# Advanced Directives: Spotlight on Agents

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Ramsey County Library, Roseville, MN

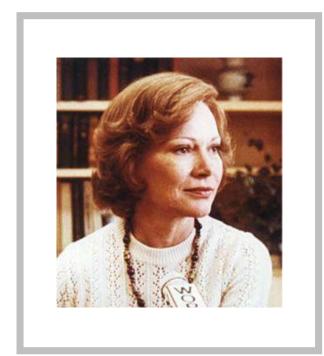
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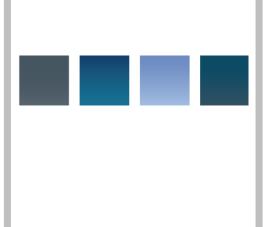
### Learning Objectives

- Understand the essential components of a Health Care Directive
- Pinpoint the responsibilities of a Health Care Agent and the ideal characteristics of an Agent
- Identify documents that supplement Health Care Directives
- Acquire tips for discussing advanced care planning with your loved ones
- Obtain ideas for building a care team

#### Rosalynn Carter

There are only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers."





#### Reminders

- Make Decisions Early
  - Crisis planning is not planning
  - Options may be limited by situation
  - Care received may not be desired
- Create a Team and make your wishes known
- Plan for the worst, so you can live your best!

#### Health Care Directive

- Health Care Directive | "The Artist Formerly Known As..."
  - Advanced Directive
  - Living Will
  - Power of Attorney for Health Care
- Defined by Minn. Stat. §145C.02

#### **Major Players**

- Principal
- Agent(s)
- Successor Agent(s)

### Health Care Directive Forms









# Importance of Health Care Directive

- Protects autonomy
- Appoints legal decision-maker
- Serves as guide for care providers

#### Components

- Designation of an Agent
- Directions for decision making
- Release of medical records
- Appointment of Guardian
- Intrusive mental health treatment

#### Components

- Impact of pregnancy on wishes
- Anatomical gifts
- Funeral/memorial wishes
- Instructions re: artificial nutrition and hydration
- Any direction you wish regarding your care!

#### No Directive?

- No clear path
- Default treatment
- Guardianship
  - Court proceeding is required

#### Role of Agent

- Individual(s) making decisions for you if incapacitated
- May be Spouse | Trusted Family | Close Friend
  - May be Professional | Nonprofit Organization
- Should be willing and able to carry out your wishes

#### "Good" Agents

- Clearly understands you and your wishes
  - And accepts your wishes
- Unafraid to ask questions of medical professionals
- May need to be assertive to ensure wishes are respected
- Strong communicator with loved ones

#### **POLST**

- Providers Orders for Life Sustaining Treatment | POLST
  - End of Life Decision Making
  - Doctor's Order
  - Emergency Responders
  - Relationship between POLST & HCD

#### **POLST**

#### POLST: Provider Orders for Life Sustaining Treatment POLST

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

	PROVIDER ORDERS FOR		
	LIFE-SUSTAINING TREATMENT (POLST)	Last Name	
is a pr	Γ follow these orders, THEN contact the patient's provider. This ovider order sheet based on the patient's medical condition and κ. POLST translates an advance directive into provider orders.	First/Middle Initial	
Any s	ection not completed implies the most aggressive treatment at section. Patients should always be treated with dignity and	Date of Birth	
respec	t.	Primary Care Provider/Phone	
A Check One	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.  CPR/ATTEMPT RESUSCITATION  DNR/IC  When not in cardiopulmonary arrest, follow orders in B and	DO NOT ATTEMPT RESUSCITATION (A  An automatic external defibri I.C. patient who has chosen "Do I	llator (AED) should not be used for a
B Check One Goal	GOALS OF TREATMENT:  Patient has pulse and/or is breathing. See Section A regarding  COMFORT CARE — Do not intubate but use medication, clearing of airways, etc. as needed for immediate comfo Check all that apply:  Avoid calling 911, call  If possible, do not transport to ER (when patient can be fortable at residence)  LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITION ness / injury or non-life threatening chronic conditions be limited. (Transport to ER presumed)  Check one:  Do not intubate  Trial of intubation (e.gdays) or other instruction intubate long-term if necessary	cCPR if pulse is lost.  oxygen, oral suction, and manual et.  instead  made comfortable at residence) g, when patient can be made com-  s—Provide interventions aimed be Duration of invasive or uncomf	Additional Orders (e.g. dialysis, etc.)  at treatment of new or reversible ill- ortable interventions should generally
C Check All That Apply	Intubate, cardiovert, and provide medically necessary car  INTERVENTIONS AND TREATMENT  ANTIBIOTICS (cbcck one):  On Antibiotics (Use other methods to relieve sympton) Oral Antibiotics Only (No IV/IM) Use IV/IM Antibiotic Treatment  NUTRITIONHYDRATION (cbcck all that apply): Offer odd and liquids by mouth (Oral fluids and nutrioffered if medically feasible) Tube feeding through mouth or nose Tube feeding directly into Gl tract IV fluid administration	ns whenever possible.)	R presumed)

