

DEATH WITH DIGNITY AND CARING IN NEVADA

EXECUTIVE SUMMARY OF RECOMMENDATIONS

**Published by: The Nevada State Attorney General's Office
January 1997**

1. Educating and training present healthcare providers is a priority. By January 1998, HealthInsight, a non-profit organization, and other organizations in cooperation with Nevada Medical Society, Nevada Hospital Association and Nevada Nurse's Association should be encouraged to institute more comprehensive training programs for present healthcare providers. An administrator or designated employee responsible for training coordination should be organized and collaborate between hospitals' and long-term care facilities' personnel to ensure healthcare providers have a workable understanding of the essential components in Nevada statutes. It is important the attending physician or other healthcare provider complies with NRS 449.535 to 449.690. Equally important, this physician or healthcare provider must be cognizant of the patient's wishes and protect those wishes.
2. "Advance Directive" cards linked with computer information networks could provide information regarding a patient's life-sustaining decisions, e.g., "Advance Directives," "Do Not Resuscitate," and "Durable Power of Attorney for Health Care."
3. Enhanced educating and training of present healthcare providers is a priority. This continuous training should include the use of drugs as well as alternative methods. Cooperation in sharing training concepts with pain management should be encouraged and where possible institutions should offer this kind of educational programs. It is important to maintain flexibility for specific programs, using a multitude of available resources to deal with the both small and large healthcare providers. Pain management and sufferings of those in the process of dying must be considered as seriously as other factors in the practice of good medical care.
4. As soon as practical, requirements should be placed on all healthcare professionals to have a specified number of CEO, CME, CEU or other equivalent continuing education credits which pertain to pain management and palliative care for the renewal of their licenses.
5. Encourage the Department of Human Resources to work with the appropriate entities to obtain a grant or other comprehensive funding to develop additional

- hospice-type care units for patients declared terminally ill before January 1998. Develop two healthcare units. One would be the Intensive Care Unit and the other would be the Palliative or Acute Care Unit.
6. Pain should be embraced as the fifth “vital sign” when caring for a patient.
 7. HealthInsight and other organizations should coordinate a public education program to inform consumers about current education and service opportunities available throughout the state. The public education program should have the potential to reach more people who may be putting off making these decisions and to heighten awareness of others. A protocol should be developed to assist consumers and their families with decisions concerning end-of-life. This program must better educate all ages concerning end-of-life decisions.
 8. Public education is essential to better comprehend the necessity of adequate pain management. Physicians should be encouraged to continue to initiate discussions on goals of care. This discussion should include advance directives as part of a routine patient history. Physicians should particularly discuss goals of care and advance directives with all elderly patients and patients with chronic or terminal illnesses. The discussions should go beyond a mere inquiry as to whether the patient has executed an advance directive, but should also focus on why an advance directive should be considered. The physician should be able to respond to all questions and provide back-up information. An ad hoc task force could be developed to hold open informal/educational forums to heighten public awareness. Better education and information regarding medical drugs could promote patients and families to seek treatment for pain and concerned with end-of-life care. An easy to understand Questions & Answers pamphlet about “Durable Power of Attorney for Health Care” could be devised and may be helpful to patients or family members when decisions about health care are made. The pamphlet should be distributed statewide.
 9. All Nevada media outlets should sent a copy of this report and whenever possible be encouraged to broadcast public service announcements about public educational forums, activities and achievements to reach the widest possible audience. Hospitals and other care-facilities should assist and cooperate with this ongoing campaign in conjunction with their own public education efforts.
 10. The Death With Dignity and Caring in Nevada Bioethics Taskforce should be encouraged to establish a cooperative bioethics center. This collaborative effort should guide a dialogue among bioethicists in an effort to coordinate institutional actions or policies in a cooperative effort to share ideas among institutions. The bioethicists must define the actions and provide assistance to each hospital, long-term care facilities or other healthcare providers in medical treatments, including the effective use and implementation of declarations and durable power of attorney for healthcare

11. As soon as applicable bioethics requirements for continuing legal education for attorneys pertaining to death and dying issues should be developed and implemented. Healthcare providers, bioethicists and other personnel dedicated to assisting patients with the issues encompassing death or dying should be encouraged to coordinate continuing education in ethics consistent with continuing legal education.
12. As soon as practical, primary care physicians/practitioners should strongly be encouraged to initiate advance directive planning in the office with each patient. The physician and health insurance companies could co-sponsor tools, such as an Advance Medical Care Planning Kit. HealthInsight or other similar organizations should be encouraged to assist in development of required training for the kit's use and assist the healthcare providers by developing skills for a structured deliberation with their patient.
13. NRS 449.550 defines the term "declaration" and provides a sample form in NRS 449.610. Both the "Durable Power of Attorney for Health Care Decisions" and "Declaration" are two different types of Advance Directives. The statutory term "declaration" does not necessarily indicate this form is used to consider a patient's healthcare choices, decisions or desires. Therefore the term "declaration" should be clarified.
14. Nevada statutes and regulations should be modified to increase availability of medically necessary analgesic medications, including opioids. Provisions for appropriate medications must be considered to effectively provide proper pain management.