

State Advisory Council on Quality Care at the End of Life

Minutes from the June 13, 2023 Meeting

Meeting time and place: June 13, 2023, 10:00 a.m., via video conference call.

Council members present: Christopher Kearney; Paul Ballard (Attorney General's designee); Jane Markley; Peggy Funk; Gail Mansell; Tiffany Callender Erbeling; Nicole Lopez de Victoria; Tricia Nay (Maryland Department of Health's designee); Elena Sallitto; Shahid Aziz.

Others present: Steve Levenson; Jack Schwartz; Ted Meyerson; Dan Morhaim; Jeff Zucker; Kathy Ware; Stacy Howes; Sarah Oliveira; Eleanor Tanno; Nancy Denebeim; Hank Willner; Marian Grant.

Chairman Christopher Kearney opened the meeting. The April 20, 2023 minutes were approved.

Jane Markley described a two-hour program for National Healthcare Decisions Day that Peggy Funk was also very much involved in. There were 134 attendees, and the focus of her presentation was the difference between advance directives (AD) and Medical Orders for Life-Sustaining Treatment (MOLST) forms. Jackie Ogg set the stage for the National Health Care Decisions Day program put on by the Palliative Care and End-of-Life Coalition in Montgomery County by providing an overarching summary of the program and spoke about the process of advance care planning. The process as Jackie Ogg defined it starts with discussion, then recording, then sharing and reviewing. They did a poll of the 134 attendees and 47% had an advance directive or thought they had one and 53% said they did not have one. 8% of the attendees said they had a MOLST form and 92% said they did not have one. The highest percentage of the attendees were social workers. The program was attended by more health care workers than by other members of the community.

Jane Markley's presentation at the National Healthcare Decisions Day first defined an advance directive and a MOLST form because they work together to promote the care that a person wants. She told them that an advance directive basically lets you make your wishes known and usually consists of a living will and durable power of attorney for health care. The living will states the care that you want or don't want and should include having a conversation with your healthcare provider and loved ones to share your basic beliefs, goals, preferences, and values. These are your preferences for care which are meant to guide your healthcare team to provide you the care you desire even if you're unable to communicate what you want. Your durable power of attorney for health care (frequently known as the health care agent) is different from a financial power of attorney who is focused on the financial aspects of your life and not on the healthcare aspects which is the focus of the durable power of attorney for healthcare, which latter document appoints an individual who can speak for you when you can no longer speak for yourself.

Jane Markley said that the durable power of attorney for health care legally allows you to identify the person you designate to direct your care when you can no longer do so for yourself. This person must be ready, willing, and able to take on this responsibility and you should have conversations with them, so that they thoroughly understand your desires and preferences. That

