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Affairs in Order: Advanced Care Planning

Nobody likes to think about the end of life. Fact though it may be, it isn't easy to acknowledge that we won't be around forever. Yet more and more, people are becoming mindful of the importance of making decisions in advance about how we live and die.

Modern medicine has made it possible to sustain life—functions mechanically and chemically, creating complex care dilemmas for health care providers and families of patients. The standing rule is that emergency services and physicians have the obligation to attempt to save and prolong life, unless individuals have made health care choices understood and documented. These documents are widely known as **advance directives**, formally signed and witnessed papers that identify care wishes (Living Will) and appoint a decision maker (Health Care Agent/Proxy or Durable Power of Attorney for Health Care) who can speak for the individual should he or she lose the capacity to speak for him or herself.

Advance directives and their standard documentation forms and terminology vary state by state.

Directives both identify treatments that are not desired as well as those that are requested by the individual. In Vermont, for example, advance directives have been consolidated into a single form that serves to appoint a health agent; give detailed wishes and restrictions on care options; address organ and tissue donation; and identify funeral plans. Once



completed, Vermont-made advance directives can be entered into the state's Advance Care Directive Registry where health providers can look up and review the records.

In addition to living will documents and establishment of health care decision makers, advance care planning can also include 'Do Not Resuscitate' (DNR) orders that are completed and signed by medical

providers. DNRs are established to alert emergency medical services and hospitals that individuals do *not* want cardiopulmonary resuscitation (CPR) or electrical shock (defibrillation) to restart their heart in the event they have had a cardiac arrest. DNRs are created in the context of a conversation with a medical provider who reviews the individual's overall health and personal wishes, often when complex or advanced medical conditions or old age exist and the individual does not feel a desire to be 'brought back' and be placed on life support mechanisms and medications. DNRs are actual signed medical orders and are not simply created independently by an individual.

Why plan in advance?

Planning in advance not only lets individuals review and declare preferences for treatment options,

but also creates understanding and clarity for loved ones who may otherwise be thrown into decisions that feel uncomfortable at best and devastatingly conflicted at worst.

Family members called upon to make choices are often overwhelmed, in shock, or emotionally fragile. Sometimes old family conflicts come into play to make decision making even more difficult. Individuals with

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advance directives spare the family considerable guesswork or responsibility, which can yield the honoring of personal choice as well as appropriate medical care that does not unnecessarily burden the health care system.

Who should have advance directives?

Anyone 18 and older – legal adults with decision-making capacity – can benefit from establishing advance directives. Choices about care are not just for those at end of life; they are for anyone who could potentially have an injury, accident, or sudden health condition that results in the inability to communicate.

What is involved in establishing advance directives?

This can vary state by state. Typically, the first step is to identify the common form or forms used in the state of residence. Most forms require witness signatures, or notary public signature, but generally the directives do not require an attorney to execute and thus can be made at no cost.

Next, in order to establish directives it is critical to gain an understanding of them (see *Resources*), and then to take some time to reflect and identify preferences. Talking to your primary health care provider to explore ‘what if’ scenarios can help answer any questions that arise.

Finally, it is essential to have clear communication with loved ones and the designated health care agent appointed in the documents.

Can I change my directives as time goes on?

Individuals can amend or prepare new directives at any time.

How can I be sure that my advance directives are honored? Who has copies of them?

Advance directives are honored when the health care agent or health care proxy has copies of the document and acts as the ‘voice’ of the patient. The primary care provider (PCP) is the other essential holder of copies of the directives so that they can become part of the individual’s medical record.

I already have a Will and a Power of Attorney. Don’t those cover me?

Confusion exists around the distinction of the varied tools used to plan for the inevitable. But a Last Will and Testament and a Power of Attorney are specific to identifying personal asset distribution and management of money and practical/legal decisions, **not** for making health care decisions.

Planning for your financial and legal wishes is extremely important, too. To learn more about the spectrum of personal estate planning as well as health care planning, explore the resources below or contact INVEST EAP for consultation and referrals.

RESOURCES

Are You Travelling without a Map? – Layperson’s guide to advanced care planning www.caringinfo.org/files/public/brochures/Are_you_traveling_without_a_map.pdf

Conversations Before the Crisis – How to talk about planning needs www.caringinfo.org/files/public/brochures/Conversations_booklet.pdf

Caring Connections – Download state-by-state advance directives information and forms www.caringinfo.org/i4a/pages/index.cfm?pageid=3289

Vermont Ethics Network – Learn more about Vermont Advanced Care Planning and download forms www.vtethicsnetwork.org

American Bar Association – Living Wills, Health Care Proxies, and Advance Health Care Directives www.americanbar.org/groups/real_property_trust_estate/resources/estate_planning/living_wills_health_care_proxies_advance_health_care_directives.html

✓ Advanced care planning is appropriate for any adult at any stage of life

✓ Advanced care planning honors individual wishes as well as reduces burden on loved ones for decision making at a time of crisis

✓ Advance directives forms and planning tools are available online and are specific to each state

✓ Documents can be updated at any time if and when wishes change, and updates should be provided to primary care providers and those designated as health care agents



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- EAP is free of direct cost to you
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