



# Health Care Proxy ? Do I Need a Living Will?

**Disty Pearson PA-C**  
**Boston Adult Congenital Heart**  
**And Pulmonary Vascular Disease Service**

# WHY?

We need to agree that ...

We are all going to pass



# Why?

- If we no longer can express our preferences decisions will be made for us by others if we have not planned for our own treatment in advance.
- Advance health care directives allow us to deal with these situations.
- Without such directives, our families may find it necessary to obtain court orders to deal with our medical situations.

# The Inevitable



# WHO?



# ALL OF US

# WHEN?

- Transition to Adulthood (or before, or now)
- 18<sup>th</sup> birthday – The parent is no longer the legal guardian
- Assumption that the individual is competent
  - Make health care decisions
  - Able to understand risks and benefits of therapy
  - Make financial decisions

# How?

Guardianship  
Health Care Proxy  
Polst  
MOLST  
Legal guardian  
Probate court  
Ward  
Conservator  
Agent  
Proxy  
COLST  
End of life care  
Living will  
SMOST  
MOST  
Health care directive  
Advanced directive  
Do not intubate  
Advanced care planning  
Do not resuscitate

# Advanced Care Planning

- The process of discussion of end-of-life care
  - Clarification of related values and goals
  - Embodiment of preference through written documents and medical orders
    - Can start at anytime
    - Be revisited periodically
    - Becomes more focused as health status changes

# Advanced Care Planning

... is an iterative process over time to discern the individual's priorities, values, and goals of care and to engage a proxy and others who may participate in the health care decision making process in the future



Collins, Parks, and Winter 2006; President's Council 2005; Tulskey 2005

# Advanced Care Planning Conversations

- Occur with a person's health care agent, primary clinician and other members of the clinical team
- Are recorded and updated as needed
- Allow for flexible decision making in the context of the patient's current medical situation

IOM (Institute of Medicine). 2015. Dying in America: Improving quality and honoring individual preferences near the end of life. Washington, DC: The National Academies Press.

# Advanced Directives

- Patient-initiated documents
  - Living will
    - Statement - the kinds of medical care a person does /does not want under certain specific conditions if no longer able to express those wishes
  - Durable power of attorney for health care - Proxy
    - Identifies the health care agent (person) who should make medical decisions in case of the patient's incapacity
- Medical orders (POLST/MOLST/DNR/DNI...)
  - Created with and signed by a health professional (MD/PA/NP) for someone who is seriously ill
  - As actual orders other health professionals including emergency personnel are required to follow them
- Laws differ state to state

# Medical Orders

POLST - Physician orders for life-sustaining treatment

- Resuscitation
- Mechanical ventilation
- Tube feeding
- Antibiotic use
- Transfer to an ER (911 responders MUST honor)
- Admit to hospital
- Pain management
- Indicated what advance directives have been created/who is your health care proxy

# Polst – Advance Directives

**TABLE 1**

## **Differences between POLST and advance directives**

<b>CHARACTERISTICS</b>	<b>POLST</b>	<b>ADVANCE DIRECTIVES</b>
<b>Population</b>	For the seriously ill	All adults
<b>Time frame</b>	Current care	Future care
<b>Who completes the form</b>	Health care professionals	Patients
<b>Resulting form</b>	Medical orders (POLST)	Advance directive
<b>Health care agent or surrogate role</b>	Can engage in discussion if patient lacks capacity	Cannot complete
<b>Portability</b>	Provider responsibility	Patient/family responsibility
<b>Periodic review</b>	Provider responsibility	Patient/family responsibility

POLST = Physician Orders for Life-Sustaining Treatment

# Living Will

- Written or video statement about the kinds of medical care a person does or does not want under certain specific conditions if no longer able to express those wishes
  - Legal document
  - General guidelines (no life-support)
  - Specific instructions
    - Breathing tube, tube feeding, dialysis, antibiotics, Comfort care, organ and tissue donations, donating your body

# Developing a Living Will

- Consider
  - Importance of being independent /self-sufficient
  - What you feel would make our life ot worth living
  - Treatment to extend ife in anysitureation or only if a cure is possible
- Discussion regarding your Living Will with
  - Your PCP, health care agnt, family and friends

# Health Care Proxy

- Legal document in which you appoint someone (your Agent) to make decisions about medical treatment in the event that you are no longer mentally competent or able to communicate.
- Obligate conversion between you and your proxy
  - CPR, mechanical support, feeding tubes....
- Your agent will make health care decisions for you
  - After your doctor determines you are unable to
  - According to your Agent's assessment of your wishes
- You may want to select an alternate Agent if the first agent is not available

# Health Care Proxy

- Health care providers must follow your Health Care Proxy's decisions as if they were yours
- Does not need to be notarized
- Must be witnessed by two people
- If you object to decisions made by your proxy - your decision will be honored UNLESS a court determines that you lack capacity to make the decision

# Health Care Proxy Revocation

- You sign another HCP
- You legally separate/divorce your spouse who was named as proxy
- You notify your Agent/health care provider you want to revoke it
- You do anything else that shows you want to revoke it – tear it up...

# Who Should Have My Document?

- Make copies; keep the original with your important papers
- Give them to your Agent, your health care providers, family members, clergy, lawyer
- Carry a wallet card that states you have a document
- Carry a copy when traveling

## ...so what are the Five Wishes

### **My Five Wishes** are:

2. Who I want to make care decisions for me when or if I am not able
2. What kind of medical treatment I do or don't want
3. How comfortable I want to be
4. How I want people to treat me
5. What I want my loved ones to know

- Five Wishes advance directive, created by the organization Aging with Dignity (2010), has been the only form actively marketed nationally.
- Single, personal, easy-to-use, and nonlegalistic instrument
- Robert Wood Johnson Foundation Grant / United Health Foundation Grant
- 27 Bilingual editions –Valid in most states

# Resources

- [www.LawHelp.org](http://www.LawHelp.org)
- Dying in America: Improving Quality and Honoring Individual Preference Near the End of Life IOM [www.nap.edu](http://www.nap.edu)
- [www.CompassionAndSupport.org](http://www.CompassionAndSupport.org)
- American Bar Association
- Conversation Project
- Center for Practical Bioethics
- *Your State* Health Care Proxy
  - Information, instructions and form