Minutes from June 20, 2003 Meeting of the
State Advisory Council for Quality Care at the End of Life

Meeting time and place: June, 2003, 10:00 a.m., in the Conference Room of the Department of Aging, 301 West Preston Street, 10th floor.

Council members present: Ms. Lennita Anderson-Selvey; Ms. Ruth Eger; Ms. Sharon Fine; Ms. Muriel Foos; Dr. Richard Fornadel; Ms. Marguerite Gilner; Karen Kauffman; Dr. Timothy Keay; Rev. Daniel Mindling; Dr. Cynda Rushton; Ms. Catherine Stavely; Mr. Jack Schwartz (Attorney General's designee); Ms. Carol Benner (Secretary of Health and Mental Hygiene's designee); Hon. Jacqueline Phillips (Secretary of Aging's designee); Hon. Paula Hollinger; Hon. Barbara Frush

Council members unable to attend: Ms. Melinda Evans; Rabbi Mark Loeb; Hon. Jean Roesser; Dr. Steven Levinson; Ms. Toni Pajardo

Others present: Mr. Anand Das; Ms. Lin Layton (via speaker phone); Dr. Karen Spencer; Ms. Chantal Ornstein; Dr. Linda De Feo; Hon. Dan Morhaim; Ms. Donna DeLeno; Ms. Laura Howell; Ms. Anne Wilkinson; Ms. Sue Carroll; Ms. Fran Stoner; Ms. Deborah Pyles;

Ms. Jacqueline Phillips, Deputy Secretary of Aging, opened the meeting and conveyed Secretary Jean Roesser's regrets that she could not attend.

Dr. Cynda Rushton, Chair of the Council, then recognized the progress the group had made since the first meeting and solicited questions or comments.

Delegate Dan Morhaim described the reasons why he sponsored a bill in the last session requiring Medicaid patients to fill out advance directives and urged the Council to think about ways to promote the use of advance directives.

Ms. Karen Kaufmann requested clarification on the certification requirements in the Health Care Decisions Act and Dr. Tim Keay brought the Physicians' Order for Life Sustaining Treatment (POLST) form to the Council's attention.

After these questions and concerns were addressed, Dr. Karen Spencer began facilitating the meeting and asked each member to indicate his/her top ten recommendations from the recommendations form provided. Dr. Spencer proceeded to read each recommendation aloud and tally the votes by hands raised. The following recommendations were those that garnered the most votes (in descending order):

The Council should:

1) Consider the Physician's Order for Life Sustaining Treatment (POLST) form as a way to lessen the burden of redundant paperwork across health care settings

2) Explore the development of a document similar to the POLST form so that patients' wishes for resuscitation, medical interventions, antibiotics, artificial feedings, and other elements of care at the end of life can be turned into portable orders for improved continuity of care

3) Work with ministers, parish nurses, and others in the faith community in order to help increase access to quality end-of-life care and the use of advance directives, especially among minority communities

3) Revisit and reevaluate the two physician requirement because there are some settings, such as nursing homes, where it is rare to have more than one physician making regular rounds

5) Identify best practices on how to educate proxies (that is, health care agents and surrogates) about their role as decision makers

6) Identify concrete ways of promoting the concept that palliative care should be an integral part of ongoing clinical care and planning, instead of being introduced only after further efforts at curative therapy are deemed useless

6) Examine if policies and systems of accountability currently in place are adequate for prisoners, the mentally ill, the developmentally disabled, and foster children, among others, in the State's custody

6) Explore changes to Maryland's Medicaid program that would end reliance on a six-month prognosis requirement

The prioritizing process prompted comments from several people present. Delegate Barbara Frush, the sponsor of the bill establishing the Council, questioned whether the Council was focusing enough on providing care for persons at the end of life who may not have family or friends to take care of them.

Senator Paula Hollinger echoed Delegate Frush's statements and also touched upon the pain management issues that should be of concern to the Council.

Other comments around the room included the need to pay attention to the needs of the caregiver and the patient's family and what to do if a patient has lost capacity.

Dr. Rushton responded by stating that prioritizing recommendations was an incremental process that will help achieve the Council's goals. Mr. Schwartz then offered to develop a set of principles based on members' concerns that might help to guide the Council in future discussions.

As a next step, the Council agreed to reorganize the prioritized recommendations into a set of priority areas. Prior to the next meeting of the Council on October 17th, members will:

(1) volunteer to work on one or more priority areas; and

(2) sing the template provided at the June 20th meeting, identify specific action items necessary to promote priority objectives.