

Minutes from June 18, 2004 Meeting of the State Advisory Council on Quality Care at the End of Life

Meeting time and place: June 18th, 2004, 10:00 a.m., in the Conference Room of the Department of Aging, 301 West Preston Street, 10th floor.

Council members present: Dr. Cynda Rushton, Council Chairperson; Hon. Jacqueline Phillips (Secretary of Aging's designee); Hon. Paula Hollinger; Ms. Muriel Foes; Dr. Rick Fornadel; Ms. Marguerite Gilner; Dr. Karen Kauffman; Dr. Timothy Keay; Dr. Steven Levenson; Rev. Daniel Mindling; Mr. Jack Schwartz (Attorney General's designee).

Council members unable to attend: Ms. Lennita Anderson-Selvey; Ms. Carol Benner (Secretary of Health and Mental Hygiene's designee); Ms. Ruth Eger; Ms. Sharon Fine; Hon. Barbara Frush; Rabbi Mark Loeb; Ms. Toni Pajardo; Hon. Jean Roesser; Ms. Catherine Stavely.

Others present: Mr. Anand Das; Dr. Karen Spencer; Ms. Fran Stoner; Mr. Mike Lachance; Ms. Susan Lyons; Ms. Gail Mansell; Ms. Charlotte Hautin; Ms. Kelley Ray; Mr. Ted Meyerson.

Dr. Cynda Rushton welcomed the group and introductions were made around the room. Mr. Schwartz of the Attorney General's Office then summarized three bills that were passed into law during the 2004 legislative session.

House Bill 207 affects the appointment of a health care agent. Under current law, "an owner, operator, or employee of a health care facility from which [the individual making an advance directive] is receiving health care may not serve as a health care agent unless the person would qualify as a surrogate decision maker..." House Bill 207 extends this prohibition to the spouses, parents, children, and siblings of those subject to the current disqualification. However, the bill also clarifies that the disqualification does not apply at all if the advance directive naming the health care agent was made prior to the individual's receipt of services (or contract to receive them) from the health care facility.

House Bill 557 amends the Health Care Decisions Act (as well as other parts of the Maryland Code) to provide for an information sheet concerning advance directives and for various means by which the information sheet will be distributed to the public, including at local health and social services agencies and MVA offices. This bill, sponsored by Delegate Dan Morhaim, is intended to encourage people to engage in advance care planning and to complete advance directives. Mr. Schwartz will distribute a

draft information sheet for comment to Council members and interested members of the public in the coming months.

House Bill 556, which was introduced by Delegate Morhaim and (in the Senate version) by Senator Bollinger, amends the Health Care Decisions Act to authorize a new document, the “Patient’s Plan of Care” Form. The new form, which will be developed by the Attorney General’s Office after a consultative process, will serve as a summary of the overall plan of care, including the use of life-sustaining treatments, that has been decided upon by or on behalf of a patient. The law authorizes health care providers to prepare the form for a patient and makes clear that the form is voluntary.

After the legislative summary, Mr. Schwartz and Senator Hollinger fielded questions about the newly passed legislation. Concerns raised by Council members regarding HB 556 included the extent to which physicians acting in good faith had immunity and how the document would be used with the existing EMS/DNR form. There was also discussion about the potential impact of Pope John Paul’s recent remarks on the use of feeding tubes in cases of persistent vegetative state.

Dr. Spencer then requested the group to discuss how the new legislation affects the Council’s priorities. In the past, among other priorities, these have included providing vulnerable populations (including minors) with better access to quality care, care planning for patients with life threatening conditions, the development of model systems and policies, and overcoming legal barriers to integrating palliative care.

Several Council members responded that the legislation supports the Council’s overall objectives. Concerns arose, however, about the need to engage communities who have not been accustomed to end-of-life care planning. Members recommended that the information sheets created by the new legislation be in a standardized, easily readable format and that the Council should look to make these forms available to churches and local businesses as well as public transportation sites. Further discussion with community representatives and stakeholders on these matters would be helpful.

After the discussion, Dr. Levenson presented to the Council an updated version of a document he produced detailing steps providers and patients could use to approach end-of-life decision making. He maintained that the new legislation could be viewed as a subset of the processes set forth in his document. The Council’s consensus was that the document ought to be presented to a wider audience for its comment and reaction, as the next step toward final Council action.

Dr. Fornadel delivered the last presentation of the morning on Aetna’s new

“compassionate care” initiative. He detailed ways in which nurse practitioners and doctors could broach the subject of end of life care and cited some of the benefits, case management services, and decision support tools that Aetna is developing for its members. The Council’s consensus was that this is a significant venture, one that is supportive of the Council’s goals and priorities.

Mr. Schwartz then informed the Council that the “summit” of key stakeholders has been rescheduled to **Friday, October 8** at the University of Maryland Law School. He requested that Council members plan to attend themselves if possible and suggest names of individuals and organizations who they feel would best contribute to the event. Because the event is intended to be highly participatory with a relatively small number of invitees, Mr. Schwartz reminded the group that the summit’s steering committee would determine the final guest list.

Dr. Rushton closed by announcing that planning is underway for a Pediatric Palliative Care Summit on October 14 at the Johns Hopkins School of Nursing. The goals of the meeting are to understand what is currently being done and what gaps exist and to offer recommendations on how to address end-of-life care issues specific to pediatrics. Further information will be shared with the Council as it becomes available.

The meeting was adjourned at noon.