Creating a Care Plan: HEALTH CARE ADVANCE DIRECTIVES

The process of establishing advance directives may be subject to state-specific laws. Be sure to check the requirements for your/your loved one’s state(s) of residence. These worksheets are not intended to serve as legal, financial, or medical advice but are intended to serve as a starting point of information and reflection.

GET INFORMATION

There are several different types of Health Care Advance Directives, each outlining specific medical instructions about what one wants and does not want. Health Care Advance Directives are also referred to as medical advance directives or end-of-life documents. Health Care Advance Directives outline one’s medical wishes in the case of incapacitation.

In Arizona, an incapacitated person is “any person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication or other cause, except minority, to the extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person. . . ”2

Incapacitation may come about slowly over time or suddenly and unexpectedly. Establishing Health Care Advance Directives have been known to decrease stress and increase peace of mind as one’s wishes are known to all.

Legally Binding Health Care Advance Directives

Living Will
A Living Will outlines your medical decisions in case you become incapacitated. A Living Will is especially helpful when you do not have an established Health Care POA. It is important for a Living Will to be regularly reviewed, updated, and communicated.

Power of Attorney (POA)
There are several different types of POAs, each authorizing power to act under certain circumstances. Not all POAs have the authority to make medical decisions. Two types of POAs related to Health Care Advance Directives are:

Health Care POA authorizes someone to make medical decisions on another’s behalf when they become incapacitated. A Health Care POA could also be called a Durable POA for Health Care or Medical POA.

Mental Health POA authorizes someone to make mental health care decisions on another’s behalf when they become incapacitated. A Mental Health POA only covers care related to a mental health diagnosis. A Mental Health POA could also be called Psychiatric Advance Directive (PAD) or Mental Health Proxy.

The Creating a Care Plan: Power of Attorney has additional information on these and other types of POAs.

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Five Wishes
The Five Wishes combines the Health Care POA and Living Will. This document also provides the opportunity to lay out additional personal, emotional, and spiritual end-of-life wishes.

Do Not Resuscitate (DNR)
The Do Not Resuscitate (DNR) also known as a Prehospital Medical Directive alerts emergency medical technicians (EMTs) or hospital emergency personnel not to resuscitate during cardiac arrest. Both the patient and their physician complete the DNR. The DNR states not to use cardiopulmonary resuscitation (CPR) measures, equipment, drugs or devices to restart breathing if one goes into cardiac arrest or stops breathing. A DNR does not prevent medical comfort care interventions.

Arizona Physician's Orders for Life-Sustaining Treatment (POLST)
The Arizona POLST is a doctor’s order signed by both the patient and doctor that outlines specific healthcare decisions to be executed in case of incapacitation. It is primarily used for those with a terminal illness, chronic conditions, or serious illness. In other states, this may be referred to as Medical Orders for Life-Sustaining Treatment (MOLST).

Other Legally Binding Health Care Advance Directives to Consider:
Veteran's Administration Advance Directives
Organ and Tissue Donation

Non-Legally Binding Health Care Advance Directives
Ethical Will
An Ethical Will also referred to as a Legacy Letter, is a self-written letter outlining life lessons, values, blessings and hopes for the future.

DEFINE PRIORITIES

Selecting a Health Care Advance Directive
Selecting a Health Care Advance Directive is an important decision. You should consult with their medical provider and fully understand the details and implications of signing a directive.

Consider:

Are there specific medical treatments or procedures that you do or do not want (placement on a ventilator, artificial hydration/nutrition, organ/tissue donation, pain management, etc.)?

If you could never communicate your wishes, what would be important for others to know? What documents might help communicate those wishes?
Reflect on your current health, history, age, and past conversations with your health provider. Do you want to learn more about a DNR or Arizona POLST?

After this reflection, I will learn more about the following Health Care Advance Directives:

DISCUSS DETAILS

Consider learning more about:
- How to complete your selected Advance Health Care Directive.
- How to confirm your Advance Health Care Directive is accessible and up to date.
- Where your Advance Health Care Directive needs to be placed (in a medical record, posted on a door, on file with a community living, etc.).
- Community resources that assist with the completion of the Advance Health Care Directive.

COMPLETE & SHARE DOCUMENTS

IMPORTANT: This worksheet does not legally establish your Advance Health Care Directive. Be sure to complete the official documents in accordance with your state process and share them with your caregiving community.

SCHEDULE NEXT DISCUSSION

It is important to regularly revisit Health Care Advance Directives as information, personal views, life events, and feelings may change.

My next Health Care Advance Directive conversation will be: (date)