POLST



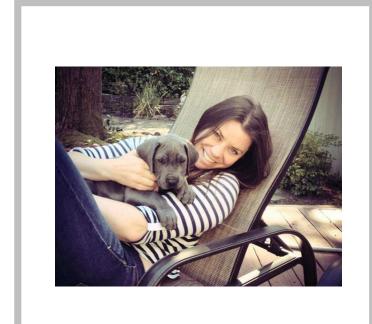


Provider Signature

Provider Name (MD/DO/NP/PA when delegated, are acceptable)

FAXED COPIES AND PHOTOCOPIES OF THIS FORM ARE VALID.

TO VOID THIS FORM, DRAW A LINE ACROSS SECTIONS A - D AND WRITE "VOID" IN LARGE LETTERS.









- Communicate your wishes and values
- Clarify what you mean
  - What does heroic measures mean to you?
  - When is life no longer worth living?
  - What does a good death look like?
- Can diminish Agent(s)' anguish

- Conversation Starters
  - No "right way"
  - Not necessarily one time
  - Use someone else's experiences

- Conversation Starters
  - Use the news
  - Use worksheets
  - Use letter, tape, video recordings
  - Blame attorney!

- Resistance
  - "I can't talk about this"
  - "There's nothing we need to discuss"
  - "It's in God's hands"

- Responses
  - Be firm and straightforward
  - Point out consequences of not talking
  - Ask someone to be your spokesperson

### Who Should Hold Copies?

- You
- Your Agent
- Your medical professionals
- Your immediate family or close friends
- Care facility (if applicable)

### Storing Documents

- Original Document: Safe and accessible place
  - Copies of Directives are just as good as originals
- Electronic medical record
- Acknowledge existence on Driver's License
- Some faith communities may store
- Some attorneys may store

# Assemble Care Planning Team

- Elder Law Attorney
- Life Care Coordinator | Social Worker
- Public Benefits Specialist
- Authorized/appointed loved ones

# Assemble Care Planning Team

- Care Providers
- Medical Professionals
- Professional Fiduciaries (if needed)
- Financial Advisor
- Accountant

# Assemble Care Planning Team

- Placement Assistance (+/-)
- Death Doula
- Therapist
- Support Group
- Medicare Insurance Specialist
- Funeral preplanner | Celebrant

#### **Action Steps**

- Consider your Values and Legacy
- Identify your Team or Key Players
- Meet with an Attorney
- Execute Documents
- Have "the Talk"
- Review Annually

#### **Get Organized**

- Health Care Directive
- HIPAA Release Form
- Doctor Contact Information
- Current Medication List
- Clinic Notes
- Appointment Schedules

#### **Get Organized**

- Health insurance information
- Other insurance information (home, auto, life, long)
- Asset and income detail list
- Financial statements
- Online account access information
- Tax filings

#### Update Regularly

- Annual review and consider
  - Health status
  - Diagnosis
  - Change in family or values
  - Personal experiences

## How to Change or Amend?

- Execute a new Directive
- Revoke former
  - Physically | In writing | Verbally
  - In new Directive
- Disseminate to important people

### Thank You!

This has been prepared for informational purposes only. This information is not legal advice. Legal advice is dependent upon the specific circumstances of each situation. The information contained in this presentation should not replace the advice of competent legal counsel licensed in your state.