

Ethical and Equitable Care: Navigating Serious Illness Care in Individuals with Serious Persistent Mental Illness

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No Conflicts of Interest
to Disclose
(By any of the presenters)

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Our Guiding Principles

- ▶ We elevate and hear the voice of the patient and their family as desired; the person is the expert of their life.
- ▶ We support self-determination and hope.
- ▶ We focus on what is *important to* AND *important for* the person to help drive goals of care and on-going treatment.
- ▶ We remember that capacity is situation and time specific; just living with SPMI does not render someone incapacitated for all decisions.
- ▶ We always engage with respect, and we presume competence and capacity, even if it's unclear or not present.
- ▶ For people without capacity for the decision at hand, we still consider preferences and interests.
- ▶ We do not simply abandon people to “choice.”

Promoting Equitable Patient- and Family- Centered Care

- CENTERING THE INDIVIDUAL'S VOICE AND NARRATIVE
- GAUGING VALUES AND PREFERENCES
- ENGAGING IN ACP
- DEFINING QOL FOR THE INDIVIDUAL

Case Presentation: Ms. S

Serious Persistent Mental Illness (SPMI) in the Palliative Care Setting

1. **COMORBID SPMI +
LIFE-THREATENING
MEDICAL ILLNESS**
2. **TERMINAL
PSYCHIATRIC ILLNESS**

Defining SPMI

SERIOUS PERSISTENT MENTAL ILLNESS (SPMI):

COLLECTION OF MENTAL DISORDERS THAT
IMPACT FUNCTIONING OVER THE COURSE
OF ONE'S LIFESPAN

Poorer health
outcomes^{1,2}

Less disease-
directed treatment³

Higher rates of
mortality⁴

Less time between
diagnosis and
death³

Higher rates of
death in the ED and
ICU³


Comorbid SPMI and Life- Threatening Physical Illness

¹Plana-Ripoll et al., 2019

²Walker et al., 2015

³Fond et al., 2019

⁴Sheridan, 2019



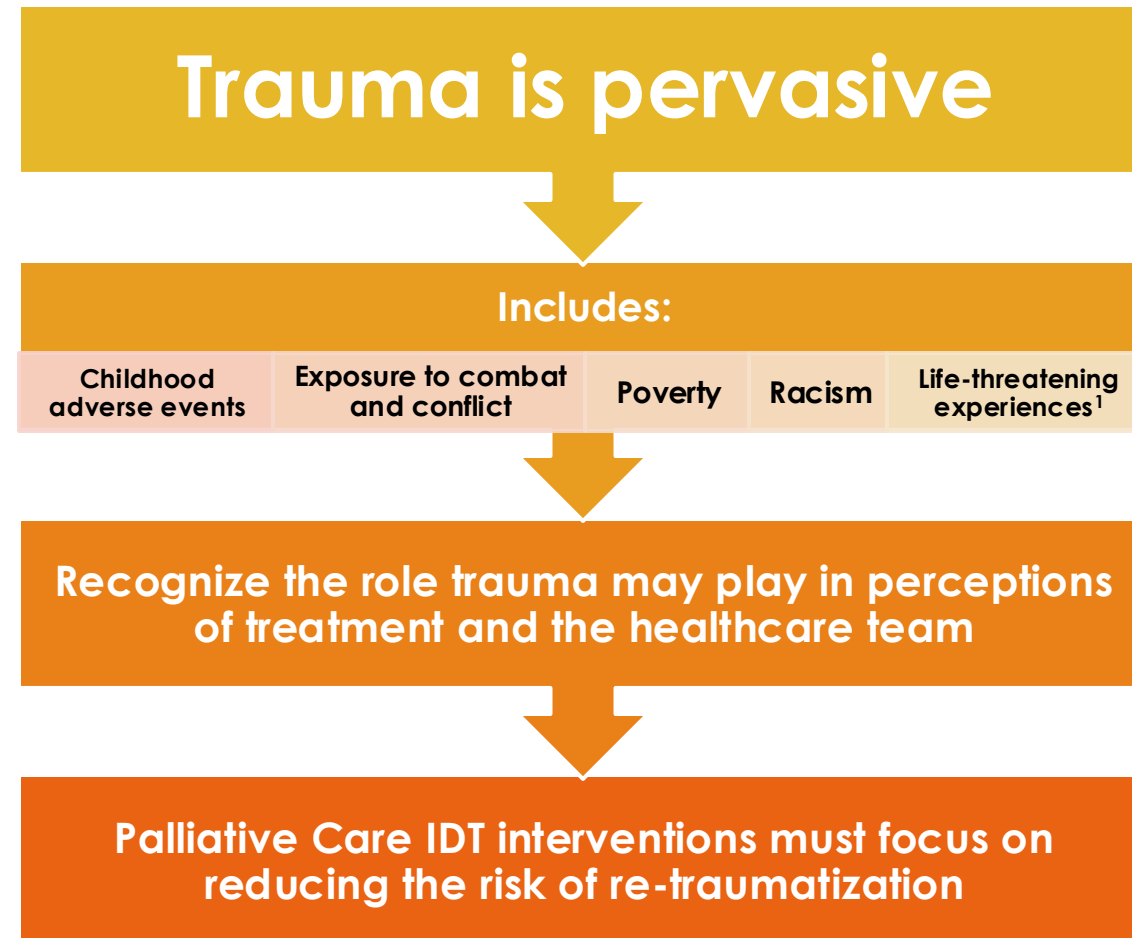
The Power of the Multidisciplinary Care Team

