Institute of Medicine
Committee on Approaching Death: Addressing Key End of Life Issues

AGENDA FOR PUBLIC FORUM

Monday, July 22
Baylor College of Medicine
One Baylor Plaza
Board Room, Room M-100

1:00 p.m. WELCOME AND COMMITTEE INTRODUCTIONS

David M. Walker and Philip A. Pizzo, MD
IOM Committee CoChairs

Paul Klotman, MD
President and CEO
Baylor College of Medicine

1:15 p.m. CLINICAL ETHICS

Overview of end-of-life decision-making principles including: respect for patient's values, goals, choices, and dignity, advance care planning, surrogate decision-making, role of current best interests of the incompetent patient, conscientious objections by health care workers and institutions, justice, and allocation of limited resources.

Jeremy Sugarman, MD, MPH, MA
Harvey M. Meyerhoff Professor of Bioethics and Medicine
Johns Hopkins Berman Institute of Bioethics

Overview of President’s Council on Bioethics 2005 report Taking Care: Ethical Caregiving in Our Aging Society. The importance of respect for human life and dignity and caring for persons who are disabled or enfeebled.

Rebecca Dresser, JD
Daniel Noyes Kirby Professor of Law
Professor of Ethics in Medicine
Washington University in St. Louis
Former Member, President’s Council on Bioethics

2:00 p.m. Discussion

2:30 p.m. BREAK
2:45 p.m. ADDRESSING SPIRITUAL AND RELIGIOUS NEEDS NEAR THE END-OF-LIFE

The importance of spiritual needs and concerns in patients near the end-of-life and the value of religion as a source of support for many patients. Value of health care professionals inquiring about those needs and concerns. The benefits (in terms of patient outcomes) of addressing those needs as part of high-quality palliative care. The importance of the physician and health care worker conscience and integrity in end-of-life care. Ethical dilemmas that arise in a diverse, pluralistic society when the health care professional holds strong religious beliefs that differ sharply from the religious beliefs of the patient.

Farr A. Curlin, MD
Associate Professor of Medicine
Co-Director, Program on Medicine and Religion
Faculty, MacLean Center for Clinical Medical Ethics
The University of Chicago

In a multidisciplinary health care team in end-of-life care, how can the patient's spiritual needs and concerns be addressed in a respectful way? Role of hospital chaplains in helping patients address these issues in a non-denominational way. Role of the patient's own religious advisors.

The Rev. Charles R. Millikan, D Min
Vice-President for Spiritual Care and Values Integration
The Methodist Hospital System
Houston TX

3:25 p.m. Discussion

4:00 p.m. ADJOURN PUBLIC SESSION

July 23, 2013
Texas Children’s Cancer Center
6701 Fannin Street
Auditorium

9:00 a.m. WELCOME AND COMMITTEE INTRODUCTIONS

Philip A. Pizzo, MD and David M. Walker
IOM Committee CoChairs

9:15 a.m. EMPIRICAL AND LEGAL ISSUES REGARDING POLST

Critical overview of empirical evidence regarding the impact of POLST on clinical care and outcomes. Does POLST lead to fewer days in the Intensive Care Unit in the last week of life, CPR before death, etc.? Do states that have robust POLST programs have different levels of specific medical interventions in end-of-life care? Does POLST reduce disputes regarding end-of-life decisions? Does POLST prevent complicated grieving by survivors or decision regret?
Susan E. Hickman, PhD  
Associate Professor, Indiana University School of Nursing  
Co-Director, RESPECT Signature Center, IUPUI  
Senior Affiliate, IU Health Fairbanks Center for Medical Ethics

Challenges and limitations in advance care planning and POLST, with particular attention to vulnerable patients. The importance of conversations in advance care planning as well as documentation of orders and the challenges in improving these conversations.

Rebecca Sudore, MD  
Associate Professor of Medicine  
University of California, San Francisco

What legal issues might present challenges to a patient and family who wish to use the POLST form or other types of advance care planning? May a surrogate complete a POLST for a patient who has already lost decision-making capacity? Are there restrictions on using POLST to decline feeding tubes in patients with severe dementia or stroke? Are these limitations communicated effectively to patients and families using POLST? Have there been cases involving POLST in the courts? What other legal approaches to advance care planning have states implemented, such as default priority for surrogates and oral appointment of health care proxies, and how have they worked in practice?

Alan Meisel, JD  
Director, Center for Bioethics and Health Law  
Dickie, McCamey and Chilcote Professor of Bioethics, and Professor of Law and Psychiatry  
University of Pittsburgh

10:00 a.m. Discussion
10:45 a.m. BREAK
11:00 a.m. PUBLIC COMMENT
Members of the public who register will have 5 minutes to comment on any topic related to the study charge.
12:00 p.m. ADJOURN PUBLIC SESSION