Advance Directives
Why Are Advance Directives Needed?

- Population is aging.
- People are seeking health care alone.
- Health crises are unpredictable.
- Not appropriate to educate on advance directives in midst of crisis.
- Eases burden for family members/providers.
- Reduces fear and worry about health care decisions.
- Communicates your wishes when you are not able to.
Defining Advance Directives

• Legal documents that allow patients to put healthcare wishes in writing, or to appoint someone they trust to make decisions for them, if they become incapacitated.

• Two types –
  – Living will
  – Durable power of attorney for healthcare.

• In Minnesota, an Advance Directive is called a Health Care Directive.
  – Combines living will (medical instructions) and durable power of attorney for health care (someone to act as your agent).
Why Don’t People Have Advance Directives

- Only 18-32% complete the form.
  - Low health literacy rates.
  - Language barriers.
  - Healthy people don’t see the need.
  - Discomfort/superstition with discussion.
  - Just don’t get around to it.
History

- Advance Directives created in response to increasing medical technology.
- 80% of deaths occur in health care facilities.
- Developed to help avoid suffering and costs associated with unwanted treatment.
- Living will proposed in 1969 – provided directives about course of treatment.
- Durable power of attorney added next.
- Wishes and values added later.
History

• 1998 – Minnesota introduced the Health Care Directive tool to help members put wishes into writing.
• Combines living will (1989) and Durable Power of Attorney for Health Care (1993).
• Makes it easier to complete an advance directive.
Did You Know?

- It is just as important for individuals who **want to initiate or continue** treatment to leave written instructions, as it is for those who have other preferences.
- A health care directive does not require an attorney to complete.
- Once written, a health care directive can be changed or revoked as long as you have the capacity to do so.
What’s in a Health Care Directive?

• Many choices, including:
  – Personal info - name, address, etc.
  – Agent duties – describes them.
  – Agent notes- choose how agent can act,
  – Act alone, together, primary agent, secondary, etc.
  – Powers of agent- extended or limited.
  – You don’t need to answer every question.
What’s in a Health Care Directive?

Health care instructions
- To describe views, beliefs, care preferences, organ donation.
- May add your own instructions.

Signatures and dates
- Notary public or witness signatures.

Records
- Master list of who has copies.
- Review and updates.
Required Elements of Health Care Directives

- Must be in writing.
- Must be dated.
- Must state person’s name.
- Must be executed by a person with capacity to do so.
- Must be signed by you or someone authorized to sign for you, when you can understand and communicate your health care wishes.
- Must be verified by a notary or two witnesses.
- Must include either health instructions OR a health care power of attorney, or both.
How to Complete a Health Care Directive

Name an agent-

• 18 years old, trustworthy, shares your values, close to you, advocate for you, etc.

• Cannot be AHCP or employee of AHCP on date directive is executed or date decisions must be made.
  – Exceptions – AHCP is family member, or specifically state WHY you chose AHCP.

• Spouse or domestic partners will be automatically revoked if partnership or marriage dissolved, unless otherwise stated in Advance Directive.

• Name at least 2 alternate agents if possible – in case your primary agent is unable, unwilling, or unavailable.
How to Complete a Health Care Directive

Write instructions.

• Identify considerations for decision making
  – What’s important to you.
  – Feelings about medical treatment.
  – Wishes for dying, organ donation, etc.

• Tools:
  – 5 Wishes – forms and guides.
  – Other forms.
How to Complete a Health Care Directive

Make it legal.

- Sign and date it
  - Witnessed by notary public or two individuals.
  - Limits on who can witness.
  - Neither of the two witnesses or the notary can be named as your agent or alternate agents.
  - Only one of the witnesses can be a direct care provider or employee of provider on day the form is signed.
What to Do with a Health Care Directive

Inform others that it exists.

• Inform others of the content, who the decision makers are, etc.
• Give others a copy, especially health care providers, keep record of who has copies.
• Review and update as health care needs change.
• Keep in a safe place, where easily found, not in safe deposit box.
• Copies of the form are valid.
What to Do with a Health Care Directive

Review and update it when there are changes in:

• Health status.
• State of residence.
  – An advance directive from another state must meet requirements of each state.
  – Requests for assisted suicide will not be followed—regardless of state.
• The availability of individuals named as health care agent or alternative agents.
How Long Does It Last?

Until you change or cancel it.

• You can change it by:
  – Writing a statement saying you want to cancel it.
  – Destroying it.
  – Telling at least two people you want to cancel it.
  – Writing a new health care directive.
Advance Directives Will Not Be Honored When...

- The request for treatment is outside of reasonable medical practice.
- The request is for assisted suicide, euthanasia, mercy killing.
Did You Know?

• It is illegal for health care providers to require patients to complete an advance directive.

• Health care providers are required to tell patients about advance directive laws in Minnesota and note whether or not the patient has one.

• Laws regarding advance directives are not the same in all fifty states in the U.S.
POLST

- Provider Orders for Life Sustaining Treatment (POLST)
  - Is a portable medical order
  - Is one part of advance care planning, does NOT replace health care directive.
  - Identifies what types of treatment a pt. wishes to receive at end of life or in medical emergency.
  - Helps convey those wishes to emergency services and other medical providers.
  - Used and recognized by hospitals, LTC facilities, medical professionals, and EMS throughout MN.
  - Must be signed by a licensed provider to be valid.
  - Standardized form in MN.
  - EMS can only follow signed medical orders, thus they can follow a POLST but not a health care directive.
Care Coordinator’s Role

• Review member record for advance directive information.
• Ask member if they have an advance directive
  – If yes, document the discussion, what they have, etc.
  – If no, ask if they want to discuss.
Care Coordinator’s Role

• If member wishes to discuss advance directive:
  – Describe advance directive.
  – Ask if they want help completing one-locate forms, etc.
  – Give ideas or suggestions for talking with family, etc.
  – Support their ideas or wishes.
  – Follow up on any planned discussion.
  – Give resources for advance directives.
Care Coordinator’s Role

• If member does NOT wish to discuss advance directive:
  – Document that the member does not want to discuss.
  – Assure members that they will still have coverage if they choose to have an advance directive, or not.

• Address advance directives annually with all members, and document.
Care Coordinator’s Role

• May assist member in filling out advance directive.
• May not act as witness or authorized agent.
Cultural Considerations

- Approach carefully.
- Respect cultural beliefs about death and dying.
- Do not require member to discuss.
- Document if member does not want to discuss.
- Act as a resource when possible.
Additional Resources

- UCare product overviews on Care Manager’s tab on UCare website.
  - Click on Questions and Answers about Health Care Directives.
  - Senior Linkage Line.
For More Information

• The Minnesota Health Care Directive:
  – Available in English and Large Print
  – Minnesota Health Care Directive Planning Toolkit can be printed online at: [http://z.umn.edu/mnhcdirective/](http://z.umn.edu/mnhcdirective/).
For More Information

• Five Wishes- U.S. Advance Directive
  − Created by Aging with Dignity.
  − Document available in other languages.
  − Available online at [https://fivewishes.org/](https://fivewishes.org/)

• Honoring Choices
  − Advance Care Planning initiative led by Twin Cities Medical Society
  − Available in Arabic, Chinese, English, Hmong, Russian, Somali, Spanish
  − Available online at [www.ucare.org/advanced-directives](http://www.ucare.org/advanced-directives)
Questions?

- Direct questions to: clinicalliaison@ucare.org
- 612-294-5045