“The problem is not our situation but our perception of our situation.” — Graham Cooke

It was the third attempt to access an intravenous line this week for Ms. Sue (name changed to maintain confidentiality). She had stopped eating and drinking a week earlier, secondary to her cerebrovascular accident sequelae and progressive dysphagia. Providers, including the nursing team, could clearly see that she was entering into her terminal stage of life. Her husband (who was also the power of attorney) was adamant about continuing IV hydration. Ms. Sue had been receiving IV hydration on and off for the previous four weeks. After I finished seeing the patient, the nurse turned around and asked me, “Doctor! Can you help him understand that these 20 milliliters of intravenous fluid will not save his wife’s life?” I could sense disappointment and frustration in her tone, as if she was looking for a better direction.

The complexities of initiating and navigating advance care planning discussions require a combination of art and science. As Rebecca L. Sudore, MD, and colleagues of a multidisciplinary Delphi panel on advance care planning noted, “Advance Care Planning is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care” (J Pain Symptom Manage 2017;53:669–681). Of course, not saving his wife’s life? I could sense disappointment and frustration in her tone, as if she was looking for a better direction.

Disparities from page 1

These words uttered by Dr. Martin Luther King Jr. in 1966 recognize the desperation that many have expressed around racial disparities and health inequities. Now as we sit here in 2022, nearly 60 years later, Dr. King’s words ring with a continuing, resounding truth as we wrestle with the COVID-19 pandemic and the disproportionate impact that it has had in communities of color, including more cases of COVID-19 infection, higher rates of death, and poorer outcomes (see Figure 1 on next page). Within our post-acute and long-term care community, increased rates of infection and outbreaks were seen in facilities with higher populations of Black and Latino residents (Priya Chidambaram et al., “Racial and Ethnic Disparities in COVID-19 Cases and Deaths in Nursing Homes,” Kaiser Family Foundation, October 2020, https://bit.ly/3RdLHX6).

In the early days of the pandemic, common explanations for such findings revolved around access to care, health coverage, and poor living conditions. Yet, although these conversations were all necessary and the statements are true, a social reckoning was yet to come. In the summer of 2020, we would come to learn the names Ahmad Arbery, Breonna Taylor, and George Floyd. In the months that followed more names — from both past and present — would be added. This tumultuous moment in history would be the genesis of conversations once avoided about the long-standing erosive impact of systemic racism.

For health care, this meant further acknowledging systematic racism — particularly the conscious and unconscious bias of health care providers, and the ways that racial bias has long been infused in medical research and education. In an effort to accomplish this, this perspective was the entire interdisciplinary team was very helpful during advance care planning discussions because this helped all the team members understand Ms. Sue and her husband’s past traumatic experiences and their impact on her care planning. Afterward the team kept a close eye on Ms. Sue to ensure that she remained comfortable and pain-free. The nursing team monitored the IV site regularly for unwanted side effects, including local swelling and edema around the IV line. It became easier for the staff to run those 20 milliliters of normal saline, which only lasted for another 48 hours. She passed away peacefully, leaving behind those 20 milliliters of normal saline, which only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind only lasted for another 48 hours. She passed away peacefully, leaving behind...