's first and last name.
- Other health information if there is space.

NEEDS TO BE WORN AT ALL TIMES!

Physician's Orders for Life-Sustaining Treatment [POLST] Orders:

- A physician's order that documents and directs the patient's medical considerations regarding life-sustaining interventions.
- For both present and future needs.
- May be updated and revised anytime



POLST Takes into Account:

- **DNR or CPR** - only if the patient has no heart beat and is not breathing.
- **Artificial Nutrition:** When a patient can no longer eat or drink by mouth. Liquid food can be provided to them through a tube.
- **Intravenous Fluids (IV):** A small plastic tube (catheter) is inserted directly into the vein and fluids are administered through the tube. Typically, IV fluids are given on a short-term basis.
- **Tube Feeding:** On a short-term basis, fluids and liquid nutrients can be given through a tube in the nose that goes into the stomach (nasogastric or "NG" tube). For long term feeding, a tube can be inserted through a surgical procedure directly into the stomach (gastric or "G" tube) or the intestines (jejunal or "J" tube).
- **Antibiotics:** Antibiotics treat some infections (such as pneumonia) that can develop when a patient is seriously ill.
- **Mechanical Ventilation/Respiration:** When a patient is no longer able to breathe on their own, a tube is put down the throat to help breathing. A machine pumps air in and out of the lungs through the tube.
- **Comfort Measures:** Care provided with the primary goal of keeping a patient comfortable (rather than prolonging life). A patient who requests "comfort measures only" would be transferred to the hospital only if needed for his or her comfort.
- **Medically Ineffective:** Any course of treatment that offers no beneficial outcome or is medically ineffective and contrary to generally accepted healthcare standards. This judgment is based on standards of medical care, recognizing the uniqueness of patients and diseases and weighing the relevant medical literature, opinions of consults, clinic experience, patient's wishes, and patient's determinations of quality of life.
- **Dialysis:** You have the right to make your own choices about how you are treated for kidney failure. That means you can choose when to start or stop dialysis.

Health Care Power of Attorney

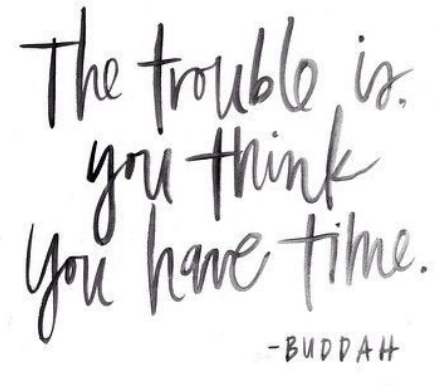
- A healthcare power of attorney (HCPOA) is a legal document that **allows an individual to empower another person to make decisions about their medical care**. A healthcare power of attorney refers to both a legal document and a specific person with legal authority.

- The healthcare power of attorney **helps people who cannot communicate to exert their wishes regarding their medical care and treatment.** The persons listed on the HCPOA document become the sick or injured person's agent or healthcare proxy. Usually, the form asks for alternates in case the first-named HCPOA is not available to serve in this capacity. Each state might differ in this and other such details, however, so you'll need to consult your own state's rules and forms when arranging for an HCPA.

- You are truly free to choose anyone you want as your healthcare proxy; this includes the **freedom to reverse your decision at any time.** If you want to assign a new HCPOA, just eradicate the original document and create a new one designating the new HCPOA.

“Do you know how you want to die?”

- Do you know how you want to die? | Ashley Evdokimo | TEDxUniversityof Nevada - YouTube



Important Takeaways:

- A healthcare power of attorney (HCPOA) is a **legal document** that empowers a specific individual to speak with others and make decisions on your behalf concerning your medical condition, treatment, and care.
- It is important to **trust your HCPOA**, as that person may be charged with making life-and-death decisions on your behalf.
- Although an HCPOA is easy to put in place, **states have different rules and forms**; so you'll need to consult those of the state in which you live.

