

### ADVANCE CARE PLANNING IN CIRRHOSIS



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Jacqui Pinto RN, BN, CHPCN(C)

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### What we already know.....

- In Canada end-stage liver disease (ESLD) is the 5<sup>th</sup> leading cause of death in people aged 35-64
- Death rate from ESLD has risen 30% over the last 8 years
- While the mortality rate for cancer, cardiac and pulmonary disease is decreasing, deaths due to liver disease are increasing

(Statistics Canada 2009)

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### What is Advance Care Planning?

Advance care planning is a process whereby a capable adult **engages in a plan for making personal health care decisions**

in the event that this person becomes incapable to direct his or her own health care.



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## Goals of Care Designations



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## GCD is written by Most Responsible Health Practitioner

“... means the health practitioner who has **responsibility and accountability for the specific treatment/procedures** provided to a patient and who is **authorized by AHS to perform the duties required** to fulfill the delivery of such a treatment/procedures **within the scope of his/her practice**”

MD, resident, or NP

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## Forms

Green Sleeve

GCD Order Form

Tracking Record



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**Alberta Health Services**

**A Challenging Conversation:**  
 Why barriers exist discussing ACP with ESLD patients

- Patients tend to be younger
- Inactive early phases may have patients presenting later in the disease process
- Lifestyle and cultural barriers to accessing healthcare
- Patients may have ongoing issues with addiction or mental health
- In contrast to cancer, lack of public awareness that liver disease is commonly fatal

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## A Challenging Conversation: Why barriers exist discussing ACP with ESLD patients

- Lack of criteria to help clinicians determine which patients would benefit from EOL conversations
- Fluctuating course of liver disease makes identification and management of end of life period challenging
- Due to the possibility of liver transplantation, patients are more likely to receive aggressive care despite their declining health

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## Chronic Disease Trajectory

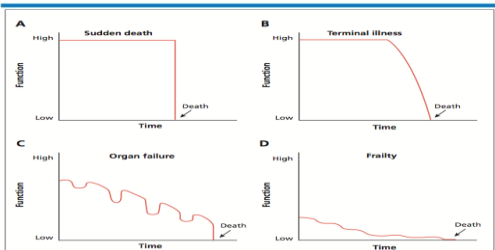


Figure 2: End-of-life trajectories. Reproduced with permission from Lunney JR, Lynn J, Hogan C. Profiles of older medicare decedents. J Am Geriatr Soc 2000;30(1):108-12.

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## Key Moments for ACP with ESLD

1. Diagnosis of cirrhosis
  - Education on symptom progression
  - Strategies for improving function
  - Liver health promoting strategies
  - Introduce ACP and normalize process

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## Key moments for ACP with ESLD

- 2. Development of Multi-morbidities (varices, HE, HCC, ascites)
  - Education and communication regarding ACP
  - Completing Personal Directive (PD) assigning substitute decision maker (SDM)
  - Formulation of Goals of Care (GCD)

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## Key moments for ACP with ESLD

- 3. Disease Progression
  - Continuity of care
  - Communication between inpatient and outpatient providers
  - Continuity around GCD
  - Thoughtful planning around intervention
  - Plans for managing progressive deterioration and episodes of acute decompensation
  - Documentation of ACP, making information available to HCP, patients and SDM

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## Key moments for ACP with ESLD

- 4. Increase symptom burden
  - ESLD-specific approaches to symptom management
  - Transfer to palliative care
  - Established GCD

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### “Pearls of wisdom” in ACP conversations

- Start the conversation early
- Normalize the process (*part of care plan*)
- Medically feasible - *do not offer treatments of no benefit*
- It is a process - *you can't solve everything in one visit*
- It's a team effort

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### Resources

Guidebook 7 languages GCD Poster GCD Brochure




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### Public Print Resources




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# Questions?

Email: [jacqueline.pinto@albertahealthservices.ca](mailto:jacqueline.pinto@albertahealthservices.ca)

Phone: 403-944-6589

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