問13 ターミナルケアについての現在の貴施設の方針につきご質問します(以下の□のうち1つのみチェック)

□ 死の予測されるものは速やかに病院に送る
□ できるだけ施設で看取る
□ できるだけ在宅死をすすめる
□ その他 (　　)

問14 代表的なターミナルケアの経験例(2名以内)につき以下の項目にお答えください

	ケース1	ケース2
ターミナルケアを実施した動機		
主病名		
ターミナルケアに関わった期間		
医療内容		
職員の負担		
施設の経済的負担		
ご家族の協力		
ご家族の満足度		

問15　今後施設内でのターミナルケアを可能とする条件につき該当する項目にチェックをお願いします（複数回答可）

□ ターミナル室の設定
□ 霊安室の設置
□ 家族の協力
□ ターミナルケア加算（医療費補助を含む）
□ 施設における緩和ケアについての研修体制
□ 職員数の増員
□ その他（　　）

問16　特別養護老人ホームでターミナルケアを行うことについて貴施設ではどのように考えておられますか？

（施設長・管理者のお考えに基づき、以下の□のうち1つのみチェック）

□ ケースごとに条件を整えながら前向きに援助してゆきたい
□ 制度上、条件（医療サービス活用が可）が整えば援助してゆきたい
□ 看取りを行う体制や力量を整えることは困難である
□ 看取りまでは想定していない
□ 看取りが行えない（組織として特養などがあり、次の住まいがある場合など）
□ 現時点では方針が明確でない
□ よく分からない

問17　ターミナルケア一般に関する意見、ご要望、紹介しても良い取り組み事例、実施した中で困ったこと、他施設はどうしているのか等あれば、ご自由にご記入ください

（欄が足りない場合は別紙添付でも結構です）

問18 ターミナルケア以外の内容についてお伺いします

それぞれの施設において、日々のサービスの質向上に向けて取り組まれていると思いますが、貴施設の特徴(ハード面、職員の質、努力している事、自慢できる事、評判がいい事、などなど・・)と思われる事がありましたら、ご自由にコメントをご記入ください。
(別紙にコメントや資料写真を添付して頂いても結構です)

アンケートは以上です。
「ターミナルケアへの取り組み」又は「施設の特徴」のご回答の中から特徴のある物を数件、事例紹介として選ばせて頂く予定です。
事例紹介施設に選ばれた場合、本研究班班員からのインタビューや写真撮影などの訪問取材を予定しています。
編集後の資料は、愛知県内施設を中心に配布させて頂く予定です。
取材を受けても良いと思われる施設は住所、施設名、連絡先をご記入ください。

郵便番号〒
住所: 愛知県
施設名:
電話番号:
FAX 番号:
E-mail アドレス:
連絡担当者:

