

Webinar: Futility and End of Life Care

Date: 20 November 2018

Time: 18:00 to 19:00

Scientific Faculty

Scientific Faculty Team Leader: Dr. Paul McConnell, UK

Host: Dr. Paul McConnell, UK

Speakers: Dr. Kenneth McKinlay, UK

Dr. Rhona Siegmeth, UK

Scientific Support: Dr. David Finn, UK

Target Audience

- Anaesthesiologists and Intensivists responsible for providing treatment and intervention in patients who are at a high risk of death or at the end of their life
- Other Specialists and Healthcare Professionals who are involved in the care and management of the above patient groups

Key Points of this Webinar

- Decision making regarding escalation and interventions should be collaborative with the patient and advanced planning is essential
- Futility is poorly defined as a medical concept and may mean different things to different groups. It is context depended.
- The capacity of the patient will affect end of life care decisions, however all care delivered must be patient centred
- The ECHR is important in how we approach end of life care decision making and models
- There are potential areas of conflict in End of Life Care, particularly when the patient lacks capacity. It is important to recognise when these are arising and work to resolve them

Content

1. An increasing amount of patients are dying in hospital and receiving multiple interventions at the end of their lives.
 - a. Provide an overview of demographics of end of life care in Europe
 - b. Examine the impact of inappropriate end of life care on relatives, staff and patients.
2. Look at the different interventions that can be in place to prevent inappropriate interventions
 - a. Advanced Decisions

- b. Power of Attorney (or equivalents)
 - c. DNACPR orders
3. Look at the ECHR and how different articles affect
 - a. The delivery of medicine
 - b. The delivery of End of Life Care
4. Examine the different definitions of “Futility”
 - a. Explore whether there is an accepted definition or whether it is context dependent
 - b. Explore the different parties who may be involved is attempting to define an intervention as “Futile”
 - c. Introduce and emphasize the practice of “Realistic Medicine”
5. Patient capacity hugely influences how End of Life care and decisions surrounding the value of an intervention are made
 - a. Explore how we define capacity
 - b. Examine end of life care in the context of a patient with capacity
 - c. Examine end of life care in the context of a patient who has reduced or lacks capacity
6. End of life care and decisions surrounding the value of an intervention can be a source of conflict
 - a. Examine where this conflict can arise
 - b. Briefly examine emerging interventions and their implications for end of life care
 - c. Explore plans to resolve conflict

Learning Objectives

Knowledge acquired after attending this Webinar

- Apply realistic medicine when it comes to offering and continuing interventions
- Recognise scenarios where discussions around advance planning, DNACPR orders and escalation plans may be useful
- Understand how and apply the ECHR to medical scenarios
- Understand and overcome the difficulties in the use of the term futile in reference to treatments and interventions, particularly at the end of life
- Assess patient capacity can deal with how it can affect care and interventions at the end of life
- Engage in patient centred planning in patients lacking capacity
- Recognise areas of potential conflict and how to work to resolve them
- Be aware of emerging therapies which may impact on how we define treatment success and affect how we deliver end of life care.