

Advance Medical Directives

Advance Directives for health care are legal documents by which individuals express their wishes in case they are unable to make health care decisions for themselves. There are two types: the Living Will and the Durable Power of Attorney for Health Care (DPAHC). Some directives are a combination of the two.

Federal regulations require every health care facility and program that receives Medicare and Medicaid funds to inform patients about advance directives. Many hospitals and nursing homes give patients a Living Will or DPAHC to sign at the time of admission. This is not an ideal circumstance for considering a legal document with life and death consequences. It is wise to arrive with your own carefully prepared directive in hand.

Living Will vs. Durable Power of Attorney for Health Care (DPAHC)

A Living Will provides specific directions about your health care in the event you are unable to speak for yourself. Example: "If my attending physician determines that my condition is terminal, I direct that life-sustaining procedures not be used." These life-sustaining procedures may include nutrition and hydration, antibiotics, use of ventilators or CPR. The laws governing Living Will and DPAHC documents permit the withholding or withdrawal of ordinary treatment and care, even when their omission will be the direct cause of death. The wrong kind of advance directive can be deadly. A Living Will gives an attending physician, very likely a stranger, the power to make life and death decisions for you. He or she may do a poor job of interpreting your wishes, particularly if they do not know you or share your moral values.

A DPAHC allows a person (the principal) to appoint an agent to make health care decisions in the event the principal is unable to make his/her own decisions. The agent has, in essence, the same right to request or refuse treatment that the principal would have if still capable of making and communicating health care decisions. The primary benefit of this type of advance directive is that the agent, hopefully a trusted family member or friend, can make real-time decisions in actual circumstances, rather than decisions made in advance about hypothetical situations, as in a Living Will.

POLST, MOLST, POST or MOST

The most insidious end-of-life form is POLST—Physician Orders for Life-Sustaining Treatment (also called MOST, POST AND MOLST in some states). POLST is a pre-printed form with check boxes for options such as DNR (do not resuscitate), no antibiotics, no tube-feeding, comfort care only, etc. It is filled out at the hospital or nursing home after admittance, often when a patient is most vulnerable. The patient is asked carefully worded, leading questions about the types of care they would like to refuse under critical situations. The answers are checked on the form. The form will be placed in the patient's medical chart as official medical orders. POLST supersedes any prior Advance Directive.

Protect Yourself

A Durable Power of Attorney for Health Care is absolutely essential for anyone who is 18 years or older. To be certain that a person you trust will be making medical decisions for you if you become incapacitated, you must specifically name that person in a legal document.

A DPAHC must comply with your state laws. For this reason, Human Life Alliance recommends the Protective Medical Decisions Document (PMDD) formulated for each state by the Patients Rights Council. The PMDD gives your agent the authority to act on your behalf and take legal action, if necessary, to ensure that your rights are protected. It clearly states that your agent does not have the authority to approve the direct and intentional ending of your life. This limitation not only protects you, but it also protects your agent from being subjected to pressure to authorize such actions. Filling out a PMDD takes only a few minutes – a few minutes that may mean the difference between life and death.

Contact the Patients Rights Council at: 740-282-3810 or 800-958-5678