

END-OF-LIFE ETHICS COMMUNICATION WITH PATIENTS AND FAMILIES



DESCRIPTION:

Using a case study approach, this webinar will address some of the ethical challenges that arise when communicating with patients and families about end-of-life care. The webinar will provide skills and knowledge to enhance clinical practice through an examination of common challenging situations that can occur when caring for people near life's end.

PROGRAM DETAILS:

This presentation features experienced professionals offering their own expertise on the topic. On the screen, you will see the slide presentation and will be able to hear the experts talking and presenting. If you login for the live version of the program, you'll also have the opportunity to email or text the experts' questions that they will discuss and answer during the program's Q & A session.

RELEASE DATE:	Program originally premiered January 9, 2024
ON DEMAND:	Available for 1 year; until January 8, 2025
LENGTH:	90 minutes
CEs:	1.5 hours for a wide variety of professional boards
CONTENT LEVEL:	The program is mainly for professionals already working in the field but is practical for all levels of education – entry level, intermediate or advanced.
TARGET AUDIENCE:	Health care clinicians, social service clinicians and others working in the hospice, palliative care, counseling, hospital, nursing home, funeral home, or faith community environments

TECHNICAL REQUIREMENTS

To view the program, you will need a computer and screen, reliable internet access, and speakers.

PROGRAM FEES/MATERIALS:

Registration includes continuing education and on-demand viewing for 1 year from live date. As there are no refunds on registration (all registrations have immediate access to program video & materials), please be sure to test the system requirements prior to purchase.

ADVANCE PURCHASE Single Webinar Registration

Individual Viewer: Member: \$27.30 | Non-member: \$45.50
Organizational Viewing: Member: \$156.00 | Non-member: \$260.00

SAME DAY and ON-DEMAND PURCHASE Single Webinar Registration

Individual Viewer: Member: \$29.70 | Non-member: \$49.50
Organizational Viewing: Member: \$165.00 | Non-member: \$275.00

WEBINAR PACKAGE (9 programs)

Individual Viewer: Member: \$241.80 | Non-member: \$403.00
Organizational Viewing: Member: \$1,398.60 | Non-member: \$2,331.00

HOW TO REGISTER:

Register directly online, on HFA's website: <https://www.hospicefoundation.org>

MATERIALS AREA:

Materials are available on HFA's website at <https://hospicefoundation.org/Shop-HFA/My-Account>. From here, click on "Orders/Courses."

LEARNING OBJECTIVES:

At the conclusion of this webinar, participants will be able to:

- Describe the benefits and challenges of good communication and advance care planning with patient care.
 - Examine the gray areas in hospice care, especially when family dynamics, patient wishes, and communication keep shifting, and at times conflict with each other.
 - Recognize when hospice may not consistently align with *a patient's changing/evolving* values, priorities, beliefs, or emotions.
 - Understand the ethical principles related to patient autonomy and decision-making capacity in the context of complex psychosocial interactions.
 - Improve communication skills by analyzing complex ethical challenges during end-of-life care planning.
 - Understanding application and role for moral relativity and fidelity at end of life.
 - Recognize "elderspeak" and its negative effects on interactions between care providers and patients.
 - Apply ethical principles to mitigate the negative effects of elderspeak and support patient autonomy and integrity.
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PROGRAM OUTLINE:

Case 1 (25 minutes)

- Mr. Smith, a 75-year-old diagnosed with stage 4 pancreatic cancer with metastases to the liver, lungs and stomach. Mr. Smith is also in the early stages of Alzheimer's.
- Unique family dynamic. He has always been highly controlling and verbally abusive. Early on, this meant that he insisted on making every decision about daily life and the kind of care he received.
- Smith's doctors and family have wanted him on hospice, however, they were reluctant to talk with him about it, because he had his mind made up that he would go through more rounds of chemotherapy in an effort to buy more time.
- After Smith's last round of chemotherapy, the doctor was clear with Smith's wife that he would not be eligible for another round of chemo. In fact, he told her that one more round would aggravate unwanted symptoms and likely kill him.
- Because the family is afraid to confront Smith with the facts of his disease progression, they originally avoided candid conversations about his prognosis and options moving forward. That said, he finally agreed to hospice care at the exact same time that symptoms of his Alzheimer's accelerated.
- There are care decisions to be made daily, but the family is reluctant to make decisions because they say, "He has always controlled his ability to make these kinds of decisions and we can't step in for him or interfere with his right to make his own decisions." Even though the wife has the healthcare power of attorney she is hesitant to take control.

Case 2 (25 minutes)

- Patient Selma with metastatic pancreatic cancer seeking admission to hospice care following referral from oncologist.
- No further treatment options, and Selma is currently presenting with unmanaged pain and other distressing symptoms.
- Prognosis, per oncologist, of weeks to months. The family indicates they are hopeful the patient's condition will improve so that further curative treatment can resume.
- Selma currently has no advanced directive, appears to have capacity, and is full code.

