Advance Care Planning

Steps for Advance Care Planning

- ***Step 1: Consider the Issues***
- ***Step 2: Introduce the conversation***
- ***Step 3: Explore personal beliefs and values***
- ***Step 4: Define end-of-life wishes***
- ***Step 5: Document wishes***

A Guide to Advance Directive Documents

Please be aware that what follows is just information, not advice. Every situation is different. For questions about your particular situation, please consult the appropriate qualified professional: health care practitioner, attorney, or estate planner. Low-cost legal assistance is sometimes available. Consult the Colorado Bar Association Web site at www.cobar.org (click on "For the Public" and "Legal Assistance Programs"). More information about advance directive documents and the Colorado-specific forms can be found under Links and Resources at www.irisproject.net.

MEDICAL DURABLE POWER OF ATTORNEY

- In Colorado, no one is automatically authorized to make health care decisions for another adult.
- The Medical Durable Power of Attorney (also called the "Power of Attorney for Health Care") is a document you sign to appoint someone to make your health care decisions for you. The person you name is called your agent.
- In most cases, your agent only makes decisions for you when you cannot. This may be temporary, while you recover from an accident or injury, or long term, if you are permanently incapacitated or become chronically or terminally ill.
- Your agent can get copies of your medical records, consult with your doctors and other health care providers, and make all decisions necessary for your care.
- Your agent is supposed to act according to your wishes and values, so it's important to discuss your life values, your goals, and your preferences for treatment. Ideally, the agent is someone who knows you very well. He or she must be able to devote the time and energy to handling your health care needs.
- A Medical Durable Power of Attorney (MDPOA) is not the same as a general Power of Attorney (POA). The MDPOA is only authorized to make health care decisions. A general POA covers legal and financial affairs. The authority of both types of agent ends at your death.
- Only you are required to sign the MDPOA document; however, a notary seal can help support your agent's authority if you are sick or injured in another state.
- For more information, and to obtain the Colorado Medical Durable Power of Attorney document, visit the Colorado Health and Hospital Association Web site, www.cha.com.

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LIVING WILL

- In Colorado, the Living Will is called the "Declaration as to Medical or Surgical Treatment."
- It tells your doctor what to do about artificial life support measures if you have an injury, disease, or illness that is not curable or reversible and is terminal.**
- In Colorado, your Living Will does not go into effect until 48 hours after two doctors agree in writing that you have a terminal condition** **and** you are unconscious or otherwise unable to make your own medical decisions.
- In these circumstances, your Living Will directs your doctors to continue or discontinue, as you direct, life-sustaining procedures, artificial nutrition, and artificial hydration.
- You do not need an attorney or a doctor to complete a Living Will, but you do need two witnesses. The witnesses cannot be your health care providers, an employee of your health care provider, or anyone likely to inherit property from you.
- A notary's signature is a good idea but not required.
- A Living Will is not the same as a regular will ("Last Will and Testament") or a Living Trust, which refer to possessions and property. A Living Will only provides instructions on medical treatment, not the distribution or disposal of your property.
- For more information, and to obtain the Colorado Declaration document, visit The Iris Project Web site at www.irisproject.net.

** Legislation passed in the 2010 session also allows the use of a Living Will for persons in a Persistent Vegetative State, as diagnosed and certified by 2 physicians.

CPR DIRECTIVE

- A CPR (cardiopulmonary resuscitation) directive allows you to direct in advance that no one should give you CPR if your heart or your breathing stop.
- CPR directives are almost always used by people who are severely or terminally ill or elderly. For them, the trauma involved in CPR is likely to do more harm than good, but emergency personnel are required to perform CPR unless a directive tells them not to.
- A CPR directive is not the same as a DNR order. A DNR order is a doctor's order made for severely ill patients in health care facilities, including nursing homes. The DNR does not require the patient's consent, and it expires when the patient leaves the facility.
- The Colorado CPR directive (or "blue form") must be signed by both the individual (or the individual's MDPOA agent or "proxy"—see below) and his/her physician.
- Other forms, such as those particular to a health care facility or created by individuals, are valid and should be signed by a physician to avoid any question about their validity. However, emergency personnel should honor any directive, made by the principal or his or her agent, to refuse CPR.
- The CPR directive form does NOT have to be "original" nor do the signatures have to be "original." Photocopies, scans, and faxes are valid.
- CPR directives must also be immediately visible to emergency personnel. Keep the form in an easy-to-get to place, like the front of the fridge. For more active folks with CPR directives, a wallet card or special CPR directive bracelet or necklace can be obtained.
- For more information on CPR directives, ask your doctor or visit the Colorado Department of Public Health & Environment Web site: http://www.cdphe.state.co.us/em/Operations/AdvanceDirectives/index.html.

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MEDICAL PROXY FOR DECISION MAKING

- In Colorado, no one is given automatic authority in decision making for another adult, and health care providers cannot make decisions for patients except in an emergency.
- If you have not appointed an agent, and if you are unable to make or express your decisions for yourself, a “proxy” is needed.
- Your spouse or partner, parent, adult child, grandchild, brother or sister, close friend, or other “interested party” may be chosen as your proxy by the group.
- Like your agent, your proxy should act according to your wishes and values, so the proxy should be the one who knows your medical treatment wishes the best.
- Proxies selected in this way cannot refuse artificial nutrition and hydration for you.
- If the group can’t agree on who the proxy should be, then guardianship needs to be pursued through the courts.

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

- Although not yet officially put in place in Colorado, the MOST process will likely become effective in late summer 2010.
- The MOST form is a one-page, two-sided form that gets all a person’s key choices for life-sustaining treatments in one place. It includes CPR, general scope of treatment, antibiotics, artificial nutrition & hydration.
- Persons may refuse treatment, request full treatment, or specify limitations.
- The standardized form can be easily and quickly understood by patients, health care providers, and emergency personnel.
- It is primarily intended to be used by the chronically or seriously ill person in frequent contact with health care providers, or already residing in a nursing facility.
- The MOST is completed by the person or his or her agent in conversation with a health care provider, then signed by the person/agent and a physician, advanced practice nurse, or physician’s assistant. The physician/APN/PA signature translates patient preferences into medical orders.
- The MOST “travels” with the person and is honored everywhere: hospital, clinic, day surgery, long-term care facility, ALR, hospice, or at home. This avoids delays, duplicated conversations, and confusion about decisions.
- A section on the back prompts patients and providers to regularly review, confirm, or update choices based on changing conditions.
- The original is brightly colored for easy identification, but photocopies, faxes, and electronic scans are also valid.
- Completion of a MOST does not replace or invalidate prior directives. The MOST overrules other advance directives only when they directly conflict.

A Word About Advance Care Planning for Children with a Serious Illness

Persons under the age of 18 cannot legally sign advance directive documents; their parents or legal guardians are responsible for their medical decisions. When a baby, child, or teen faces serious illness, parents and health care providers can develop an advance care plan. Older children and especially teens can have a voice in putting together the plan.

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The plan outlines in writing the parents'/child's preferences for care in case of an emergency situation or in cases where all treatment options have been explored. If you are caring for a seriously ill child, here's what to do:

(1) Request a family conference with your physician and primary nurse. You may also want to include a social worker, spiritual advisor, or close family friend. (2) Discuss with your doctor/nurse their plan of care for your child, including palliative care for pain and symptoms, and emotional/psychological/spiritual support. (3) Discuss whether a Colorado CPR Directive might be appropriate for your child in case of an emergency. (4) If appropriate, talk over choices and likely results with your child and include him or her in your decisions. As parents, you have the final say, but even young children can benefit from being included in the decision making.

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