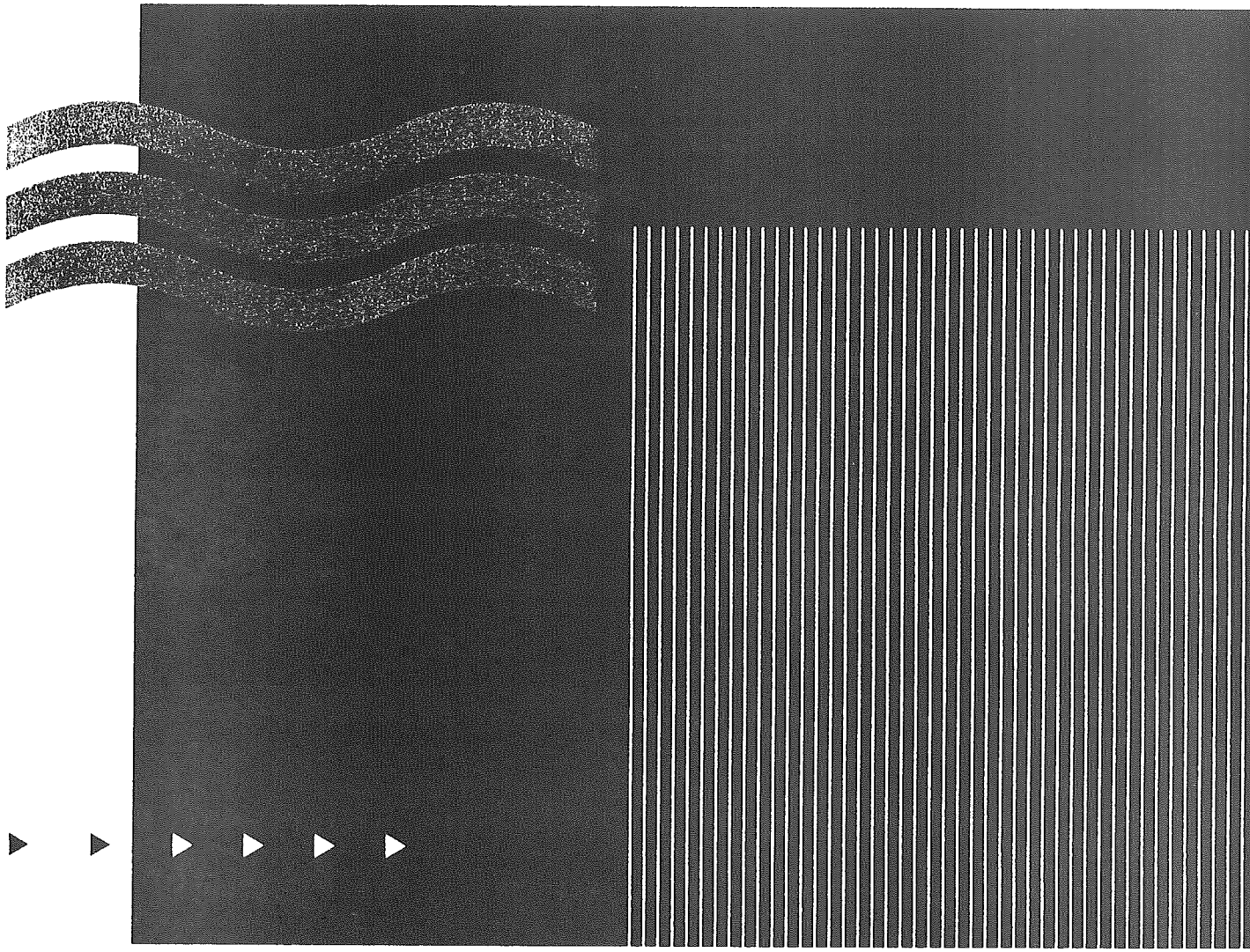
ご協力ありがとうございました

資　料　2

メイヨークリニック：事前指示書に関する質疑応答

mayo

Questions and Answers Regarding Minnesota Law on Advance Directives



Introduction

In recent years, society has become more aware of each person's right to refuse medical treatment for illness and injury. Often, the most important treatment decisions of all — those affecting life and death — are out of reach of the people affected because they are too ill to decide about their own care.

One solution to this problem is a formal written statement you make when you are of sound mind. You complete the statement before you become unable to give directions to a medical team. The statement lets you choose which medical treatments you would or would not want if you become ill. You may also name a person to carry out your wishes. This person is called a proxy or agent.

You may have heard these formal statements called names such as advance directive, health care directive, living will or durable power of attorney for health care. In Minnesota, each is called a health care directive. If you already have a document from your home state, you do not need to prepare another one specifically for Minnesota.

If you do not have a document, this booklet will give you information to help you prepare an advance directive. Most people want information about treatments they may choose, including risks and benefits of each. Beginning on page 11, this booklet defines life-saving treatments to help you choose which treatments you would prefer.

Treatments may be divided into two types, life-saving and life-sustaining. A life-saving treatment is given for a limited time to help your body regain its normal function. A life-sustaining treatment provides a vital function that your body has lost and is not likely to recover. Stopping life-sustaining treatment usually results in death.

Consider these two points:
1. A treatment may begin as life-saving and, with long-term use, become life-sustaining.
2. Whether a certain treatment will be helpful may depend more on the situation in which it is used than on the treatment itself.

For example, mechanical ventilation (that is, breathing with the help of a machine) for a sudden serious lung injury can be life-saving and lead to full recovery. However, this treatment for a person with a chronic lung disease may become life-sustaining. A person with a chronic lung disease may not be able to live without the breathing machine.

A single treatment can have many effects. Avoid making general judgments about a specific treatment. For example, rather than refuse a treatment under all circumstances, some people ask that the treatment be limited to a certain number of days or weeks. Other people ask that any treatment be stopped as soon as the attending physicians believe the treatment is no longer helpful.

