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# Advanced Directives: Spotlight on Agents

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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



UNIVERSITY OF MINNESOTA  
**EXTENSION**

**FIVE  
WISHES<sup>®</sup>**



**Honoring Choices<sup>®</sup>**  
MINNESOTA  
An initiative of the Twin Cities Medical Society.



## 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)	
<p>FIRST follow these orders, THEN contact the patient's provider. This is a provider order sheet based on the patient's medical condition and wishes. POLST translates an advance directive into provider orders. Any section not completed implies the most aggressive treatment for that section. Patients should always be treated with dignity and respect.</p>	<p>Last Name _____</p> <p>First/Middle Initial _____</p> <p>Date of Birth _____</p> <p>Primary Care Provider/Phone _____</p>
	<p><b>A</b> <b>CARDIOPULMONARY RESUSCITATION (CPR):</b> Patient has no pulse and is not breathing.</p> <p>Check One <input type="checkbox"/> CPR/ATTEMPT RESUSCITATION <input type="checkbox"/> DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death)</p> <p>When not in cardiopulmonary arrest, follow orders in <b>Band C</b>. <small>An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation."</small></p>
	<p><b>B</b> <b>GOALS OF TREATMENT:</b> Patient has pulse and/or is breathing. See Section A regarding CPR if pulse is lost. <b>Additional Orders (e.g. dialysis, etc.)</b></p> <p>Check One <input type="checkbox"/> <b>COMFORT CARE</b> — Do not intubate but use medication, oxygen, oral suction, and manual clearing of airways, etc. as needed for immediate comfort. <small>Check all that apply:</small></p> <p><input type="checkbox"/> Avoid calling 911, call _____ instead _____</p> <p><input type="checkbox"/> If possible, do not transport to ER (when patient can be made comfortable at residence) _____</p> <p><input type="checkbox"/> If possible, do not admit to the hospital from the ER (e.g. when patient can be made comfortable at residence) _____</p> <p><input type="checkbox"/> <b>LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS</b> — Provide interventions aimed at treatment of new or reversible illness / injury or non-life threatening chronic conditions. Duration of invasive or uncomfortable interventions should generally be limited. (Transport to ER presumed) <small>Check one:</small></p> <p><input type="checkbox"/> Do not intubate</p> <p><input type="checkbox"/> Trial of intubation (e.g. _____ days) or other instructions: _____</p> <p><input type="checkbox"/> Intubate long-term if necessary</p> <p><input type="checkbox"/> <b>PROVIDE LIFE SUSTAINING TREATMENT</b> Intubate, cardiovert, and provide medically necessary care to sustain life. (Transport to ER presumed)</p>
	<p><b>C</b> <b>INTERVENTIONS AND TREATMENT</b></p> <p>Check All That Apply <b>ANTIBIOTICS (check one):</b></p> <p><input type="checkbox"/> No Antibiotics (Use other methods to relieve symptoms whenever possible.)</p> <p><input type="checkbox"/> Oral Antibiotics Only (No IV/IM)</p> <p><input type="checkbox"/> Use IV/IM Antibiotic Treatment</p> <p><b>NUTRITION/HYDRATION (check all that apply):</b> <b>Additional Orders:</b></p> <p><input checked="" type="checkbox"/> Offer food and liquids by mouth (Oral fluids and nutrition must always be offered if medically feasible)</p> <p><input type="checkbox"/> Tube feeding through mouth or nose _____</p> <p><input type="checkbox"/> Tube feeding directly into GI tract _____</p> <p><input type="checkbox"/> IV fluid administration _____</p> <p><input type="checkbox"/> Other: _____</p>
	<p>Provider Name (MD/DO/NP/PA when delegated, are acceptable) _____</p> <p>FAXED COPIES AND PHOTOCOPIES OF THIS FORM ARE VALID.</p> <p>TO VOID THIS FORM, DRAW A LINE ACROSS SECTIONS A - D AND WRITE "VOID" IN LARGE LETTERS.</p>

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

Provider Signature

Date


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.

POLST

Downloaded from <http://www.tidyforms.com>

### FILE OF LIFE

	Name: _____
	Address: _____
Doctor: _____	Phone#: _____
EMERGENCY CONTACTS	
Name: _____	Phone#: _____
Address: _____	
Name: _____	Phone#: _____
Address: _____	



# The "Talk"



the conversation project





## The “Talk”

- 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



## The “Talk”

- Conversation Starters
  - No “right way”
  - Not necessarily one time
  - Use someone else’s experiences



## The “Talk”

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



## The “Talk”

- Resistance
  - “I can’t talk about this”
  - “There’s nothing we need to discuss”
  - “It’s in God’s hands”



## The “Talk”

- 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



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# 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.

