Advance Directives
Plan Well, Live Well

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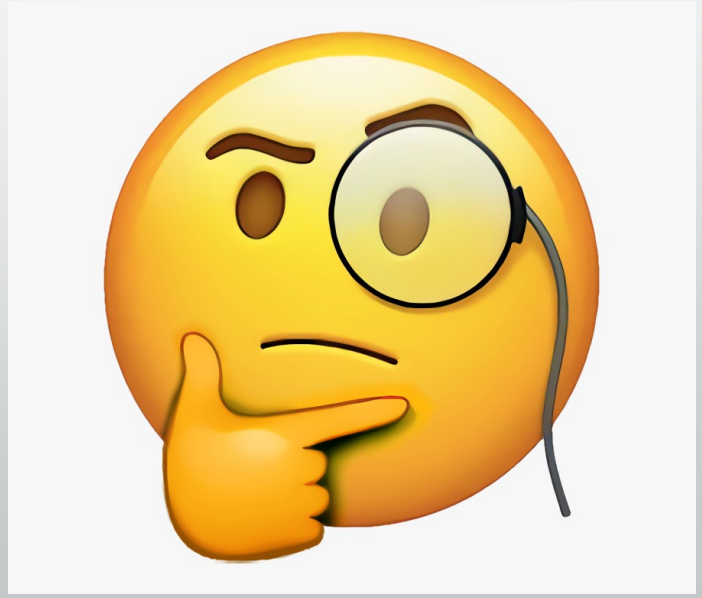
Definitions

- **Self Determination** - free choice of one's own acts or states without external compulsion
- **Autonomy**- self-directing freedom and especially moral independence
- **Advance directives -** legal documents that provide instructions for medical care and only go into effect if you cannot communicate your own wishes.

- **Competency** is a global assessment and legal determination made by a judge in court.
- **Capacity** is a functional assessment and a clinical determination about a specific decision that can be made by any clinician familiar with a patient's case.

The four key components to address in a capacity evaluation include:

- 1) communicating a choice
- 2) understanding
- 3) appreciation
- 4) rationalization/reasoning.



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Questions to think about when capacity is a concern

- **Ability to understand and retain relevant information.**
- **Ability to appreciate the situation and its likely consequence.**
- **Ability to manipulate information rationally (or reason about it) in a manner that allows one to make comparisons and weigh options.**
- **Ability to communicate a choice.**

Peisah, C., Sorinmade, O. A., Mitchell, L., & Hertogh, C. M. (2013). Decisional capacity: toward an inclusionary approach. *International psychogeriatrics*, *25*(10), 1571–1579. https://doi.org/10.1017/S1041610213001014

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Choosing a person as your health proxy: How to Start the Conversation

- A health care proxy may also be called: health care agent, power of attorney for health care, or surrogate decision-maker.
- Your proxy's decisions on your behalf could have some financial impact, the proxy does not make financial decisions for you — they only speak for you about health care decisions.
- Advance directives are legal documents that provide instructions for medical care and only go into effect if you cannot communicate your own wishes.

https://theconversationproject.org/get-started

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Life Sustaining Treatment

Any medical intervention, medication, or anything mechanical or artificial that sustains, restores that would prolong the dying process for a terminally ill patient.

- CPR (cardiopulmonary resuscitation) including use of an AED (automated external defibrillator)

- Breathing machines, intubation

- Medications such as antibiotics

- Nutrition and hydration (food and liquids) given through feeding tubes or IVs

Specific Types of Advance Directives:

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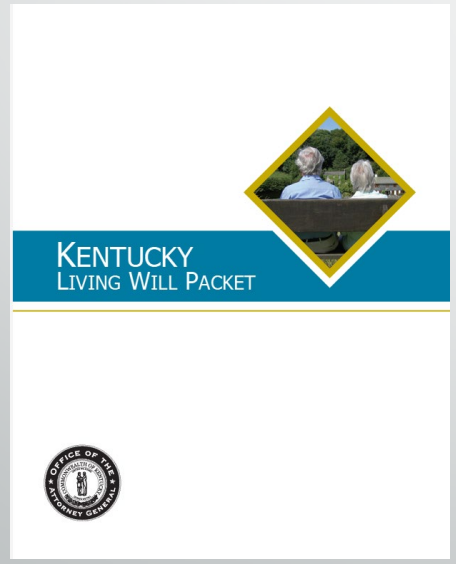
CDC Foundation
Together our impact is greater

https://www.cdcfoundation.org/give/Healthcare-Directive

https://ukhealthcare.uky.edu/patients-visitors/patients/jacobs-health-education-center

https://www.fivewishes.org/about-five-wishes/



https://www.ag.ky.gov/AG%20Publications/livingwillpacket.pdf

Typically drawn up with assistance from an attorney, there are also websites that can assist