When you request or refuse treatment in an advance directive, you are giving advice rather than an order. However, an advance directive is advice on which physicians' orders for treatment are based. For example, the policy at Mayo Clinic requires the consent of a patient (or of an appropriate person making decisions for the patient) before a do-not-resuscitate order is carried out. That is, unless you or your agent advises otherwise, you will be resuscitated.

It is against the law to require anyone to write an advance directive in order to receive health care or health insurance. If you do not write an advance directive, and if you become incapable of making decisions about your medical care, your physician will consult with your family to make those decisions.

The following pages contain information about how Minnesota law applies to advance directives and common medical procedures available to save or sustain life. Definitions in the booklet may help you make informed decisions and help you decide which procedures to accept, reject or restrict during your medical care.

Questions and Answers Regarding Minnesota Law on Health Care Directives[1]

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

Health care directives

Q. What is a health care directive?

A. A health care directive is a written document that informs others of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

Q. Why have a health care directive?

A. A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

Q. Must I have a health care directive? What happens if I don't have one?

A. You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed.

You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

[1]Text in this section was prepared by the Minnesota Department of Health.

Q. How do I make a health care directive?

A. There are forms for health care directives. You can get them from your health care provider[2], attorney or the Minnesota Board on Aging (1-800-882-6262 or 651-296-2770). You don't have to use a form, but your health care directive must meet the following requirements to be legal:

- be in writing and dated.
- state your name.
- be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- have your signature verified by a notary public or two witnesses.
- include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Q. I prepared my directive in another state. Is it still good?

A. Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

Q. What can I put in a health care directive?

A. You have many choices of what to put in your health care directive. For example, you may include:

- the person you trust as your agent to make health care decisions for you. You can name alternate agents in case the first agent is unavailable, or joint agents.
- your goals, values and preferences about health care.
- the types of medical treatment you would want (or not want).
- how you want your agent or agents to decide.
- where you want to receive care.
- instructions about artificial nutrition and hydration.
- mental health treatments that use electroshock therapy or neuroleptic medications.
- instructions if you are pregnant.
- donation of organs, tissues and eyes.

[2]See the forms in the back pocket of this booklet called "An Advance Directive Form" (Mayo Clinic reference number MC2107-07) and "Minnesota Advance Psychiatric Directive Form" (MC2107-08).

- funeral arrangements.
- who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

Q. Are there any limits to what I can put in my health care directive?

A. There are some limits about what you can put in your health care directive. For instance:
- your agent must be at least 18 years of age.
- your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- you cannot request health care treatment that is outside of reasonable medical practice.
- you cannot request assisted suicide.

Q. How long does a health care directive last? Can I change it?

A. Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:
- a written statement saying you want to cancel it.
- destroying it.
- telling at least two other people you want to cancel it.
- writing a new health care directive.

Q. What if my health care provider refuses to follow my health care directive?

A. Your health care provider must follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agent to arrange to transfer you to another provider who will follow the agent's directions.

Q. What if I've already prepared a health care document? Is it still good?

A. Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations.

The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

Q. What should I do with my health care directive after I have signed it?

A. You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

If you want more information, contact your health care provider, your attorney, the Office of the Ombudsman for Older Minnesotans (1-800-657-3591 or 651-296-0382), or the University of Minnesota Extension Service (1-800-876-8636 or 612-624-4900; e-mail: order@dc.extension.umn.edu).

Facility and Provider Compliance Division
85 East Seventh Place, Suite 300
St. Paul, Minnesota 55101

Other Questions About Advance Directives

Nominating a guardian or conservator

Q. What are guardians and conservators?

A. A guardian is a person named by a court to decide for you when you cannot decide for yourself. A conservator is like a guardian but has more limited powers to make decisions. A court will name a guardian or conservator only if someone starts a court action to do so. Your family or others may start the court action so that your provider will know who can make the treatment decisions.

Q. Will my guardian or conservator be able to make health care decisions for me?

A. Yes. If your guardian or conservator is acting in your best interest, he or she can consent to health care or refuse consent to health care on your behalf.

