

**State Advisory Council on Quality Care at the End of Life
Minutes from October 20, 2006 Meeting**

Meeting time and place: October 20, 2006, 10:00 a.m., in the Department of Aging's Conference Room, 301 West Preston Street, 10th floor.

Council members present: Dr. Cynda Rushton, Chair; Ms. Catherine Boyne; Ms. Ruth Eger; Ms. Karen Kauffman; Dr. Timothy Keay; Ms. Wendy Kronmiller (Secretary of Health and Mental Hygiene's designee); Mr. Mike Lachance (Secretary of Aging's designee); Dr. Steve Levenson; Mr. Ted Meyerson; Mr. Jack Schwartz (Attorney General's designee).

Others present: Dr. Barbara Blaylock; Ms. Kristen Clark; Mr. Jim DeBoy; Ms. Christine MacMillan; Ms. Fran Stoner; Dr. Gary Wilks.

Dr. Cynda Rushton convened the meeting at 10:00 and welcomed the Council members and guests. She particularly welcomed Catherine Boyne, President of the Hospice of Baltimore, who was recently appointed to the Council.

The first portion of the meeting was devoted to current items of interest raised by Council members and guests. Much of this discussion concerned the Patient's Plan of Care form (PPOC), which has been in use for one year. Thanks to an effort underway at the Research Institute of the Hebrew Home in Rockville, reported to the group by Dr. Wilks, some data will be forthcoming about the usefulness of the PPOC as a screening tool for palliative care needs. In addition, a survey of nursing home medical directors will cast light on their attitudes about the PPOC. Anecdotal evidence suggests a wide variation in use of the form, including facilities that use it improperly or not at all. Some Council members and guests observed that shortcomings in the use of the PPOC are likely symptomatic of a broader inattention to process and systemic problems. Suggestions included vigorous regulatory oversight and heightened efforts at public outreach, perhaps in conjunction with broad-based and respected membership organizations like AARP and the Alzheimer's Association. A particular problem raised was the concern of some social workers that they are being asked to guide families through the clinical issues on the PPOC without appropriate training or support.

During this portion of the meeting, Dr. Blaylock informed the Council of active plans for an "Advance Directive Day" in Montgomery County in April 2007. The County is also in the process of translating the new statutory advance directive form into six languages. Mr. Schwartz then distributed a summary of data updating the Last Acts "report card" for Maryland, a project undertaken by Dr. Eileen Kim, a physician and Greenwall Fellow at the Berman Bioethics Institute at Johns Hopkins. Mr. Schwartz also distributed copies of a recent letter of advice from his office, on the use of methadone as an analgesic.

Mr. Schwartz then reported about ongoing work to address an issue pending from the 2006 legislative session, namely certification of incapacity. Senate Bill 369 of 2006 was introduced with a provision that would have authorized certifications of incapacity to be done by one physician and one psychologist, as an alternative to certification by two physicians (current law). Because this provision turned out to be controversial, it was amended out of the bill, with the understanding that the Attorney General's Office would be studying this issue further. Mr. Schwartz reported that Dr. Kim was working with him to do a full analysis of capacity assessment in this context, which is essential to any recommendation about who might best be assigned the responsibility for certifying incapacity. Mr. Schwartz indicated that, in order to complete this analysis and for a variety of other reasons, no proposal on this topic would be forthcoming for the 2007 legislative session.

The remainder of the discussion focused on the Stakeholders' Summit, scheduled for November 13, 2006 at the University of Maryland School of Law. Like the Council's first summit in 2004, this is envisioned as a highly interactive meeting of invited participants, large enough to allow for representation of a wide range of interests but small enough to facilitate conversation. Dr. Rushton and Council members discussed the two focal topics for the summit, integrating palliative care more effectively into the overall care of children with life-threatening illness and end-of-life care for patients with advanced dementia. Consensus points included the need for patient or care giver views and the importance of reinforcing facility commitment to an organized and ethically sound process of care.

The Council set its next meeting for Friday, January 19, 2007, at 10:00 at the Department of Aging.

No further items of business having been presented, Dr. Rushton adjourned the meeting at 11:45.