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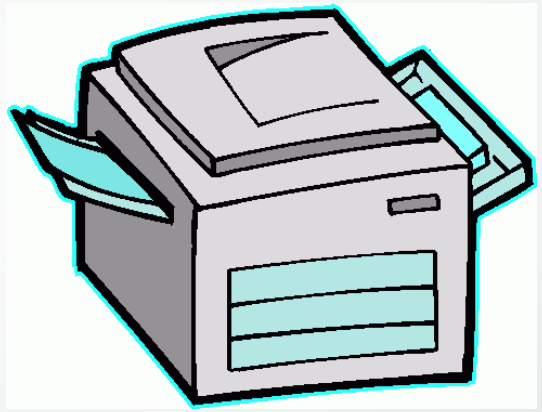
How to Share Your Decisions

- Make copies and provide them to all medical providers you see e.g. PCP, Cardiologist, Nephrologist etc.
- Place a copy in a manila file on the refrigerator, emergency medical service personal have been trained to see if there is information readily available if they come into the home for an emergent reason
- Provide copies to your health care proxy, other friends / family
- Provide copies of any donation cards, documents, consents to your healthcare proxy



*Think about filling out release of information or permission to communicate in medical facilities for the health care proxy

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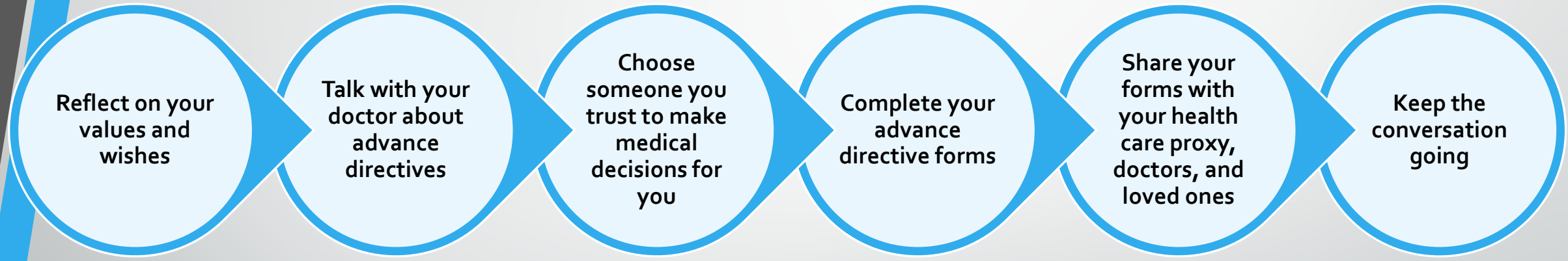
Steps to Complete and Advance Directive



Why?

- Medical Emergency
- Progressive Medical Diagnosis
- Piece of Mind- Conversations clarify choices and can give back some control during a time when things might feel out of control

How?

- Gather Information
- Thinking About What You Want
- Having Conversations About Your Thoughts and Decisions
- Getting it in Writing

When?

- After you have gathered enough information and thought about it to make decisions you are comfortable with
- Talked to those around you
- Ensured Proper Procedures for Documents

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Documents and Conversations

- Advance Directive
- Durable Power of Attorney
- Deed
- Passwords
- Will Location
- Insurance Cards
- Release of Information
- Body Bequeathal

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION
ATLANTA, GA 30329

Complete Care Plan

Complete THIS FORM with the information about the PERSON RECEIVING CARE
A care plan summarizes a person's health conditions and current treatments for their care

First Name: _____ Last Name: _____

Date of birth: _____ Age: _____ Phone number: _____

Address: _____ E-mail: _____

About the person receiving care – *This information will help your caregivers to know you better and plan activities that you enjoy*

In a few sentences, tell people what you want them to know about you. *What is your family like? Where did you grow up? What kind of activities do you like doing (walking, sitting by the garden, playing cards, watching a TV show)? What things are you interested in learning about?*

My Medical Conditions

Condition	Healthcare Provider for this condition	Medicine(s) I take for it	Things that help (resting, exercising)

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Complete Care Plan
Complete THIS FORM with the information about the PERSON RECEIVING CARE

My Medications

Name of medicine	Medication instruction (needs refrigeration, take on empty stomach)	Dose	When I take it

My Healthcare Providers

Name	Specialty	Address	Phone number

My Healthcare Insurance

Health Insurance Provider	Telephone

My Preferred Hospital

Hospital Name	Address	Telephone

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Complete Care Plan
Complete THIS FORM with the information about the PERSON RECEIVING CARE

Caregiver Resources

Service Provided (Driving, adult day care, meals, helpers, etc.)		Telephone

Advanced Care Planning**

Check the medical Advanced Care Planning topics that you have discussed with your health care provider:

☐ **Advanced Directive or Living Will**
This is a legal document (not a medical order), to appoint someone as your legal representative and provides instructions about how you wish to be treated and cared for at the end of your life. Because it is not a medical order, it is not used to help doctors, emergency medical technicians, or hospitals treat you in an emergency.

☐ **Power of Attorney**
This legal document is used for you to give a specific person the ability to make decisions for you when you are unable to do so. It can be a spouse, adult child, family member, or friend. You can also name an alternate person in case something happens to the primary person you name. The power of attorney is usually part of the Advanced Directive, but is sometimes a separate document. Sometimes, depending on where you live, it is called a "medical (or healthcare) power of attorney," "medical proxy," or "healthcare agent."