PALLIATIVE CARE, PSYCHIATRY, SOCIAL WORK, CLINICAL ETHICS
AND OTHER SPECIALISTS

THE BRIDGE STUDY: PERSON-CENTERED COLLABORATIVE CARE
MODEL FOR PATIENTS WITH SERIOUS MENTAL ILLNESS

- DECREASED CANCER TREATMENT DISRUPTIONS
- IMPROVED PSYCHIATRIC ILLNESS SEVERITY AND ANXIETY

The Value of Trauma-Informed Care



de Groot, Janet M., et al. "Trauma-informed palliative care is needed: A call for implementation and research." *Palliative Medicine* (2023): 02692163231206998.

Capacity

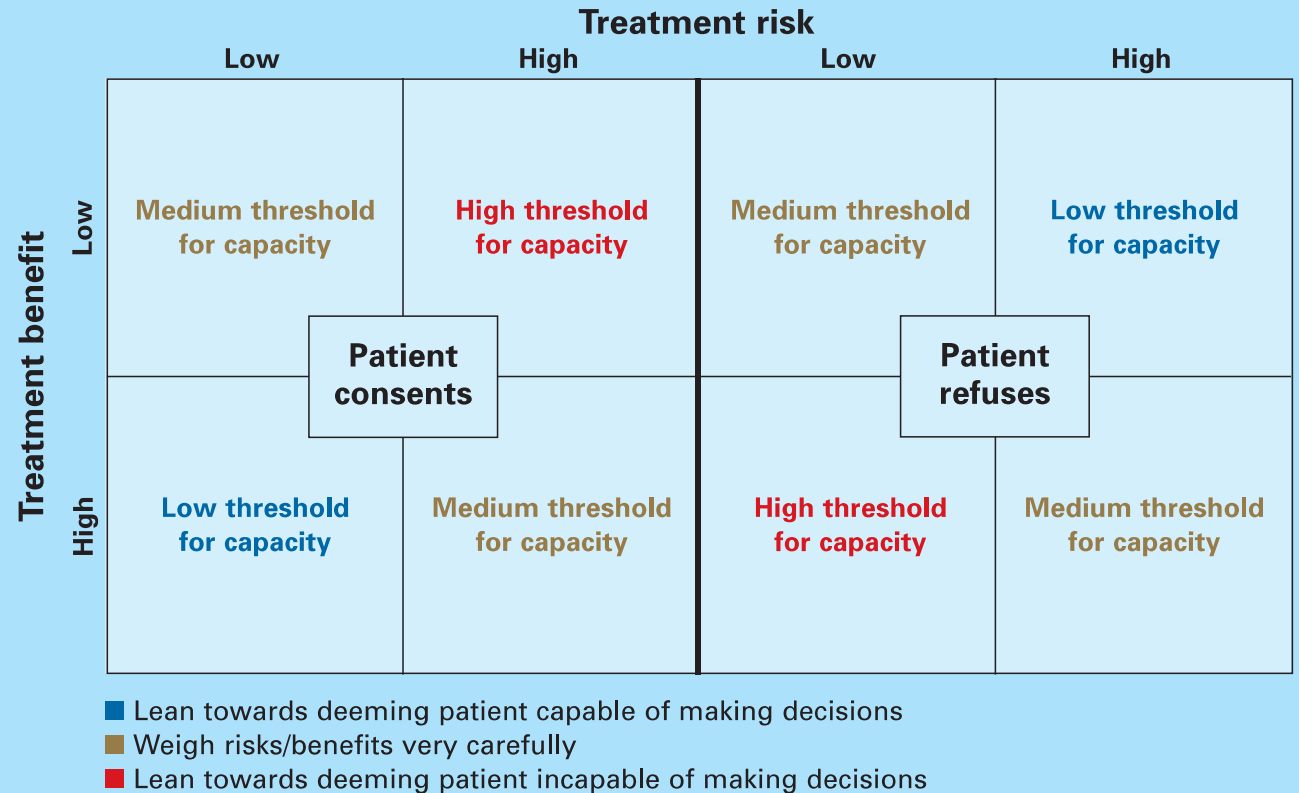
Capacity depends upon the decision being made

