

When to Work on “Advance Care Planning”?

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Patient Autonomy Act is a patient-centered medical law and the first legal act in Asia that ensures legal protection to patients’ right to autonomous decision and termination of life-sustaining treatments. The act is legislated to “respect the patients’ autonomy when receiving medical treatments, to protect their right to good death, and maintain a harmonious relationship between the medical officers and the patients.”

The impermanence of life is constant, and hence the reservation for a good death. So when is a good time for advance care planning (ACP)? Impermanence of life is what makes personal health management a critical issue. The majority of people tends to be hesitant or careless in managing their health particularly when they are in good physical conditions. With the wave of aging and changing in family structure sweeping near, engaging in advance care planning and signing an advance decision (AD) becomes a very important issue. No one knows when impermanence hits. When it hits, no one is prepared.

When is a good time to engage in ACP?

We recommend you to initiate ACP when you have one of the following 5 Ds.

The first D stands for decade. When you hits 50, 60, 70, 80, or 90 years of age, in addition to celebrating your birthday, it may be an excellent chance to take the time and think about your future plan, which, of course, should include advance decision!

The second D stands for diagnosis. When your doctor diagnosed you with a several disease, you may feel depressed, angered, panicked, or agonized. By engaging in advance decision, you can calm yourself and begin planning one of the most important arrangements in life.

The third D stands for decline. When you discover that your eye sight, hearing, vitality and memory deteriorates, or that your joints are stiff and in pain, and your hands tremble uncontrollably, furthermore tasks you used to handle easily are now challenging and time-consuming, and you begin to feel weak and shortness of breath; and that your doctor confirms that your illness has deteriorated and your health has degenerated, aside from medication, surgery, rehabilitation, walking cane, walker, wheelchair, rehabilitation bus, day care, elderly home and other arrangements to accommodate your current needs, you should also consider what to do when your conditions decline further. Advance decision is therefore crucial. Take your time to discuss it with your family members. Make your own decision for your final moments.

The fourth D stands for discharge. Congratulation on your recent discharge. However, if you are hospitalized because of some acute diseases, hospitalization may bring you out of danger, and you may be discharged once your condition has stabilized, the onset of your acute diseases have led to the deterioration of your vital organs (including heart, lung, kidney, liver, and brain) and your self-care ability. It is terminal. Do not fear the ultimate ending that is unavoidable to all. Please draft your advance decision now!

The fifth D stands for divorce (divorce or widowhood). Your spouse is your closest companion in life, and in most cases your spouse is your representative in the advance decision. Divorce or widowhood are consequently one of the greatest challenges we face. Many vital documents must be revised, financial management replanned, social interactions readjusted, and many other arrangements that would require your attention. Advance decision is one of them. According to clinical data, people's health tends to deteriorate drastically a year after a divorce



Taipei Tzu Chi Hospital held a trial run by Vice Supt. Chang Heng-Chia (right) for advance care planning clinic, promoting patient autonomy on medical decisions. Chang You-Kang on the left.

or widowhood, and the risk of death increases exponentially. It is important to plan your life after the loss of your significant other, and to include advance decision in your planning.

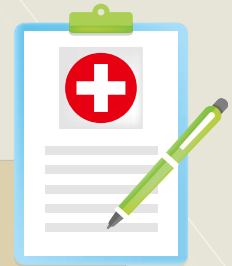
Life is filled with surprises, and among them is impermanence. When you face one of the 5 Ds, discuss ACP with your family and your physician. Timely preparation and planning will make your life a whole lot easier. I would like to remind you again, “drafting an AD does not mean you are giving up on life. It is the opposite. After signing your AD, you should seize every moment and live your life to the fullest before the inevitable arrive.”

Patient Autonomy Act

The declarant, at least one relative of first or second degree of affinity, and the health care agent shall participate in the advance care planning set forth in Subparagraph 1 of the preceding paragraph. Relatives who have obtained consent from the declarant may also participate.

To complete advance decision and for it to take effect, the act requires the declarant in person, at least one relative of first or second degree of affinity, and the health care agent who can make decisions on behalf of the declarant to participate in a consultation with an advance care planning clinic in a hospital designated by the Ministry of Health and Welfare, draft an advance decision in writing after a in-depth discussion with the medical team, and be notarized by a notary public or witnessed by two or more persons with full disposing capacity before the advance decision is registered in the declarant's National Health Insurance IC Card. When the declarant meet one of the five specific clinical conditions, after diagnosed by two physicians in relevant specialties and confirmed through at least two consultations convened by the palliative care team, the medical institution or physician may, in accordance with the advance decision, partially or fully terminate, withdraw, or withhold life-sustaining treatments, artificial nutrition and hydration.





☆ **What is Advance Care Planning (ACP)?**

The process of communication between the patient and medical service providers, relatives, and other related parties regarding the proper care that shall be offered to the patient and the options he or she has to receive or refuse life-preserving treatments and artificial nutrition and hydration when the patient is in specific clinical conditions, unconscious or unable to clearly express his or her wishes.

☆ **What is Advance Decision (AD)?**

A prior written and signed statement expressing the willingness of a person to accept or refuse life-sustaining treatment, artificial nutrition and hydration, or other types of medical care and a good death when he/she is in specific clinical conditions.

The five specific clinical conditions:

- 1. The patient is terminally ill.**
- 2. The patient is in an irreversible coma.**
- 3. The patient is in permanent vegetative state.**
- 4. The patient is suffering from severe dementia.**
- 5. Other disease conditions, announced by the central competent authority, that shall meet all of the following requirements that the conditions or sufferings are unbearable, that the disease is incurable and that there are no other appropriate treatment options available given the medical standards at the time of the disease's occurrence.**

Life-sustaining treatment: necessary medical measures that can prolong the lives of patients, such as cardiopulmonary resuscitation, mechanical life-support system, blood products, special treatments for specific diseases, and antibiotics against severe infections etc..

2. Artificial nutrition and hydration: Provision of food or fluids via tubes or other invasive means.

Note: The current do-not-resuscitate consent and organ donation consent can be signed by the declarant and be registered in his or her National Health Insurance IC Card. But according to the Patient Autonomy Act, advance decision can only be signed after consultation at advance care planning clinic. Advance decision does not have to be signed at the advance care planning clinic. It can be signed or modified at a later date.