

Taking a Good Look at Living Wills and Advance Directives

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Living Well

A column from SVNA by Cyd Emmons

One particularly controversial aspect of the ongoing health care reform debate was a provision to provide assistance to the elderly in completing living wills and advance directives. Perhaps some of the misunderstanding and rancor might have been avoided had one age group not been singled out. Serious illness, injury or incapacitation is not exclusive to the elderly. Accidents and unforeseen medical issues can befall any of us at any age.

The fact is, everyone should have a living will and advance directives in place, regardless of age. They are the very best means of ensuring that your wishes regarding critical health care and end-of-life decisions will be carried out. These documents speak for you when you can't speak for yourself.

Key Choices

A living will is a written legal document that specifically outlines your preferences regarding which life-sustaining measures or other medical treatments you would or would not want in the case of a life-threatening illness or injury. A living will is step one in preparing what are termed advance directives.

A living will cannot cover every possibility, however. That's where naming a health care agent comes in, step two in the process of putting advance directives in place. The health care agent is the person you choose to make medical decisions for you should you be unable to communicate your wishes yourself. Usually, a second person is designated to take over as health care agent if the first person is unable to carry out the responsibility.

Obviously, selecting a health care agent is one of the most important decisions to be made in preparing advance directives. Your agent should be someone you trust, who is comfortable taking on the task, who understands and respects your decisions and will stand up for you in seeing that they're carried out.

That person may be a relative, but needn't be, and this is not a decision that should be guided by a sense of obligation or fear of hurting anyone's feelings. Perhaps your spouse or one of your adult children is a good choice or, perhaps, it would be too emotionally difficult for them. You might want to name another relative or a friend as your health care agent.

Once you've made your choice, a medical power of attorney (POA) is the legal document that will give the person you've chosen as your health care agent authority to make medical decisions on your behalf. Because family members sometimes disagree or even oppose the choices made, having a health care agent authorized in advance is doubly important. Remember, a medical POA only comes into play if you are unable to communicate. If you can speak for yourself, your wishes will be honored.

A medical POA is not the same as a POA authorizing another person to make financial transactions for you. The POA for medical care and a POA for financial affairs may or may not be the same person, but both have a key role to play and are choices that merit careful thought. An attorney can prepare both types of POA.

Yet another issue that is often included in advance directives is a do not resuscitate order (DNR). This is a request that you not be given cardiopulmonary resuscitation (CPR) if your heart stops or breathing ceases. A DNR order does not have to be included in advance directives nor do you have to have an advance directive for a DNR order to go into effect. It can be added to your medical chart if you or your health care agent wishes it to be there.

The Best Gift

While many people have difficulty in discussing illness and death, making these decisions ahead of time and putting them in writing is the best gift you can give your loved ones. Trying to guess what you would want is a terrible burden that a living will and advance directives lift from their shoulders.

As Salisbury Visiting Nurse Association's hospice coordinator, Eileen Rydel, R.N., M.S., has a great deal of experience in dealing with individuals and families facing end of life decisions.

"Many people find these things hard to talk about, but it's a conversation that really needs to happen," she said. "Choose a time when you can speak with your parents or other family members without interruption. Explain how important it is for the family to understand what life-sustaining procedures they would or would not want if close to death or too seriously ill or injured to make a meaningful recovery."

If you're informing your family that you've decided to make a living will, be calm and matter of fact in explaining your feelings about medical treatment. "Often, just getting things down on paper is a great relief," Rydel said, "both to the person making a living will and to their families. I've seen families in a terrible dilemma trying to decide what their loved one would want them to do. Having these arrangements in place is one of the kindest things you can do for your family."

Remember, too, that living wills and advance directives can be changed. You should review them occasionally and modify them if need be. Give your family or health care agent a copy and keep your copy in a place where it will be easy for them to find if necessary, not in a safe deposit box.

A booklet, *Five Wishes*, published by Aging with Dignity, presents a clear and detailed explanation of living wills and advance directives. Please call Eileen Rydel at Salisbury Visiting Nurse Association, 860-435-0816, to obtain a copy. Or visit www.agingwithdignity.org or call 1-888-594-7437.