SESSION A3

<table>
<thead>
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<th>Theme</th>
<th>Obscured Voices in Healthcare</th>
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<tbody>
<tr>
<td>Title</td>
<td>The Lost Voice: Elderly Trauma Patients &amp; The Implications of Presumed Consent</td>
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<td>Speaker(s)</td>
<td>Susan Tolle, M.D.</td>
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<td>David Zonies, M.D., M.P.H.</td>
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<tr>
<td>Date</td>
<td>Thursday, April 11, 2019</td>
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<tr>
<td>Time</td>
<td>9:40 – 10:50 AM</td>
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<td>Location</td>
<td>Hansberry/Ferber</td>
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SESSION A3 OBJECTIVES

- Explore the changing demographics of trauma care.
- Define the role of trauma care in providing care for those who wish comfort focused treatment.
- Learn how those with POLST orders for Comfort Measures Only can have their wishes honored in the trauma system.

SESSION A3 SPEAKER(S)

Susan Tolle, M.D.
Dr. Susan Tolle is a graduate of the Oregon Health & Science University (OHSU). After graduating AΩΑ (Alpha Omega Alpha) from OHSU, she completed her internal medicine residency at UC San Diego where she was also Chief Resident. She later completed a fellowship in Clinical Medical Ethics at the University of Chicago.

Susan founded and has directed the Oregon Health & Science University Center for Ethics in Health Care since 1989 and has shepherded its growth into a now internationally recognized ethics center with programs such as the Physicians Orders for Life-Sustaining Treatment (POLST) program. Susan is also a professor of medicine, OHSU School of Medicine, the Cornelia Hayes Stevens Endowed Chair in Health Care Ethics, and Chair of the Oregon POLST Coalition. She previously practiced as an Internal Medicine Physician at OHSU. Her awards include the 2014 Maclean Prize in Clinical Medical Ethics and the OHSU 2016 Esther Pohl Lovejoy Leadership Alumni Award.

David Zonies, M.D., M.P.H.
Dr. Zonies is a trauma surgeon in the division of trauma, critical care, & acute care surgery. He is the director of surgical critical care and the extracorporeal life support program at OHSU. His research interests include translational critical care outcomes, injury epidemiology, advanced extracorporeal therapies, bioethics, and palliative care in the intensive care unit. In addition to his academic and clinical roles, he is a Colonel in the U.S. Air Force Reserve.
The Lost Voice: Elderly Trauma Patients & The Implications of Presumed Consent

David Zonies, MD, MPH
Susan Tolle, MD

April 11, 2019

Disclosures

David Zonies: None
Susan Tolle: None
Objectives

1. Explore the changing demographics of trauma care

2. Define the role of trauma care in providing care for those who wish comfort focused treatment

3. Learn how those with POLST orders for Comfort Measures Only can have their wishes honored in the trauma system
What is the role of Trauma Surgery in Providing Palliative Treatments to those with POLST orders for Comfort Care?

Local patient died in pain after 'do-not-resuscitate' wishes were ignored
Changes to the 2019 POLST form

- New name
- Pink border
- Tube feeding section removed

Presumed consent in trauma care
Geriatric Trauma is a Growing Problem

- 2014: 29M Falls, 7M Injuries
- 2030: 49M Falls, 12M Injuries

www.cdc.gov/steadi

ED Disposition of 48 trauma patients with prior POLST orders for DNR/CMO
CMO Patients Admitted to TSICU

- Neuromonitoring: 45%
- Pain Control: 31%
- Hemodynamic: 17%
- Other: 7%

Which procedures are palliative and should be provided to patient with CMO goals?

- Splenectomy
- Craniotomy
- Diagnostic Endoscopy
- Bronchoscopy
- Intubation
- Laceration repair
- Fracture repair
- Chest tube
- Blood Products
- Epidural pain catheter
We are changing the conversation in trauma care