# "asking the difficult question"

# ADVANCE DIRECTIVES

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# **OBJECTIVES**

- To understand the value of an Advance Directive & its impact on transitional care.
- To identify which life transitions should precipitate the completion of an Advance Directive.
- To distinguish b/t the role of the Health Care Proxy and DPOA.
- To distinguish b/t DNR, DNI, DNH, & CMO.
- To understand the physician's role in advance care planning.
- To b/c familiar with resources for advance care planning.



### **ADVANCE CARE DIRECTIVES:**

 a legal document, consistent with state law, that helps to ensure that one's health care wishes will be carried out;

 May be an oral communication, verbally expressed to family members or to a health care agent.



# **Two main types of Advance Directives:**

#### Health Care Proxy/Agent/Medical POA

#### Living Will/Treatment Directive



# **MEDICAL POA:**

 A written document in which a person is named to act as the health care proxy/agent in the event one is no longer able to speak for him/herself.

 Cognitive/physical decline resulting in 'lack of capacity' is determined by the physician.



# **LIVING WILL:**

 Documents personal directives for EOL care in the event that decision-making or communication abilities are lost.

 Includes directives for: IVF hydration, parenteral/enteral nutrition, CPR, mechanical ventilation, hemodialysis, stopping lifeprolonging treatment, etc.



# Qualifications for a Health Care Proxy/Agent:

Meets legal criteria of the state

- Willing to speak on the patient's behalf
- Able to act on the Principal's wishes
- Readily available
- Understands what is important to the Principal
- Trustworthy
- Able to discuss sensitive issues



# Qualifications (con't):

Able to handle conflicting opinions b/t family members/friends/health care providers
Can be a strong advocate in the face of an unresponsive physician or institution
Will be available as long as the Principal is alive



# State rules disqualifying for health care proxy:

Less than 18 years of age

Person is Principal's health care provider or an employee of the health care provider
Person is the owner of the health care facility where the Principal resides



# Surrogate decision making:

In Maine, a surrogate may make health care decisions for an adult who doesn' t have a designated Proxy/Agent or Guardian
 Order of choice:

- Spouse
- Adult child
- Sibling
- Grandchild
- Other



When to create or change an **Advance Directive:** Any major change in status ■ Five "D' s": Decade Death Divorce

- Diagnosis
- Decline



### **Obtain an Advance Directive form:**

 Local hospital's social service, patient education, admissions, or chaplaincy departments

- National Hospice & Palliative Care Organization (see "Resources" page)
- Download a legal form for any state from:
   <u>www.caringinfo.org</u>

Five Wishes (see "Resources" page)
 American Bar Association (see "Resources" page)
 UNE UNIVERSITY (NEW ENG)

# What to do with the Advance **Directive document:**

- Original is kept with the individual (or Proxy)
   & stored where it can be easily found
- Copies to Proxy, health care provider, hospital, others
- Carry an Advance Directive wallet card
  Notarized version if traveling out of state



# **Physician Orders for Life-Sustaining Treatment (POLST)**

DNR
DNI
DNH
CMO
Hospice Care



# **Role of Advance Directives & Transitional Care:**

- Case scenario
- Provides clear direction for health care personnel regarding EOL care
- Keeps care consistent with patient's wishes
  POLST provides clear and mandatory documentation
- Needs to accompany the patient during transitions when the Proxy/family are unavailable



## In conclusion:

 "Modern medicine may have made dying harder, but it has also given us the gift of timethe time to prepare, the time to heal family wounds, the time to bring psychological and spiritual closure. If we can take advantage of it, it has given us something unique in history: the time to tie up loose ends and orchestrate a death that is good." Marilyn Webb, The Good Death





### RESOURCES

Five Wishes: Aging with Dignity PO Box 1661 Tallahassee, FL 32032-1661 Phone: 1-888-594-7437 Email: <u>fivewishes@agingwithdignity.org</u> Web: <u>www.agingwithdignity.org</u>

#### **Caring Connections (National Hospice and Palliative Care Organization-NHPCO)**

1700 Diagonal Road Suite 625 Alexandria, VA 22314 Phone: 1-800-658-8898/703-837-1500 Fax: 703-837-1233 Email: <u>caringinfo@nhpco.org</u> Web: <u>www.caringinfo.org</u>

American Bar Association: Consumers Toolkit for Health Care Advance Planning Web: <u>www.abanet.org/aging/toolkit</u>

Article: S. E. Hickman, C. P. Sabatino, A. H. Moss, J. Wehrle Nester, "The POLST Paradigm to Improve End-of-Life-Care: Potential State Legal Barriers to Implementation". *Journal of Law, Medicine & Ethics*, (Spring 2008): 119-140.

## RESOURCES Con't

In Maine: Legal services for the Elderly Phone: 207-396-6502 Web: <u>www.mainelse.org</u> or <u>www.maineelderlaw.com</u>

#### **Maine Hospital Association**

Web: www.themha.org/issues/advdirectivesform.pdf

#### Maine POLST (PDF File Format)

Web: www.mehca.org/qualityregs/maine%20POLST%204-15-09%20final.pdf

Maine POLST (Microsoft Word Doc) Web: <u>www.meha.org/.../MHCA%20E-News</u>



#### We invite you to view the companion DVD "Asking the Difficult Question" which complements this course.

We hope you have enjoyed this course and we invite you to explore some of the other courses we offer. Thank you !!