Q. Can I name someone to be my guardian or conservator?

A. In Minnesota, the person you name as your agent is automatically nominated as your guardian. Make sure the person agrees to be named. If the court decides to appoint a guardian or conservator for you, the court will appoint the person you nominate, unless the court finds that your suggestion is not in your best interest at the time. If you do not nominate a person to be your guardian or conservator, the court will appoint someone for you.

Q. When will a guardianship or conservatorship become effective and how long will it last?

A. A guardianship or conservatorship becomes effective when you become unable to decide for yourself and the court names a guardian or conservator. A guardianship or conservatorship may be temporary or long-term. It depends on how long you cannot make decisions for yourself. Once you can decide for yourself, you can ask the court to restore your rights and end the guardianship or conservatorship.

Mental health directive

Q. What is a mental health directive (also known as an advance psychiatric directive)?

A. A mental health directive is a paper signed by you and two witnesses explaining your wishes about "intrusive" mental health treatment. It applies only to electroshock therapy and neuroleptic medication. In a mental health directive you can write down the types of intrusive mental health treatments you want or do not want. A mental health directive is only effective when you cannot understand the treatment to be given or are not capable of giving your consent to that treatment.

Q. Can I name someone to make mental health treatment decisions for me?

A. Yes, you can name any competent person age 18 or older to decide about intrusive mental health treatment if you become unable to make decisions for yourself. This person is called an agent. Your agent is required by law to follow your wishes.

Q. What must I do to make a mental health directive?

A. To make your mental health directive effective you must do three things. First, you must sign it. Second, you must have two witnesses sign it. The witnesses must state that they believe you understand the nature and significance of your directive. Last, you must give your directive to your doctor or other mental health treatment provider. You may also appoint an agent to make decisions about intrusive mental health treatments by using the "Minnesota Advance Psychiatric Directive Form" (MC2107-08) in the back pocket of this booklet. You can appoint the same person to be your agent for intrusive mental health treatments as you do for general health care decisions, or you can decide to appoint two different people to make these different kinds of decisions.

Q. Do providers have to follow my directive?

A. Your provider has to follow your directive if it is consistent with reasonable medical practice and law and if treatments are available. If the provider is unwilling to follow the directive, he or she must promptly tell you and note in your medical record that he or she has told you. A provider cannot require you to make a directive as a condition of receiving services. If you are committed as mentally ill or mentally ill and dangerous, a provider cannot use intrusive treatment if your advance directive states you do not want it, unless a court orders the treatment. If you are not committed, a provider cannot use intrusive treatment against your wishes as stated in your directive unless you are committed and a court orders the treatment.

Q. Can I change my mind about my mental health directive?

A. You can cancel all or part of your directive at any time if you are competent to do so. You should tell your provider that you do not want any or a part of it to be followed. If you make changes, you should write another directive. You should also tell others who know about your directive that you have changed or cancelled it.

Additional questions

Q. Will I still be treated if I do not make an advance directive?

A. Yes. Making an advance directive is your choice. A provider cannot discriminate against you based on whether or not you have an advance directive.

Q. Who will make health care decisions for me if I do not have an advance directive?

A. If you do not have an advance directive and cannot make your own health care choices, your providers will probably talk to your family about what treatment is best for you. If there is disagreement, someone may seek appointment of a guardian or conservator. If this happens you have no control over who will be named, and you cannot be sure your wishes will be followed. An advance directive gives you the chance to let others know what treatment you want and who you want to choose for you.

Q. How do I express my wish to donate my organs for transplantation?

A. To make sure that others know of your wishes, notify your family, your health care agent and your physician, and include specific instructions in your advance directive. (See pages 3 and 5 of "An Advance Directive Form," MC2107-07, in the back pocket of this booklet). If you do not specify your wishes in your advance directive, your family members may be asked to make a decision upon your death.

Q. How do I express my wish to donate my body to science?

A. Notify your family, your health care agent, your physician and your funeral home director that you want to donate your body for medical education. Include specific instructions in your advance directive (see pages 3 and 5 of "An Advance Directive Form" in the back pocket of this booklet), and give copies of all written instructions and forms to those who will carry out your wishes at the time of your death. If you wish to donate your body for research about a specific disease, make arrangements with your primary care physician before death. Otherwise, contact the organization (such as a specific medical institution or school) where you want your body studied, and ask what procedures to follow. Ask for information about matters such as transportation expenses and funeral arrangements. In addition, make alternate plans because sometimes a body is not acceptable for medical education (for example, bodies are not acceptable if they have been autopsied).

