



Dear Advance Planner:

Thank you for requesting End of Life Washington's advance directive packet. Our Advance Directive is one of the best available in the United States. It has been reviewed and approved by legal and medical experts.

End of Life Washington's Advance Directive:

- Combines your Health Care Directive and Durable Power of Attorney for Health Care into one document.
- Has been endorsed by many organizations including Senior Services.
- Applies to both terminal and nonterminal medical conditions.
- Contains no anti-choice statements.
- Includes an Alzheimer's and dementia provision.
- Uses very specific terminology about when you do, or do not, want life-sustaining treatment.
- Allows you to place limits on how long you would want life-sustaining treatment if you were in a coma or persistent vegetative state.
- Includes an option to request maximum pain and comfort care, even if it might hasten your death.
- Remains in effect after death (for organ donation, disposition of remains).
- Includes a provision stating that if a guardian is appointed for you, that guardian should be the health care agent you named.
- Affirms a health care agent's right to complete a Physician Orders for Life-Sustaining Treatment (POLST) form on your behalf.
- Addresses issues related to religiously affiliated health care providers.
- Includes language about designated agents for funeral arrangements.
- Allows consideration of every legal and ethical option.

If you have questions or need guidance in preparing your Advance Directive, please call our office at 206.256.1636 and a staff member will be glad to assist you.

Please consider providing End of Life Washington with a tax-deductible donation to help us continue to provide our free services to people who are planning ahead or facing the end of life.

Thank you for being proactive about your end-of-life choices!



ABOUT ADVANCE DIRECTIVES

Advance directive is a general term for oral or written instructions about future medical care if a person becomes incapable of stating his or her wishes. In these documents, both wanted and unwanted treatment may be specified. In Washington, there are three types of advance directives: the Health Care Directive, the Durable Power of Attorney for Health Care, and the Physician Orders for Life-Sustaining Treatment.

Remember, advance directives are only part of the process. Protecting your health care choices is a three-step process: *deciding* what you want; *communicating* your intentions so that others understand them; and *committing* your providers, family, and health care agent(s) to the acceptance (and sometimes defense) of your choices.

A **Health Care Directive** (also known as a living will, directive to physician, or physician directive) is a legal statement to all your health care providers that describes your general wishes or desires for end-of-life care. In particular, Health Care Directives speak to the question of whether and how you want to be kept alive by medical treatment if you are unable to make decisions. Your Health Care Directive should specifically state the life-sustaining treatments you do or do not want. These should include resuscitation, use of an artificial ventilator, and artificial nutrition and hydration. It should be in all your medical records.

When you present your Health Care Directive to your physician, ask if he or she will honor it. If not, find a physician who will. Most states do not require a specific form or format. In Washington, the basic form available covers only terminal illness, and End of Life Washington considers it too limited. In order to make a Health Care Directive legally binding, you must sign the document in the presence of two qualified, adult witnesses. *A Health Care Directive can prevent immense family conflict about your wishes for treatment if you become unconscious or unable to make medical decisions.*

A **Durable Power of Attorney for Health Care** (DPAHC) is the legal means by which you designate someone (referred to as your health care agent, surrogate decision maker, health care proxy, or attorney in fact) to make health care decisions if for any reason you should lose the capacity to do so. In the event that your primary agent is unable to make decisions on your behalf, you may also name an alternate agent. Anyone over the age of 18 may make a DPAHC, provided he or she is competent. Additionally, any individual over 18 can act as an agent or alternate agent, provided he or she is of sound mind and meets certain qualifications.

A DPAHC is limited to health care decisions and does not affect a power of attorney you may have for financial or other matters. Washington State law does not specifically require witnessing or notarizing your DPAHC. *A DPAHC stands up legally, particularly when the agent's decisions are consistent with directives contained in the patient's Health Care Directive.*

Once the DPAHC is in place, you continue to make your own care decisions for as long as you are able. It is only when you cannot make your wishes known that your health care agent can act. When you are again able to make your own decisions, your agent loses power to make decisions for you. It is very important to pick someone you trust and who knows your wishes. It is also important to choose an individual you feel can be assertive in the event that caregivers or family members challenge your wishes.

Communicate: Let your agent know exactly what kind of care you wish to have, and what types of treatment you do and do not wish to have. Make clear to other family members that your health care agent(s) will have final authority to act on your behalf. If you feel that certain family members will not honor your wishes, you may

include a statement directing physicians and the courts to disregard his or her demands and to follow only the directives of your agent(s). For the sake of all concerned, be sure to *discuss your intentions face-to-face*.

A **Physician Orders for Life-Sustaining Treatment (POLST)** form (formerly called the EMS - No CPR form) is intended for any adult, 18 years of age or older, with serious health conditions. You (or your health care agent) and your physician may use POLST to write clear and specific medical orders that indicate what types of life-sustaining treatment you want or do not want at the end of life. *Both the maker and a physician must sign the bright green form in order for it to be honored by other health care professionals.* No witnessing or notarizing is required. Emergency Medical Services (EMS) personnel are required to honor POLST, and it remains with you if you are transported between care settings. The POLST form is relatively new in Washington, and many physicians are still unaware of it. If your physician does not have POLST forms available, ask her or him to contact the Washington State Medical Association (see contact information below), or contact our office and request one. Properly completed, the POLST form is probably the most effective advance directive because your wishes are expressed as medical orders.

OTHER CONSIDERATIONS

After you complete your advance directives, send or give copies to your physician(s), lawyer, agent(s), family members, and other loved ones who should know about your wishes.