Case 3 (25 minutes)

- Gerald, a 92-year-old man is admitted to hospice with end-stage COPD, moderate dementia, and frailty.
- The staff of the continuing care retirement community (CCRC) where Gerald lives with his wife finds him "difficult" and are considering additional interventions to address his behavior.
- The hospice nurse has a different experience of Gerald; Gerald's wife, Isabel, shares her distress over the way the CCRC staff talks to Gerald.
- Darren and the hospice social worker, Jasmine, discern the source of the problem in the CCRC's staff use of "elderspeak," which provokes negative reactions and behaviors from Gerald.
- With education, the CCRC staff improve their communication skills, Gerald and Isabel are more fully respected and experience better care.

Combined Question & Answer Session (15 minutes)

CONTINUING EDUCATION:

This program is valid for 1.5 continuing education contact hours. CE hours are available until January 8, 2025.

A complete list of board approvals for this webinar program is posted to HFA's website at www.hospicefoundation.org.

COURSE COMPLETION REQUIREMENTS:

Participants must attend the entire 1.5 hour program. Partial credit is not awarded. Participants must also complete the entire CE process online which includes a required evaluation form and exam. The exam must be completed at 80% or above (*the exam may be re-taken, if necessary*).

EXPERT PANELISTS:

Jennifer Moore Ballentine, MA, has more than 20 years' experience in hospice and palliative care, healthcare ethics and public policy, adult education, and nonprofit leadership. She currently serves as CEO of the Coalition for Compassionate Care of California, a statewide nonprofit focused on improving the experience of serious illness through system change. Prior positions include Executive Director, California State University Shiley Haynes Institute for Palliative Care; Vice President, Hospice Analytics; Executive Director, Life Quality Institute; and Director of Professional Programs, Colorado Center for Hospice and Palliative Care. Ballentine has chaired the Denver Community Bioethics Committee and served on several bio- and clinical ethics committees including the San Diego County Medical Society Bioethics Commission, Centura Health at Home Ethics Committee, and the NHPCO Ethics Advisory Council, as well as

the Board of Directors for the Colorado Healthcare Ethics Forum. Jennifer has authored text chapters in ethics for the Certified Senior Advisors, Oxford University Press, and Hospice Foundation of America, as well as peer-reviewed and trade journal articles and professional curricula. She holds a Master's degree with graduate honors in End-of-Life Studies from Regis University, a certificate in gerontology from University of Colorado—Colorado Springs, and a Bachelor's degree, Phi Beta Kappa, from Oberlin College.

Craig Dresang, Healthcare CEO, writer, educator, and hospice advocate, is CEO of YoloCares, Sacramento Valley's first established hospice and community-based palliative care program. He is also an end-of-life columnist for the Davis Enterprise and a board member for Joshua's House in Sacramento, the first hospice residence for the homeless on the West Coast. During his 20+ years in palliative care he has chaired the Nonprofit Hospice Coalition of Northern California and raised \$50 million for the construction of four hospice residences in the Chicago area. In 2020, his organization secured a \$1 million research grant from the Yocha Dehe Wintun Nation to better understand and address barriers to care for rural and indigenous populations. Prior to his move to Sacramento in 2014, Dresang served as a commissioner for the City of Elgin, Illinois' Cultural Arts Commission, and Board president for Elgin OPERA. He holds two degrees from the University of Wisconsin-Whitewater, and has been a frequent guest instructor and lecturer at both the Kellogg School of Management and the Medill School of Journalism at Northwestern University in Evanston, Illinois.

Angela Novas, MSN, RN, CRNP, is Senior Medical Officer for Hospice Foundation of America. Angela graduated from The George Washington University, Washington DC with an MSN in Nursing/Adult-Gerontology Primary Care Nurse Practitioner (ANCC). She completed postgraduate studies in palliative and hospice care, including Practical Aspects of Palliative Care (PAPC), from Harvard Medical School, received her Palliative Care Certificate from University of Colorado, and completed her Board Certification as an Advanced Certified Hospice & Palliative Care Nurse (ACHPN).

MODERATOR:

Bruce Jennings, MA, is adjunct professor in the Department of Health Policy and the Center for Biomedical Ethics and Society at Vanderbilt University, and he serves as an ethics consultant with the Alive Hospice in Nashville, TN. He is also Fellow and Senior Advisor at the Hastings Center and co-author (with Nancy Berlinger and Susan M. Wolf) of The Hastings Center Guidelines for Decisions on Life-Sustaining Treatment and Care Near the End of Life.

BIBLIOGRAPHY/REFERENCES:

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- Csikai, E. L. (2002). The state of hospice ethics committees and the social work role. *OMEGA—Journal of Death and Dying*, 45(3), 261–275.
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 - Pferdehirt, R. (2023). Effective ethics committees for hospices: A practical guide. In K. J. Doka, B. Jennings, T. W. Kirk, & A. S. Tucci (Eds.), *End-of-life ethics in a changing world* (pp. 169-182). Hospice Foundation of America.
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CONFLICT OF INTEREST:

Planners (Panelists and Review Committee Members) disclose no conflict of interest relative to this educational activity. None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies.

FOR QUESTIONS, COMMENTS, OR ADDRESSING GRIEVANCES

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