As healthcare providers we have ethical duties that we take very seriously. We have three basic duties:

- the duty to plan for the uncertain,
- the duty to safeguard our workforce and the vulnerable we serve and
- the duty to guide contingency levels of care and crisis standards of care.

As a healthcare leader, the past several weeks have been like nothing I have experienced in my career. No matter what type of healthcare service provided, we are working to rapidly implement new processes and workflows to meet the needs of the vulnerable people served and ramp up for the increases in services needed. It is remarkable how we rally together, working around the clock to prepare for and manage this extraordinary situation.

Those at highest risk are older adults who have serious chronic illnesses. An estimated 60% of all Americans have at least one chronic health condition, and 40% have more than one. Research from China tells us those with one or more chronic conditions are 1.8 to 2.6 times likely to be put on a ventilator and be in the ICU. As we do our best to prepare ventilators and ICU beds to meet the impending needs, we must also continue to treat unexpected emergencies. As states review and update their crisis standards of care, documents that help us determine how limited resources will be used, we are all deeply troubled.

The responsibility weighs heavy on our shoulders, knowing we’ve not yet seen the peak of COVID-19. How do we support our healthcare workers to help relieve their moral distress when we feel ill prepared for the influx that is yet to come? While there are still so many unknowns, there is one thing that is known – advance care planning has never been more important.

Advance care planning helps us provide care that is in alignment with a person’s goals and eliminates unwanted, even harmful, care. Advance care planning also identifies those who might prefer less aggressive treatment should they become ill. This becomes extremely important, especially during the current pandemic, as more resources are needed to treat those diagnosed with COVID-19 and other emergencies.

Forms for Advance Care Planning are a Living Will, Healthcare Power of Attorney and POLST

POLST is a set of portable medical orders for those who are seriously ill, documenting a person’s wishes for advanced medical care (or not), arrived at through a shared decision-making discussion with a healthcare provider. Advance care planning could help in several areas, crisis or not – reduced ED visits, hospitalizations, ICU utilization, and increased home health and hospice use, all consistent with what people want.
Yes, there are things we can do now to help relieve at least some of the moral distress we as healthcare providers are facing that will also help relieve anxiety and fear for those we serve. We are here to support you in ensuring that your organization has advance care planning resources and practices in place. Here are a few favorite resources to help healthcare providers and individuals:

**Thoughtful Life Conversations** – a program of the Arizona Hospital and Healthcare Association that provides advance care planning resources and educational programs for individuals and clinicians

**Advance care planning forms** – includes living will, power of attorney, do not resuscitate and POLST forms with links to Arizona Attorney General Healthcare Directives, Arizona Prepare Your Care Healthcare Directives and the Arizona Advance Directive Registry

**POLST and COVID-19 resources** – includes national resources, guidance and training

**Arizona Prepare for Your Care Healthcare Directives** – large print, 4th grade reading level advance care planning documents

**Arizona Attorney General Healthcare Directives**

**Shared Decision Making Tool for COVID-19** by the National Hospice and Palliative Care Organization

**Ariadne Labs Serious Illness Conversation Guide** – this guide is part of a multi-component program for clinicians caring for people with serious Illness

**Vital Talk COVID Ready Communication Tips** – tools that help clinicians caring for people who may have or have COVID-19

**Center to Advance Palliative Care (CAPC)**– provides essential tools, training, technical assistance and connection for those clinicians caring for individuals with serious illness

**The Conversation Project** – a program dedicated to helping people talk about their wishes for end-of-life care

*Want to know how we can help? Contact us today!*