

Durable Power of Attorney for Health Care in Oncology

Needs Statement

Oncology patients need continuing support in making health care decisions.

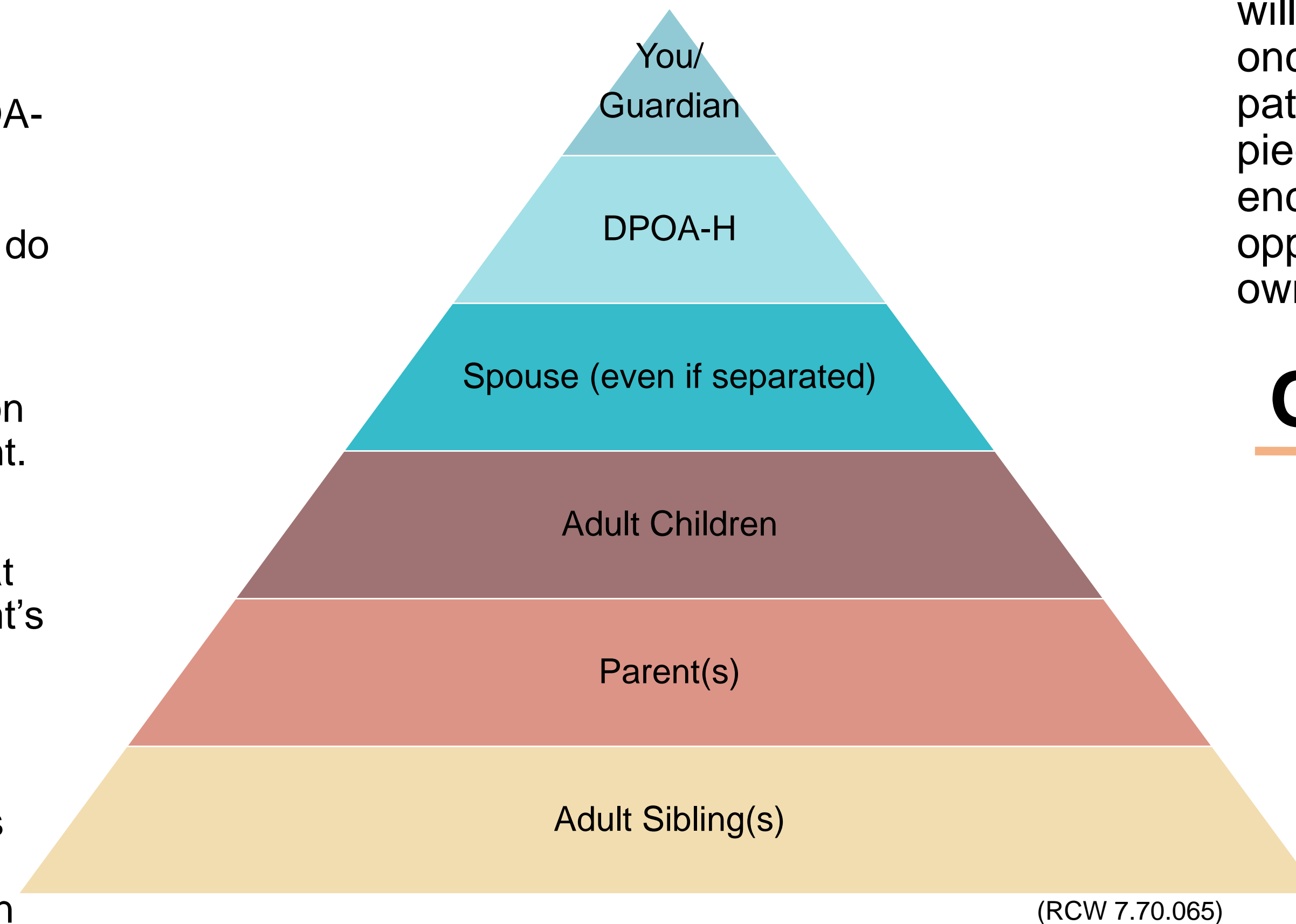
Research

- Durable power of attorney for health care (DPOA-H) is a form where you can appoint a person/people that you would trust to make medical decisions for you if you were unable to do so yourself.
- There is a default decision maker hierarchy in place if a DPOA-H is not in place, but the person or people listed may not be who you would want.
- Some medical professionals fear that they are insinuating that the patient is going to die or that by discussing the topic they will raise the patient's anxiety (Dow et al., 2010; Green et al., 2015)
- Research conducted by Green et al. (2015), found "patients with advanced cancer who participated in this study using online ACP tools had improvements in knowledge without experiencing a decrease in hope, an increase in hopelessness, or an increase in anxiety" (p. 1092) and that clinicians therefore should not avoid end-of-life preparation out of concern for the patient's tolerance on the topic.
- The number one reason respondents gave for not having an advance directive was "I don't know what advance directives are" (Rao, Anderson, Lin, & Lauz, 2014, p. 68).

Monica K. Wilber, BASW, MSW Candidate
University of Washington Tacoma
monica93@uw.edu

Goal Statement

All oncology patients will have been given the opportunity to complete a durable power of attorney for health care (DPOA-H).



References

- Dow, L.A., Matsuyama, R.K., Ramakishnan, R., Kuhn, L., Lamont, E.B., Lyckholm, L., & Smith, T.J. (2010). Paradoxes in advance care planning: the complex relationship of oncology patients, their physicians, and advanced medical directives. *Journal of Clinical Oncology*, 28(2), 299-304. doi:10.1200/JCO.2009.24.6397
- Green, M.J., Schubart, J.R., Whitehead, M.M., Farace, E., Lehman, E., & Levi, B.H. (2015). Advance care planning does not adversely affect hope or anxiety among patients with advanced cancer. *Journal of Pain and Symptom Management*, 49(6), 1088-1096. <https://doi.org/10.1016/j.jpainsymman.2014.11.293>
- Rabow, M., McGowan, M., Small, R., Keyssar, R., & Rugo, H. (2019). Advance care planning in community: An evaluation of a pilot 2-session, nurse-led workshop. *American Journal of Hospice and Palliative Medicine*, 36(2), 143-146. doi:10.1177/1049909118797612
- Rao, J.K., Anderson, L.A., Lin, F., & Lauz, J.P. (2014). Completion of advance directives among U.S. consumers. *American Journal of Preventative Medicine*, 46(1), 65-70. <https://doi.org/10.1016/j.amepre.2013.09.008>

Intervention

Using workshops based off of Rabow, McGowan, Small, Keyssar, and Rugo's (2019) patient workshop on advance care planning; we will have two separate workshops. One for oncology professionals and the other for patients. Each would go through an educational piece around DPOA-H, involve activities that encourage end-of-life discussions, and give the opportunity for participants to complete their own DPOA-H.

Outcomes & Indicators

Outcome 1: Increased knowledge around DPOA-H after completing the workshop

- Indicator 1a: Able to explain the default hierarchy in Washington State
- Indicator 2a: Know how having a DPOA-H in place can affect their health outcomes

Outcome 2: Improved communication skills around discussing DPOA-H after attending a workshop

- Indicator 1a: Feel more comfortable bringing up the topic of DPOA-H with patients
- Indicator 2a: Have a plan for how a discussion around DPOA-H would go with family present