

# Advance Healthcare Directives

An educational service of CME Resource

## Ask Your Patients ...

"Do you know about advance healthcare directives and why they're important to you?"

## If Your Patient Asks ...

"Who should get a copy of my advance directive?"

## WHAT they are

**All adults** have the right to make decisions about the nature of medical services they will receive in their final days. They may accept or refuse medical treatment as part of their **right** to self-determination.

Unfortunately, many people **neglect** to think about these matters until too late, when they can no longer make sound decisions, are unable to articulate their **wishes**, or are under too much duress to reason clearly.

The advance healthcare directive is a **powerful tool** from which all adults can benefit. It is a **legal record** of an individual's preferences regarding end-of-life medical care. In fact, across the country most hospitals are requiring an advance directive when a patient is admitted.

Individuals can change their advance directive at any time, since it takes effect only when and if they become **incapacitated**.

Interestingly, while about 75 percent of Americans **support the use** of advance directives, only 30 to 35 percent actually write them. Even more startling, of that smaller percentage only about a third are able to find the directive when they **need it**.<sup>1</sup>

## HOW to proceed

There are two separate phases of establishing an advance directive, and both are crucial; while the specific process may vary depending on individual preferences, one must be sure not just to prepare the directive, but also to distribute it.

### Before

- Research types of advance directives, state requirements, etc.
- Choose a proxy to make healthcare decisions
- Consult with family, friends, physician, attorney and others

### After

- Arrange for a witness to sign it
- Keep a list of all those who receive a copy
- Put a copy into one's wallet and glove compartment
- If there are revisions to the document, give updated versions to everyone on the recipient list:  
Family members; healthcare providers; legal advisors; other care providers; a proxy, if they have one

### WHICH issues to consider

Though certain information must be included in an advance healthcare directive, there is no universal form.

For example, a basic directive may only designate a proxy to carry out a person's medical wishes. On the other hand, it may specify precisely which medical situations and treatment alternatives one would like — or like to avoid. These may include:

- Cardiopulmonary resuscitation
- Mechanical breathing
- Major surgery
- Dialysis
- Blood transfusion
- Organ donation
- Diagnostic testing
- Hospice or home health
- Administration of pain medication

A person's preferences may be general: "I do not want 'heroic measures' if I am not expected to recover."

Or they may be highly detailed: "If I have a terminal illness with only weeks to live, and my mind is not clear enough that I can make my own decisions, yet I am conscious and aware, then I request the following specific measures, if medically reasonable ..."<sup>2</sup>

### WHERE to find more information

- Aging with Dignity "Five Wishes"  
[www.agingwithdignity.org](http://www.agingwithdignity.org)
- The Medical Directive  
[www.medicaldirective.org](http://www.medicaldirective.org)
- National Hospice and Palliative Care Organization  
[www.caringinfo.org](http://www.caringinfo.org)  
800.658.8898
- American Bar Association  
[www.abanet.org/aging](http://www.abanet.org/aging)

### LEAD by example

Patients and their families look to you, as their healthcare professional, for guidance in medical matters.

One of the most effective ways to help patients is to serve as a role model. Have you contemplated your own end-of-life wishes? Have you completed an advance directive?

Putting to use the information in this brochure can benefit you and your patients alike. You will have addressed medical issues in your own future, and you will be able to share with your patients your first-hand knowledge of the emotional and logistical aspects of the process.

- 1 Start the Conversation Now: A Guide to End-of-Life Care. Modern Maturity, September/October 2000.
- 2 The Education for Physicians on End-of-Life Care (EPEC) Curriculum, Emanuel, LL; von Gunten, CF; Ferris, FD (editors). The EPEC Project, The Robert Wood Johnson Foundation, 1999.

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