- **Low risk/High benefit** decisions require a low level of capacity
- **High risk/Low Benefit** decisions require a high level of capacity

Figure

3-dimension model for evaluating capacity

Does the patient have the capacity to consent to or refuse a particular medical treatment? To formulate an opinion, weigh 3 dimensions: the patient's decision, the treatment's benefit, and the treatment's risk.



Decision-Making Capacity vs Ability to Express Preferences

Even patients who lack capacity may still be able to **express preferences**

- Supports autonomy
- Promotes liberty
- Supports surrogate decision-makers
- Offer rank ordering of treatment options



Ethical Considerations

- Promote, protect, and support autonomy
- Promote justice and equitable access to high-quality palliative and psychiatric care
- Ensure respect for the individual
- Optimize liberty
- Support surrogate decision-making that honors the person's wishes and best interests

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LIFE-THREATENING
MEDICAL ILLNESS
2. **TERMINAL
PSYCHIATRIC ILLNESS**

Defining Terminal Psychiatric Illness

TERMINAL PSYCHIATRIC ILLNESS:


POOR PROGNOSIS, LACK OF RESPONSE TO EVIDENCE-BASED TREATMENT, ONGOING PHYSICAL AND PSYCHIATRIC DECLINE

Palliative Psychiatry in the News

Should Patients Be Allowed to Die From Anorexia?

Treatment wasn't helping her anorexia, so doctors allowed her to stop — no matter the consequences. But is a “palliative” approach to mental illness really ethical?





“An explicitly palliative approach within psychiatry has the potential to improve quality of care, person-centeredness, outcomes, and autonomy for patients with severe persistent mental illness.”

Trachsel, Irwin, Biller-Andorno, Hoff, & Riese (2016)

The Psychiatric Advance Directive

Completed when the person is
psychiatrically stable

Outlines wishes related to
psychiatric treatment should
they lose capacity

Can name a desired surrogate

Let's Talk Policy

- REIMBURSEMENT FOR ACP, INCLUDING THE PSYCHIATRIC ADVANCE DIRECTIVE
- FUNDING OF COLLABORATIVE CARE RESEARCH AND IMPLEMENTATION
- LEGISLATION TO SUPPORT EARLIER INTEGRATION OF PALLIATIVE CARE

Promising Bills in Congress to Support Education and Access

- ▶ Provider Training in Palliative Care Act (S2117)
- ▶ Expanding Access to Palliative Care Act (S1845)

The **New** Uniform Health Care Decisions Act

- ▶ Modernizes and expands the 1993 Uniform Health-Care Decisions Act
- ▶ Approved by the ULC September 19, 2023
- ▶ Next Step: State adoption?

- Clarifies when a surrogate may make health-care decisions for a patient.
- Clear standard for determining an individual lacks capacity
 - focus on the person's functional abilities and whether the person could make the decision with support
- Authorizes the use of psychiatric advance directives

Discussion

