

CHOICES FOR LIVING AT THE END OF LIFE – Completing your Advance Healthcare Directive –

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Everyone over the age of 18 should have an Advance Healthcare Directive or at least the conversation with a trusted family member or friend about his/her wishes for treatment if he/she becomes unable to express himself in a health crisis situation. This document combines the Living Will and Power of Attorney for Healthcare which was used previously. However, if people already have the Living Will, it is still valid.

Many people resist thinking about this issue for many reasons including the superstitious belief that talking about death and dying may result in the same, the process takes too much time or is too complicated or simply procrastination.

One of the first things to know is that this Advance Healthcare Directive is used only when you cannot express your decisions about your treatment or if you willingly give your powers to your Healthcare Agent or Proxy because you do not feel able to navigate the medical system.

Benefits of Having Advance Health Care Planning

- Clarity and Focus–
 - For yourself
 - For your loved ones
 - For your doctors and caregivers
- Peace and Unity –
 - Create peace of mind for you and your loved ones
 - Minimize possible conflicts
 - Assure unity of effort among the medical professionals and caregivers
 - Allow your loved ones to just be there or perhaps start the grieving process instead of having to make decisions about what they think you might want
- Time for Reflection and Refinement –
 - Time to make well thought out choices
 - Time to reflect on and share your values with your loved ones

Steps you should take

1. **Think** about your values and what has meaning in your life. Do you need to be able to communicate with your loved ones? Is it important to be without pain or do you want to maintain clarity? There is a good list of questions to ask yourself in the Good to Go Toolkit from Compassion & Choices (www.compassionandchoices.org) .
2. **Decide** on what treatment measures you want or do NOT want. You should speak with your medical provider so that you fully understand the impact of your decisions on your quality of life. There are some simple explanations of some of the most common treatments in the Resource Magazine from Compassion & Choices. Also, there may be some treatments that you may want IF they would help you heal and perhaps return home or to a desired quality of life. You can

actually say that in your directive. Look at the My Preferences Checklist in the Good to Go Toolkit. You can either attach that list with notes to your directive or write out some of the options on a separate sheet of paper and attach it. Common treatments to think about include artificial respiration, use of a ventilator, nutrition including a feeding tube of some kind, hydration, dialysis, electric shock, chemotherapy/radiation or even further surgery and antibiotics

3. **Choose** a Health Care Agent (Proxy, Representative, Substitute Decision Maker) to speak and advocate for you when you can no longer communicate. You need to talk with this person so that he/she knows your wishes and voices his/her willingness to follow them and advocate for you. Requirements are that the person be 18 years of age or older, mentally competent and able/willing to follow YOUR wishes even if they are not what he/she would choose. This person may not be the “obvious” person such as spouse, child or sibling if that person doesn’t fit the requirements. It is recommended that you don’t have more than one or two people as your agent that you specify to make the decisions together unless they agree. Too often having many members of your family on the document, let’s say, only creates conflict at a very delicate time. Refer to The Conversation Project for ideas on how to approach this sensitive subject. It is also helpful if you know somebody who understands how to navigate the medical system.
4. **Write** these wishes down. Using an Advance Healthcare Directive form is usually the best way, and may carry more weight with family and medical personnel.. There are several document templates available including those from Compassion & Choices, many hospitals, The 5 Wishes, and insurance providers. You may add additional wishes or cross out ones you do not agree with in the document you choose. Be sure to sign it. Compassion & Choices recommends having it signed by two witnesses although this is not required in New Mexico. Neither is having it notarized required although some people feel more comfortable having it done. Just about all of the various documents contain the same elements but some may be more complete or detailed. Some have a place to write in your doctor which can be problematic if your primary or specialist changes often, but you can write in something like “my current medical provider” or a “doctor in the medical group that I use.”
5. **Distribute** copies to your chosen Health Care Agent, family members, and doctor(s). Keep a list of those to whom a directive is given, and where the original copy is kept which should NOT be in a safety deposit box or some other place that is inaccessible. Frequently, people also include others such as their clergy, certain friends, family lawyers or financial advisors. Why keep a list? If you ever make changes or completely redo your document, you will need for your old ones to be destroyed so that there is no confusion.
6. **Re-evaluate** regularly. Your wishes may change over time depending on physical status, values, what makes your life meaningful, and even the availability of your health care agent. You can easily change your directive by writing changes on the original, dating and initialing them; or if there are many or major changes, you may prefer to rewrite the document. Then you need to send all changes to those who have copies. You should review the document annually, or at any time you have a major change in your life, such as the onset of a disease, or the death or estrangement of someone mentioned in the documents.

Other Forms

MOST— Medical Orders for Scope of Treatment - used in NM but it may be called something else in other states. It’s usually printed on neon green paper so that the EMTs can see it quickly if they are called. It is still valid if on plain white paper. This is more recognized/followed because it is done in consultation with your doctor/medical provider and signed by your

doctor/provider. You can get it online at www.nmmost.org. Be sure it's put into your medical chart too. If you live in a facility, ask for one to be put with any information that might go to the hospital with you. NOT EVERYONE NEEDS ONE! However, it's important for those with a diagnosis of a possibly fatal illness/disease and it would not surprise anyone that you'd collapse etc. within a year (although that is not necessarily predicted!). Most doctors will not complete and sign it if they do not feel you qualify. **BE SURE "MOST" AGREES WITH YOUR AHD.**

Out of Hospital DNR. It's available online at www.archive.nmems.org/documents/DNR_EMS_form.pdf.

There are other forms you might want to use in the Good to Go Toolkit.

Selected Resources and sites

www.Compassionandchoices.org

www.theconversationproject.org

Please note that I would be happy to meet with individuals (with or without their families) or small groups. You can reach me at nm_jan@q.com.