Q. How do I express my wish to have an autopsy performed on my body?

A. Sometimes an autopsy (postmortem examination) has to be performed because of the circumstances of a death. However, if you wish to have an autopsy performed for determining a diagnosis or participating in research, you need to request it in your advance directive or sign another consent form for autopsy. If your wishes are not clearly stated, your family may not carry out your wish. Notify your family, your health care agent, your physician and your funeral home director of your wishes.

Q. If I have other questions, whom should I talk to?

A. If you have any questions about health care directives, your unique situation or your options, contact your physician, other health care provider, attorney or other qualified advisor.

Resources available at Mayo Clinic

The Mayo Patient and Health Education Center (in the subway level of the Siebens Building) offers information about advance directives. You are welcome to browse through the Center's resources, which include an educational videotape on advance directives. If you are staying in the hospital, ask your nurse how you may view the advance directive videotape on your hospital television.

Mayo Clinic staff will not prepare an advance directive for you. However, during your stay at Mayo Clinic, you may call Mayo Medical Social Services (507-284-2131) with questions about completing the advance directive form. If you have questions about treatment options in your advance directive, your physician or nurse can help answer them.

Notary public services to verify a completed document are available at admissions and business offices at Saint Marys Hospital, Rochester Methodist Hospital and the Mayo Building.

Treatment Options

CPR/code

What it does
Cardiopulmonary resuscitation (CPR) is done to restore your heartbeat and breathing. If your heart suddenly stops beating and your breathing stops, you have cardiorespiratory collapse. This is sometimes called a "code." CPR consists of mask-to-mouth breathing and timed compressions of your chest. This procedure keeps blood and oxygen circulating to your brain and body.

When this is not provided or is discontinued
If you have asked for "do-not-resuscitate (DNR)" or "no-code" status, the code team will not be called if you have cardiorespiratory collapse. If CPR is not administered, your heartbeat and breathing will not be restored, and death most likely will occur.

Intubation/ mechanical ventilation

What it does
Oxygen is needed for every cell in your body to live. To get oxygen for your body, you must have a clear opening from your mouth, through your vocal cords and into your trachea (the tube that connects your throat to the bronchial tubes in your lungs). If this passageway is blocked, intubation can re-open or maintain the airway. Intubation means placing a plastic tube called an endotracheal (ET) tube in your throat. Once the ET tube is in place, air can enter if you are still breathing. If you are not breathing, mechanical ventilation will be used after intubation is done.

Mechanical ventilation means pushing air into your lungs with a machine called a ventilator. This is done if you have stopped breathing or are so ill that your own breathing cannot draw in enough oxygen.

When this is not provided or is discontinued
If you need a ventilator to breathe, and if it is not provided or has been withdrawn, your breathing will likely stop, and you will die.

Special information
The use of intubation and mechanical ventilation does not mean that you will never be able to breathe by yourself again. A small number of people, however, will be unable to breathe without mechanical ventilation.

If you require more than two or three weeks of mechanical ventilation, a tracheostomy may be done. A tracheostomy is a small hole created in your neck below your "Adam's apple" that provides an airway. A short plastic or metal tube is placed in this hole to keep it open. When you have a standard tracheostomy tube, you cannot talk. If the tube must be in for

several weeks, it can be changed to permit talking. The tube and the opening in your neck are not necessarily permanent. When you no longer need the tube, it can be removed. In time, the opening will heal.

Defibrillation

What it does
An electrical impulse inside your heart makes it pump. Under some circumstances, abnormal electrical impulses may occur. These can cause ventricular fibrillation, a very rapid irregular heart rhythm. When ventricular fibrillation occurs, the pumping action of the heart fails and the circulation stops. Defibrillation attempts to restore normal electrical activity which stops the abnormal rhythm. This allows your normal heartbeat rhythm to start again.

Defibrillation sends electrical energy from outside your body to your heart. This is done through two hand-held paddles applied to your chest over your heart. The electrical energy discharged may jolt your body. Since the blood flow to your brain is absent or decreased, you are not awake and do not feel this normally painful electrical impulse.

When this is not provided or is discontinued
Without defibrillation to restore normal electrical impulse in the heart, death will likely occur.

