

Advance Medical Directive

An **advance medical directive** is a form that lets you plan ahead for the care you'd want if you could no longer express your wishes. This statement outlines the medical treatment you'd want or names the person you'd wish to make health care decisions for you.

Writing Down Your Wishes

- Decide what is important to you and the treatment you'd want.
- An advance directive is important whether you're young or old. Injury or illness can strike at any age.
- Some states allow only one kind of advance directive. Some let you do both a Durable Power of Attorney for Health Care and a Living Will. Some states put both kinds on the same form.



A Durable Power of Attorney for Health Care

- This form lets you name someone else to be your **agent**.
- This person can decide on treatment for you **only** when you can't speak for yourself.
- You do **not** need to be at the end of your life. He or she could speak for you if you were in a coma but were likely to recover.

A Living Will

- This form lets you list the care you want at the end of your life.
- A living will applies **only** if you won't live without medical treatment. It would apply if you had advanced cancer or a massive stroke.
- It takes effect **only** when you can no longer express your wishes yourself.

An Agent's Role for Durable Power of Attorney

It's impossible to know which medical treatment choices you might face in the future. What if you aren't able to make these decisions for yourself? A **durable power of attorney for health care** lets you name an **agent** to carry out your wishes. This happens only if you can't express your wishes yourself.

An Agent's Duty

- Your agent's duty is to see that your wishes are followed.
- If your wishes aren't known, your agent should try to decide what you want.
- Your agent's choices come before anyone else's wishes for you.
- Your agent *has no control over your money*. Your agent also can't be made to pay your bills.

Find Out What Your Agent Can Do

Restrictions on what an agent can and can't do vary by state. Check your state laws. **In most states your agent can:**

- Choose or refuse life-sustaining and other medical treatment on your behalf.
- Consent to and then stop treatment if your condition doesn't improve.
- Access and release your medical records.
- Request an autopsy and donate your organs, unless you've stated otherwise on your advance directive.



Find out whether your state allows your agent to do the following:

- Refuse or withdraw life-enhancing care.
- Refuse or stop tube feeding or other life-sustaining care—even if you haven't stated on your advance directive that you don't want these treatments.
- Order sterilization or abortion.

Choosing an Agent

A durable power of attorney for health care is only as good as the person you name to be your agent. If this person knows your treatment wishes and is willing to carry them out, you'll probably be well represented. Be sure to tell your agent what's important to you.

Who to Choose

- You can name a family member, close friend, minister, priest, or rabbi.
- You should name **one** person as your agent. Then name one or two **alternates**. You need a backup person in case your first choice can't be reached when needed.
- Talk to each person you are thinking of naming as your agent or alternate. Do this before you decide who should carry out your wishes.

Your Agent Should Be...

- An adult, 18 years or older.
- Someone you trust and can talk to about the care you want and what is important to you.
- Someone who supports your treatment choices.

In Many States, Your Agent Can't Be...

- Your doctor or health care provider.
- An employee of your doctor or of a hospital, nursing home, or hospice program where you receive care.

Some states list other restrictions about who can be named as an agent for an advance directive.

Tip: You may want to write down your wishes and give a copy to your agent.



Life Support

If you understand how specific treatments may affect your quality of life, you can decide which ones you'd choose or refuse. You may want to talk to your doctor about the possible benefits and risks of treatments. Medical treatment, if your life is in danger, falls into three main categories.



Life Supporting

- This care keeps your heart and lungs going when they can no longer work on their own.
- **CPR** restarts your heart and lungs if they stop working.
- A **respirator** keeps you breathing. Air is pumped into your lungs through a tube that's put into your windpipe.

Life Sustaining

- This care keeps you alive longer when you have an illness that can't be cured.
- **Tube feeding or TPN** (total parenteral nutrition) provides food and fluids through a tube or IV. It is given if you can't chew or swallow on your own.
- A **kidney machine** cleans your blood when your kidneys can no longer work on their own.

Life Enhancing

- This care controls pain. Nothing is done to keep you alive longer.
- **Hospice care** is comfort care. It might provide food and fluids by mouth or help with bathing. Hospice care is given during the last stages of a terminal illness.
- **Strong pain medicine** can be given to help keep you comfortable.

Do Not Resuscitate

Would you want CPR if your heart stops while you're a patient in a hospital or nursing home? If not, talk to your doctor about issuing a **DNR (Do-Not-Resuscitate)** order.

Be Aware

DNRs and advance directives may not apply during anesthesia, in emergency rooms, or when emergency medical teams respond to a 911 call. Ask your doctor how you can make sure your wishes will be followed. Also, a DNR will not prevent you from getting other kinds of needed medical care such as treatment for pain, or bleeding.