

SUBJECT: Creation of Elective Electronic National Advanced Directive and Code Status Registry

SUBMITTED BY: Michigan Association of Osteopathic Family Physicians (MAOFP)

REFERRED TO: 2023 American College of Osteopathic Family Physicians (ACOF) Congress of Delegates

RESOLUTION NO. 17

WHEREAS, nearly 40% of adult medical inpatients and hospice residents and over 90% of intensive care patients lack decisional capacity, approximately 20-29% of Americans have completed an advanced directive documenting their treatment wishes should they become incapable of making decisions themselves; and (1)

WHEREAS, a lack of advance care planning has resulted in significant and unnecessary financial burdens for patients and their families: 33-38% of patients near the end of life received non-benefiting treatments, defined as treatments “administered with little or no hope of it having any effect, largely because of the underlying state of the patient's health and the known or expected poor prognosis regardless of treatment”; and (2)

WHEREAS, a lack of advance care planning has resulted in significant emotional burden for patients’ surrogate decision makers with one third of patients’ surrogate decision makers experiencing stress when making decisions, guilt over the decisions made, and doubt regarding whether they had made the right decisions on behalf of the patient they were representing; now, therefore be it (3)

RESOLVED, that the American College of Osteopathic Family Physicians (ACOF) ~~supports-encourages~~ the creation of an elective electronic National Advanced Directive and Code Status Registry to which patients may choose to participate in an electronic upload of their advanced directives and/or indicate their code status to increase communication of their wishes no matter what the healthcare setting, ~~and, be it further~~

~~RESOLVED, that the ACOFP encourages such an elective electronic National Advanced Directive and Code Status Registry be readily accessible within the most commonly used major electronic medical record systems, similar to the approach taken to controlled substance prescription monitoring services within current Electronic Medical Records (EMR) systems.~~

FINAL ACTION: REFERRED BACK TO AUTHOR

Explanatory Statement: To clarify whether it already exists, and the second resolve is restricted and physicians that do not have EMR compatibility may have to change systems.

References:

1. DeMartino, E., Dudzinski, D., Doyle, C., Sperry, B., Gregory, S., & Siegler, M. et al. (2017). Who Decides When a Patient Can't? Statutes on Alternate Decision Makers. *New England Journal Of Medicine*, 376(15), 1478-1482. doi: 10.1056/nejms1611497
2. Cardona-Morrell M, Kim J, Turner RM, Anstey M, Mitchell IA, Hillman K. Non-beneficial treatments in hospital at the end of life: a systematic review on extent of the problem. *Int J Qual Health Care*. 2016 Sep;28(4):456-69. doi: 10.1093/intqhc/mzw060. Epub 2016 Jun 27. PMID: 27353273.
3. Wendler D, Rid A. Systematic review: The effect on surrogates of making treatment decisions for others. *Ann Intern Med*. 2011;154(5):336-346.