Special information
If an erratic heartbeat continues, electrical impulses can be provided by a pacemaker in some cases. Pacemakers provide electrical impulses to your heart if they are needed. Electrical signals which trigger heartbeats can be sent from the surface of your chest (external pacemaker) or by way of a wire passed through your skin, along a vein, to your heart (internal pacemaker).

Temporary pacemakers may be used in emergency situations such as cardiorespiratory collapse.

A permanent pacemaker might be considered at a later date. A permanent pacemaker can prevent life-threatening situations such as electrical impulses that are too slow or absent.

When your heart lacks the right number of electrical impulses to pump blood, either type of pacing can be life-saving.

Nutritional assistance: intravenous, total parenteral or enteral

What it does
An intravenous (IV) catheter is a thin tube inserted into a vein, usually in your arm. It is generally used to give fluids and medications. A regular IV catheter may provide fluid and needed minerals but may not provide you with enough nutrition for a long time. For adequate nutrition, a catheter may be placed in a larger vein (usually in your chest) to provide what is called total parenteral nutrition (TPN). TPN contains liquid nutrients which can be put into this tube.

Nutrients may also be given by a feeding tube that goes directly into your stomach or intestine. The tube is placed through your nose, down your throat and into your stomach or duodenum (the first portion of your intestine). Liquid formula is then given through this feeding tube.

For long-term tube feeding, the tube may be surgically placed directly into your stomach through your abdomen. This is called a percutaneous gastrostomy tube.

When this is not provided or is discontinued
You can become malnourished within a few days after not eating any food by mouth. Lack of some source of nutritional support will lead to death.

Special information
Withdrawal of nutritional assistance may be reasonable if you are critically ill with a small chance of survival. It may also be withdrawn if your condition is not significantly improved by such nutrition.

Hemodialysis

What it does
Your kidneys remove waste material and excess fluid from your body's cells. They also regulate the electrolytes in your body. Electrolytes are chemicals in the fluids and cells of your body that are necessary to maintain some body functions. Hemodialysis uses a machine to take the place of a kidney if your kidneys are not working. During hemodialysis, your blood is pumped through the machine where it is cleaned. It is then circulated back to you.

When this is not provided or is discontinued
Kidney failure is life-threatening because abnormal levels of water, excess fluids and electrolytes can poison your system.

Special information
Hemodialysis itself is not painful and usually lasts no more than two to four hours. It can be life-saving in some cases of sudden kidney failure. People with chronic kidney failure require, and may live with, hemodialysis. Some people, however, are so critically ill that hemodialysis may not be life-saving.

Definition of Death

As you can see from the information in this booklet, medical technology has reached a point where machines can maintain circulation and breathing for an indefinite time. This is true even for a person who has suffered complete and irreversible loss of brain function.

At the beginning of this century, a person who suddenly lost all brain function would quickly die. At that time, the accepted definition of death was "the time at which all vital functions have stopped." Since the 1960s, physicians, courts and state legislatures have gradually endorsed a new concept of death that recognizes the advanced medical treatment we now have that can mechanically keep some parts of the body functioning. Most states now have "brain death" laws. These laws say death occurs when a person loses all brain function and nothing can be done to restore it.

Reasons for continuing artificial life support for a patient who is "brain dead" include providing healthy organs for transplantation. For example, if a "brain dead" patient had decided to be an organ donor (either through an advance directive or by telling friends or relatives), artificial life support would be required to keep the organs healthy. It is rare that such support would be necessary beyond 48 hours.

Summary

Careful consideration of the information in this booklet and a discussion of your desires with your physician are important factors in preparing an advance directive. Try to be as specific as possible when writing your advance directive. Once you have completed an advance directive, it should become part of your permanent medical record. It is also important to tell your family or close friends that you have prepared such a document.

You may find times in your life when you wish to change your advance directive. Times of transition (marriage, starting a family, or the death of someone close to you) may cause you to rethink earlier decisions you made. If you choose to change your advance directive, discuss the changes with your family and your physician. Then take the steps described under "Health care directives" on pages 3 through 6 in this booklet to be sure your new wishes are carried out. If you have any questions about the medical treatment available to you, be sure to discuss them with your physician.

If you do not have an advance directive or an advance psychiatric directive and you would like to prepare one, you may use the forms in the back pocket of this booklet.

Personal notes