

## **Advance Directives**

### *More Important Than Ever*

As a result of the attention paid to advance directives from the Terry Schiavo case, there is a movement underway to encourage people to discuss their health care wishes with family members and sign Living Wills and Health Care Proxies. A Living Will stipulates health care measures a person would or would not want taken if he or she were incapacitated. A Health Care Proxy designates an agent (usually a trusted family member or friend) to make decisions on the incapacitated person's behalf, if necessary.

Although it is difficult to plan for the final phase of life or even unexpected emergencies, it is important to do so. The absence of written directives may prolong invasive and often painful but ultimately fruitless therapies, or deny a patient treatment that could provide comfort. Because of the sensitive nature of these discussions, chaplains or social workers are usually asked to obtain advance directives from patients when they are admitted to a hospital. However, physicians can be helpful in clearing up some of the myths that may arise:

**MYTH:** If a patient signs an advance directive, doctors may not do everything possible to save the patient's life.

**FACT:** Physicians have the responsibility to provide optimal care. Having advance directives helps the doctor understand a patient's wishes in extreme cases. The directive is not used as long as the patient can communicate.

**MYTH:** Advance directives are just for the elderly and chronically ill.

**FACT:** Everyone, regardless of age or health status, should complete and sign these forms in case of sudden illness or accident, or in the event of a short-term emergency that may occur when a person is under anesthesia.

**MYTH:** Once instructions are placed in an advance directive, they cannot be changed.

**FACT:** Patients may cancel their directives or update them as often as necessary. They may continue to express their wishes and expect to have them followed. Written directives are used only when patients *cannot* express their wishes.

**MYTH:** Discussing health care wishes with family or friends gives them the authority to carry them out.

**FACT:** Health care providers often look to family members for guidance, but currently in New York State, only a health care proxy (or agent) that the patient has appointed has the legal authority to make treatment decisions. No one – not even a spouse, parent or other close family member – has the authority to refuse life-sustaining treatment (nourishment and water provided by feeding tube or intravenous line), review medical records or admit a loved one into a hospice program without legal authority. Other states are more flexible, but writing down one's wishes ensures that they will be clearly understood and interpreted.

**MYTH:** A health care proxy will be allowed to make *all* decisions on a person's behalf.

**FACT:** A person may give his agent or proxy as little or as much authority as he or she wishes. The proxy may be allowed to make all or only some decisions, and may have specific instructions to follow. Signing a Health Care Proxy form *does not* give the agent the power to make non-health care decisions, such as financial decisions.

**MYTH:** Expecting a family member to make health care decisions would be too much of a burden.

**FACT:** Discussing one's wishes with family members and assigning someone to be a proxy is an important emotional tool. The patient is comforted knowing that his or her wishes will be followed, and the family is relieved of the anxiety of making difficult decisions without knowing the patient's wishes. Directives are particularly important for members of families who do not communicate well with each other.

For detailed information on advance directives in the state of New York and free New York State Living Will and Health Care Proxy forms, which may be printed from the Internet, visit: [www.oag.state.ny.us/health/health\\_care.html](http://www.oag.state.ny.us/health/health_care.html). For free state-specific forms for New York and other states, contact Caring Connections, a program of the National Hospice and Palliative Care Organization, at **1-800-658-8898** or visit their Web site at [www.caringinfo.org](http://www.caringinfo.org).