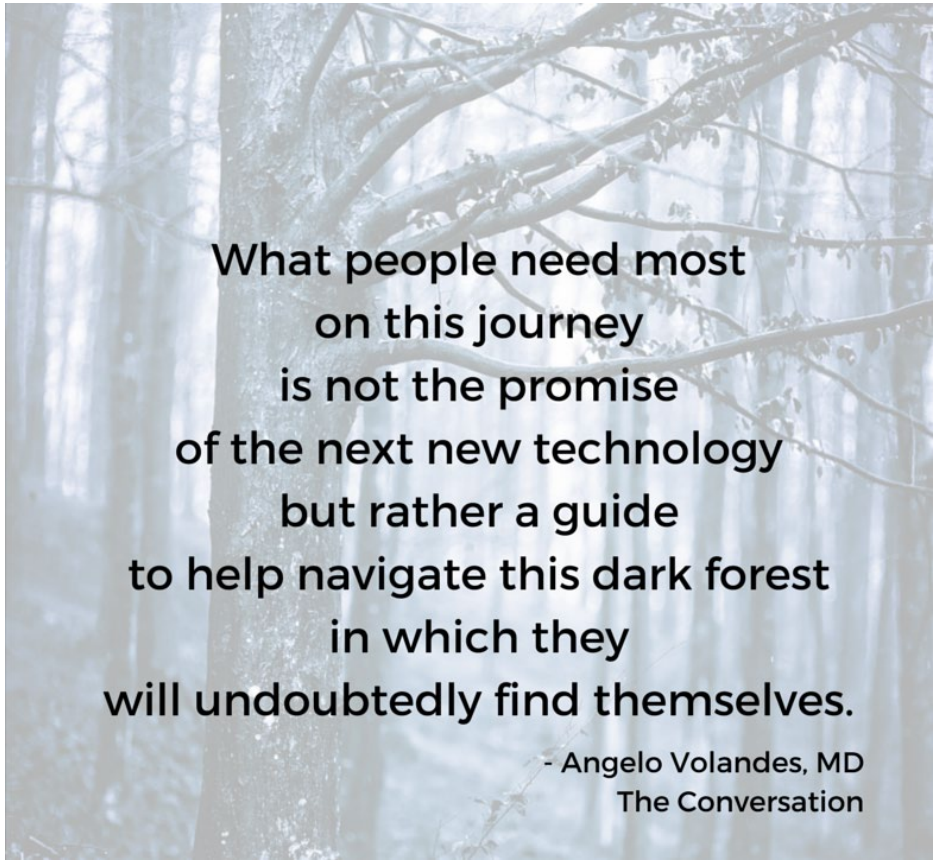
Who can assist you with this?

- Oncology Social Workers
- Attorney
- Inpatient Social Workers

Challenges of Advance Care Planning:

- Virtually impossible to predict all situations one may experience.
- Your preferences, priorities or health care wishes may change over time but documents are not updated.
- Not documenting one's wishes- "my wife knows what I would and would not want." Or not having the conversation with your loved ones.
- Patients who choose not to complete one as they lack a support system.
- Increase in complex family dynamics [i.e. blended families, estranged families, etc.]
- Discussions may be "too little, too late"- are they happening during an emergency situation/crisis?
  - Emotions running higher, stressed, inability to think clearly, etc.

How to talk about what really matters to you…



Go Wish- Simple but profound…

The Importance of Self-Care in a Busy World

References

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- Do you know how you want to die? | Ashley Evdokimo | TEDxUniversityofNevada – YouTube
- https://gowish.com/about
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Summary: Why Does this Really Matter?

- In less than 20 years, older adults are projected to outnumber kids for the first time in U.S. history.
- One of the main drivers of the increased healthcare demand and utilization among the elderly is the high prevalence of multiple chronic conditions (MCCs), which are defined as having two or more chronic diseases that last at least a year and require ongoing medical attention or limit activities of daily living14,15. According to the Centers for Disease Control and Prevention (CDC), 88% of older adults have at least one MCC, and 60% have at least two (Fig. 1B). These include common conditions such as hypertension, arthritis, heart disease, cancer, diabetes, and chronic kidney disease. MCCs are associated with increased mortality, disability, functional decline, and reduced quality of life.
- The number of Americans ages 65 and older is projected to increase from 58 million in 2022 to 82 million by 2050 (a 42% increase)!!

Thank you for attending!

- Please reach out to me for the slides to be sent electronically [including video links] or if you have any general questions!
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