☐ **Physician (or Medical) Orders for Life-Sustaining Treatment (POLST or MOLST) or Physician Orders for Scope of Treatment (POST)**
This document, which varies by state, is a medical order signed by a medical professional and used for treatment. It is generally used when a person is nearing the end of life, such as with a terminal or serious illness. This is a document that your doctor can discuss with you during your Advanced Care Planning discussion. This does not name a "surrogate" or "medical proxy." This document would be used together with the Living Will/Advanced Directive to guide your loved ones and your doctors in the event that you are unable to make your own decisions

The following documents will be attached to this Care Plan:

☐ Advanced Directive or Living Will

☐ Power of Attorney

☐ Orders for Life-Sustaining Treatment or Scope of Treatment

**Information provided by the American College of Physicians.

Plans for follow-up

Ask your medical provider to explain situations when you should call the doctor's office, report to an emergency room, or schedule a regular follow-up appointment. *What are signs and symptoms you and/or your caregiver should look out for? Make sure you write on a calendar all appointments for all caregivers to see.*

Complete Care Plan
Complete THIS FORM with the information about the PERSON RECEIVING CARE

Emergency Contacts

Name	Relation	Phone number	Address

- I have thought about what medical treatment will mean for me and have discussed it with my family, caregivers, and medical providers
- This plan reflects an outline of my current medical management and plans along with those involved in my medical care.

I have given a copy of my Care Plan to:

Title	Full Name	Phone number	Address
Doctor			
Family			
Friend			
Other			

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Daily Care Plan

Complete this form with the information about the PERSON RECEIVING CARE and DISPLAY it where all caregivers can SEE IT.

First name: _____ Last name: _____ Date of birth: _____ Age: _____

Phone number: _____ Address: _____

My Medical Conditions

Condition	Healthcare Provider I see for this condition	Medicine(s) I take	Things that help (resting, exercising)

My Medications

Name of medicine	Medication instruction (needs refrigeration, take on empty stomach)	Dose	When I take it

Emergency Contacts

Name	Relation	Phone number	Address

Advanced Care Planning and Insurance Information

My Medical Power of Attorney is (Name): _____ Phone number: _____

Insurance Information- Provider: _____ Telephone: _____

https://www.cdc.gov/caregiving/media/pdfs/Complete-Care-Plan-Form-5081.pdf

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Putting Things In Order

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Deeds, Titles, and Promissory Notes

- Real Estate Property deeds (including any recent appraisals)
- Mortgage documents (including promissory/loan notes)
- Other Promissory or Loan notes (including loans owed to the deceased)
- Vehicle titles and registrations (car, boat, RV, etc.)
- Membership certificates

Insurance Policies

- Life insurance (including premium payment records)
- Accidental life insurance
- Veterans' insurance
- Employers or pension insurance
- Funeral insurance (or other death-related benefit plans)
- Mortgage and/or credit insurance
- Credit card insurance (for balances)
- Health insurance (including Medicare or Medicaid, "Medigap" insurance, private health insurance, dental, and Long Term Care insurance)
- Property insurance (homeowners/renters insurance, car insurance, etc.)
- **Financial Accounts** - Including most recent statements for all accounts and the list of beneficiaries
- Bank accounts - checking, savings, CD's, etc.
- Investment/brokerage accounts, IRAs, 401ks, etc.
- Stocks and bonds
- Annuities
- Credit and debit card accounts
- User names and passwords for any online accounts
- List of safety deposit boxes, where to find keys, and names of authorized users

☐ Other Financial Records

- Survivor annuity benefit papers
- Employer/retirement benefit (pension) plans, pension/profit-sharing plans, etc.
- Veterans' benefit records
- Disability payment documents (State, Veterans', etc.)
- Income statements for the current year (Social Security, pension, IRA's, annuities, employment, and other income records)
- IRS income tax returns (for the current and previous year)
- IRS gift tax returns (for all years)
- Property tax records and statements
- Business interests held, financial statements and agreements, contracts, etc.
- Loan papers
- Other - investment records, etc.

☐ Legal Papers

- Will and/or Trusts
- Deceased's Final Instructions, Disposition Authorization, and/or Designated Agent forms (sometimes included in an Advance Directive such as a Durable Power of Attorney for Health Care, or in a Living Will)
- Pre-paid funeral contracts
- Organ/tissue donation record
- Social Security card (or number)
- Birth certificates (of all family members)
- Marriage license or certificate
- Military service papers, including discharge records
- Domestic Partnership Registration
- Court documents for adoptions and divorce (including any property settlement agreements, name changes, prenuptial agreements, etc.)
- Community Property Agreements
- Driver's license
- Passport, citizenship, immigration and/or alien registration papers

☐ Personal Information

- Names and contact information of closest family and friends
- Names and contact information of all lawyers, accountants, doctors, etc.
- Family Tree, if available (especially if there is no Will)
- User names and passwords for online accounts (including email accounts, financial records, social media accounts, etc.)
- Passwords to access computers, cell phones, and other electronic devices

Questions?