

Advance Planning

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- Who do I want and trust to make medical and financial decisions for me if I am unable?
- Do I want to be kept comfortable at home or in a hospital at the end of my life?
- Do I want CPR, a breathing tube, feeding through a tube, dialysis, antibiotics?
- How do I envision my last days? What would be ideal?
- How will my family/friends/loved ones know what I want?

Overview

- Health Care Proxies/Durable Powers of Attorney for Health Care/Medical Powers of Attorney
- Living Wills/Health Care Directives
- Dementia/Mental Health Directives
- POLST
- Financial Powers of Attorney
- How to Decide

Health Care Advance Directives

Documents that detail your health care choices and/or appoint someone to make medical treatment decisions for you if you cannot make them for yourself.

Health Care Advance Directives

- Living Will/Health Care Directive: A document that states your wishes about life-sustaining medical treatment if you are terminally ill, permanently unconscious, or in the end-stage of a fatal illness.
- Medical/Health Care Power of Attorney (Agent/Proxy): A document in which you appoint someone else to make medical treatment decisions for you if you cannot make them for yourself.

Mental Health Advance Directives

- Washington State passed law about mental health advance directives in 2002.
- End of Life Washington has a Dementia Mental Health Advance Directive to help communicate preferences when dementia is diagnosed.

Other Advance Planning Documents

- Do Not Resuscitate (DNR): A medical order written by a doctor that instructs health care providers not to do cardiopulmonary resuscitation (CPR) if breathing stops or if the heart stops beating.
- Covers only CPR and does not affect other treatments, such as pain medicine, medicines, or nutrition. The doctor writes the order only after talking about it with the patient (if possible), the proxy, or family. Used for inpatient settings.

Other Advance Planning Documents

- POLST (Physician Orders for Life-Sustaining Treatment)
A form prepared by you and your doctor that gives detailed guidance about medical preferences.
 - Do Not Attempt Resuscitation (DNAR)/CPR
 - Intubation (breathing tube)
 - Artificial Nutrition/Hydration (Feeding Tubes/IV Fluids)
 - Antibiotics
- A doctor's order that travels with you and guides EMS.
- Generally meant for individuals who are seriously ill or have advanced frailty.



Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

1. You must have a living will to stop treatment near the end of life.

False

- Treatment can be stopped without a living will if everyone involved agrees. However, without some kind of advance directive, decisions may be more difficult and disputes more likely.
- The Durable Power of Attorney for Health Care is a useful and versatile advance directive, because it applies to all health care decisions and empowers the person you name to make decisions for you in the way you want them made.



Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

2. You must use your state's statutory form for your advance directive to be valid.

False

- Most states do not require a particular form, but do require witnessing or other special signing formalities.
- Washington State requires two witnesses or notary.



Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

3. Advance directives are not legally binding, so doctors do not have to follow them.

True

- Doctors can decline to comply with your wishes if they have an objection of conscience or consider your wishes medically inappropriate.
- However, they may have an obligation to transfer you to another health care provider who will comply.
- The reliable strategy is to discuss your values and wishes with your health care providers ahead of time, to make sure they are clear about what you want and are willing to support your wishes.



Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

4. An advance directive means “do not treat.”

False

- An advance directive can express both what you want and don't want.
- Never assume it simply means “do not treat.”
Even if you do not want treatment to cure you, you should always be given palliative care which aims to keep you pain free and comfortable by addressing your medical, emotional, social, and spiritual needs

Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

5. If I name a health care proxy, I retain the right to make my own decisions.

True

- Naming a health care proxy or agent does not take away any of your authority until provisions of the directive are met. You have the right, while you are still competent, to override the decision of your proxy or revoke the directive.
- If you do not name a proxy or agent, the likelihood of needing a court-appointed guardian grows greater, especially if there is disagreement regarding your treatment among your family and doctors

Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

6. I should wait until I am sure about what I want before signing an advance directive.

False

- Most of us have some ambivalence about what we would want, and that's ok, because treatment near the end of life can be complicated. We can't predict all the facts and circumstances that may face us in the future, and treatment wishes may change. You can, at least, appoint your proxy if you have someone whom you trust.



Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

7. Just talking to my doctor and family about what I want is legally effective.

True

- Meaningful discussion with your doctor and family is the most important step. The question of what is “legally effective” is misleading, because even a legally effective document does not automatically carry out your wishes.
- The best strategy is to clarify your wishes. Talk with your physician, health care agent, and family about your wishes; put those wishes in writing in an advance directive; and make sure everyone has a copy.

Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

8. Once I give my doctor a signed copy of my directive, my task is done!

False

- Make sure your doctor understands and supports your wishes.
- There is no guarantee that your directive will follow you in your medical record, especially if you are transferred from one facility to another. You or your proxy should always double-check to be sure your providers are aware of your directive and have a copy
- Advance planning is an ongoing PROCESS because your values and priorities change as you age.
- Review your wishes whenever any of the Five D's occur: (1) you reach a new decade in age; (2) you experience the death of a loved one; (3) you divorce; (4) you are given a diagnosis of a significant medical condition; (5) you suffer a decline in your medical condition or functioning.

Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

9. If I am living at home and don't want to be resuscitated by an EMS team if I go into cardiac arrest, my advance directive will not help even if it specifies "do not resuscitate."

True

- Your advance directive will usually not help in this situation. If someone dials 911, EMS WILL attempt to resuscitate you and transport you to a hospital, UNLESS you have a POLST form that spells out doctor's orders and stays with you. This is not the same as your health care advance directive. Talk to your doctor about a POLST.

