

# Dixon-Area Advance Directive for Healthcare

## Full Article

Version 16.04.21

When asked how we would like to die, most of us say that we want to be at home, surrounded by our loved ones. Today's reality is that most of us will die in the hospital, sometimes receiving aggressive, painful, and expensive care. This approach is aimed at prolonging life and frequently overlooks quality of life considerations. During a health crisis, 40% of patients in the hospital are too ill to make their own treatment decisions. Further, making decisions in the midst of a crisis can be hard on all involved and may lead to family conflict.

There is an alternative. **Advance Care Planning** can ensure that our healthcare wishes are followed and family conflicts are reduced. We can specify the type of care we wish to receive. For example, we can provide instruction that we 'want everything done' or that 'we want only certain measures taken and not others'. We can also name someone to speak for us in the event that we cannot speak for ourselves.

The planning process takes time and requires that we think about issues that may make us uncomfortable. It means communicating with friends and family who may not even want to contemplate death. However, by taking these steps, we will reduce stress during an already difficult time, not only for ourselves, but also for family and friends who can rest assured that the care we are receiving is consistent with our wishes.

A wonderful tool is available for us to help communicate our wishes to others. It is an **Advance Directive for Healthcare** "Directive" or End of Life Document. This document is aimed at allowing us to choose what treatments we want and how and where we are cared for should we experience a health crisis. The term Advance Directive for Healthcare is a generic term used for a document that is composed of two parts.

One part provides instruction on the future healthcare we desire to receive referred to as a Living Will, or Directive to Physician. The general areas-of-care covered in this document are life support treatment, artificial nutrition and hydration and pain management. We can specify that 'if death is imminent we want to be cared for at our home and allowed to die a natural death'. We can refuse certain treatments or decide not to have invasive surgeries. We can indicate that 'we want to be free from pain but not medicated to the point that we can't communicate with our loved ones'. Or we can state that 'we want everything done to prolong our life'.

### ***We have the right to choose.***

The second part of the Advance Directive allows us to appoint a healthcare representative or Agent who will speak for us when we cannot speak for ourselves. (Sometimes called the Medical Durable Power of Attorney or Healthcare Proxy). (Please do not confuse this with a financial power of attorney.) When appointing this Agent, select someone whom you trust who will understand and carry out your wishes, is at least 18 years of age and generally is not your physician, health care provider or an employee of your residential care facility.

***The wording in an Advance Directive for Healthcare can be modified in any way, at any time and only becomes effective when we cannot speak for ourselves.***

Other documents are available for special circumstances. If you are living with a terminal illness and want to be allowed a natural death, you may want to ask your physician about the MOST (Medical Orders for Life-Sustaining Treatment) form. Should EMS be called, this form can assure

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that you will not be given CPR or taken to the hospital.

*But where do we start?* Fortunately, there are many resources available to help us through the Advance Care Planning process. Local Death Café discussions offer a place to meet and discuss death with neighbors and our local library has many publications on end of life issues. Our physician and/or religious leader can offer guidance and the Compassion and Choices organization has a useful values worksheet and other resources. (CompassionAndChoices.org)

Once we are ready to complete our Advance Directive, we can draft a statement, or obtain a NM approved form from one of our regional hospitals, health insurance providers or on-line at either NHPCO's Caring Info (CaringInfo.org) or UNM School of Medicine's Continuum of Care Project (COC.UNM.edu). (A Spanish version is available at UNM's Health Science Center—HSCEthics.UNM.edu)

There is no cost to complete the form and it can be done without an attorney or physician if desired. Review a few different versions as their specific language and format varies. Although NM does not require the document to be notarized, it is recommended that at least one witness be included. Here in the Dixon area, we are fortunate to be able to make an appointment with someone who can assist us in completing our Directive. (Email [DirectiveHelp@gmail.com](mailto:DirectiveHelp@gmail.com) or contact the Embudo Valley Library at 505-579-9181.) The Advance Directive does not expire, so review it periodically.

***Advance Directive Forms:***

***CaringInfo.org***

***Local Assistance:***

***EVL 505-579-9181 OR***

***DirectiveHelp@gmail.com***

Once the Directive is completed, we should review it with our Agent as well as our closest friends and family so that they are clear on our wishes. Guidance on how to have these conversations is provided by The Conversation Project's 'starter kit'. (TheConversationProject.org). Also, give a copy of the Directive to anyone who may become involved in healthcare decisions and leave one in an accessible place in your home. (This might also be a good time to start understanding what kind of care our loved ones would want if they were faced with a health trauma. At some point, we may be required to make treatment decisions for them. Wouldn't it be nice to know that we are doing what they would want?)

With the advancement of new technologies which can be used to extend life, it is more important than ever to be clear on what treatment is desired at the end of life and to communicate that to others. This is done through Advance Care Planning which includes completing an Advance Directive for Healthcare.

The goal is to spend the end of life with dignity, respect and in the manner we wish. It is about receiving health treatments which are consistent with and serve our goals, minimize over or under use of medical treatments, reduce burdens on our spokesperson and lessen the likelihood of conflicts. The goal of this planning is not to dwell on our end of life, but to work to improve the quality of life even near death.