Health Care Advance Directives Quiz

*Adapted from Myths and Facts About Health Care Advance Directives

10. Advance directives are only for old people.

False

- It is true that more older, rather than younger, people use advance directives, but every adult needs one. Younger adults may be stricken by serious disease or accident. All adults should at least appoint a proxy decision-maker.

Understanding the Process: Preparation is Key

1. Reflection—think through your values and preferences
2. Communication—discuss your values and preferences with others
3. Action—document your values and preference

- Talking about death won't kill you.
- Talking about aging won't make time go faster.
- Thinking about, deciding, and documenting your choices/wishes can ease the stress that can come with aging and illness.

Ideas for Reflection

*Adapted from The Conversation Project

- When I think about the last phase of my life, what's most important to me?
- Do I have any particular concerns about my health? The last phase of my life?
- What affairs do I need to get in order, or talk to my loved ones about? (personal finances, property, relationships)

Ideas for Reflection

*Adapted from The Conversation Project

- Who do I want (or not want) to be involved in my care?
- Who would I want to make decisions on my behalf if I'm not able?

Ideas for Reflection

*Adapted from The Conversation Project

- Are there any disagreements or family tensions I'm concerned about?
- Are there important milestones I'd like to be around for?

Communication

- Living Will/Health Care Directive including Dementia Mental Health Advance Directive
- Durable Power of Attorney for Health Care
- Power of Attorney for Finance
- POLST

Naming a Proxy

- Vital part of planning your advance directives.
 - If you don't Washington State has the following hierarchy of decision making:
 1. Guardian appointed by court
 2. Named health care agents*
 3. Spouse
 3. Adult children*
 4. Parents*
 5. Adult siblings*
 6. Adult grandchildren who are familiar with patient*
 7. Adult nieces and nephews who are familiar with patient*
 8. Adult aunts and uncles who are familiar with patient*
 9. A close adult friend who meets certain criteria*
- * If more than one, all must agree

Naming a Proxy

- Your proxy might be:
 - a family member,
 - friend,
 - Attorney
- Name one agent with at least one successor (back-up person)
- Talk...talk...talk
- Can use living will/POLST as guiding tool

Proxy Rates Well If...

- Must be 18 or older, mentally competent, and not your physician or employee of your healthcare facility.
- Would be willing to speak on your behalf.
- Would be able to act on your wishes and separate his or her own feelings from yours.
- Lives close by or could travel to be at your side quickly if needed.
- Knows you well and understands what's important to you
- Is assertive

Proxy Rates Well If...

- Is someone you trust with your life.
- Will talk with you *NOW* about sensitive issues and will listen to your wishes.
- Will likely be available long into the future.
- Would be able to handle conflicting opinions between family members, friends, and medical personnel.

Thinking Ahead about Financial Decisions

- Consider choosing a trusted financial agent.
- May or may not be the same as your health care proxy.
- Factors to consider in choosing a financial agent include:
 - understanding the pros and cons of power of attorney,
 - learning about joint ownership of bank accounts,
 - thinking through representative payee and other tools for financial management.
 - Preparing documents, such as a will, and thinking about how you should store one “master” version of your important documents.

Questions to Consider

1. Do I have a Durable Power of Attorney for property matters? For financial matters?
2. Will this person be able to make bank account deposits and withdrawals on my behalf? Pay bills and manage debts?
3. Will this person deal with Social Security, Medicare, and other benefit programs?
4. Do I have a will (for disposition of my property after death)?
5. Have I fully discussed my finances and plans with my agent?

Questions to Consider

6. Have I fully discussed my finances and plans with my family?
7. Do I have all my legal, personal, and financial papers located where they can easily be found by my agent or next of kin?
8. Have I identified where I can get legal help for lifetime planning

Time to Review/Renew The 5 D's

1. You reach a new DECADE.
2. You experience a DEATH of family or friend.
3. You DIVORCE.
4. You receive a new DIAGNOSIS.
5. You have a significant DECLINE in your condition

Resources

- **Aging with Dignity** “Five Wishes”: <http://www.agingwithdignity.org/>
- **American Bar Association: Commission on Law and Aging**
http://www.americanbar.org/groups/law_aging.html
 - “Consumer’s Toolkit for Health Care Advance Planning”
 - “Health and Financial Decisions: Legal Tools for Preserving Your Personal Autonomy”
 - “Making Medical Decisions for Someone Else”
 - “Myths and Facts About Health Care Advance Directives”
- **The Conversation Project** <http://theconversationproject.org/>
- **End of Life Washington** Information regarding end of life issues including Alzheimer’s and dementia advance directives. <http://endoflifewa.org/>
- Honoring Choices <https://www.honoringchoicespnw.org/>
- **National Alliance for Caregiving** <http://www.caregiving.org/resources/general-caregiving>

Resources

- **National Institute on Aging**
Advance Care Planning
<http://www.nia.nih.gov/health/publication/advance-care-planning>
“Legal and Financial Issues for People with Alzheimer’s”
<http://www.nia.nih.gov/alzheimers/topics/legal-and-financial-planning>
- **Northwest Justice Project (NJP).** Washington’s publicly funded legal aid program 1-888-201-1014 (CLEAR - Client Intake)
<https://nwjustice.org/get-legal-help>
- **Senior Information & Assistance** Legal Advice Clinic 360-385-2552
- **Washington Law Help.** Regularly updated pamphlets prepared by attorneys on a variety of topics including advance planning
<http://www.washingtonlawhelp.org/>