Health Care Directives have limitations. They are part of the health care planning process and should be best thought of as “living wishes.” In the real world of medical decision-making, fear of liability can keep providers from acting on patients’ intentions.

One of the best uses for a Health Care Directive is as a guide to the DPAHC agent. When the health care agent(s) acts within the general scope of the Health Care Directive, he or she is on solid legal ground. If there is no Health Care Directive, or the agent’s actions are not consistent with the Health Care Directive, the health care agent may be challenged. For these reasons, you should have both a DPAHC and a Health Care Directive.

Review your Health Care Directive and DPAHC occasionally to be sure they reflect your current preferences and values. To affirm that they reflect your current wishes, initial and date the documents whenever you review them.

End of Life Washington recommends that advance directives be signed and witnessed in the presence of a notary because it eliminates any doubt about the validity of your documents. Additionally, if you travel out of state, some states do require notarization.

THESE FORMS ARE AVAILABLE FROM:

- Your attorney or physician.
- End of Life Washington – 206.256.1636, endoflifewa.org. End of Life Washington has a comprehensive combination HealthCare Directive and DPAHC. We also have POLST forms available and a system called the *Wonderfile* for all your end-of-life document needs.
- National Hospice and Palliative Care Organization, nhpco.org, provides basic advance directives online for each state.
- Washington State Medical Association – 206.441.9762 or 800.552.0612 provides basic advance directives. They provide POLST forms only to physicians and other medical providers.

COMPARISON OF COMMONLY USED ADVANCE DIRECTIVES IN WASHINGTON

Natural Death Act Health Care Directive	The Five Wishes	End of Life Washington's Advance Directive
<p>Pro</p> <ul style="list-style-type: none"> Widely available online or from medical providers at no charge. <p>Pro or Con</p> <ul style="list-style-type: none"> Simple and concise; only two pages long. <p>Con</p> <ul style="list-style-type: none"> Limited to terminal conditions only. No dementia provisions. Not specific enough about what treatments a patient does/doesn't want and when the patient does/doesn't want them. Requires an additional document, a Durable Power of Attorney (DPOA) for healthcare, to name a healthcare agent. Includes a statement that some people find objectionable. ("If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.") <p>Notes</p> <ul style="list-style-type: none"> Created by Washington's legislature; RCW 70.122.030 Most commonly used healthcare directive in Washington; used by hospitals, attorneys, the Washington State Medical Association, Group Health, Caring Connections (a program of the National Hospice and Palliative Care Organization), and many others. Vague, outdated, and not recommended. <p style="text-align: center;">Not recommended</p>	<p>Pro</p> <ul style="list-style-type: none"> Easy to understand, with embedded directions. Applies to both terminal and nonterminal conditions. Combines the DPOA for healthcare and healthcare directive. Provides details about what treatments a patient does/doesn't want and when. Available in 24 languages. Includes dementia and coma provisions. Provides space to customize decisions. <p>Pro or Con</p> <ul style="list-style-type: none"> Includes a significant amount of nonmedical information (being massaged, having your favorite music played, and how you want to be remembered). Eight pages long including instructions. Prohibits any form of aid in dying. Unless statement in Wish 2 is crossed out, indicates that you would want pain medication only to the point of being drowsy or sleeping more than you would otherwise. <p>Con</p> <ul style="list-style-type: none"> \$5, and another \$5 for the <i>Next Steps</i>. Wish 2 includes a "stealth" antichoice statement that can create a profound internal conflict within the document. (<i>"I do not want anything done or omitted by my doctors or nurses with the intention of taking my life."</i>) Inconsistent; asks you to cross out statements you don't agree with under some Wishes, but not others (Wish 2, in particular). <p>Notes</p> <ul style="list-style-type: none"> The Five Wishes conforms to the end-of-life provisions included in the <i>Ethical and Religious Directives for Catholic Health Care Services</i>. End of Life Washington strongly recommends that users cross out the problematic statement in Wish 2 and initial and date it. After elimination of its internal conflict, Five Wishes is a good, all-purpose advance directive. Available from www.agingwithdignity.org or toll-free 888.594.7437. <p style="text-align: center;">Not recommended unless internal conflict is eliminated</p>	<p>Pro</p> <ul style="list-style-type: none"> Applies to terminal and nonterminal conditions. Includes clearly worded dementia provisions. Combines the DPOA for healthcare and healthcare directive. Uses clear language about what you want/don't want and when you want/don't want it. Free; download from End of Life Washington's website or by request. Available in large-print version. Includes an option for avoiding all life-sustaining or life-prolonging treatment under any circumstances (for the very elderly or people who wish to allow a natural death; e.g., people with Alzheimer's). The coma and persistent vegetative state provisions allow you to set time limits. Affirms your healthcare agents' rights to make a Physician Orders for Life-Sustaining Treatment (POLST) form on your behalf. Allows for an additional statement of values. Uses very specific terminology to prevent subjective interpretation. Instructions include what to do after completing your advance directive. <p>Pro or Con</p> <ul style="list-style-type: none"> Comprehensive and detailed; a five-page document accompanied by instructions. Includes a provision for requesting maximum pain and comfort care, even if it might hasten your dying process. Contains no antichoice statements. <p>Notes</p> <ul style="list-style-type: none"> The most appropriate document for those who want to express specific wishes and those who have been diagnosed with dementia or Alzheimer's. End of Life Washington's advance directive packet includes additional information about advance planning, including how to talk to your family about dying. Available from www.EndofLifeWA.org or toll free 877.222.2816. <p style="text-align: center;">Recommended</p>



Your life. Your death. Your choice.

VALUES WORKSHEET

The following are questions you may want to consider as you make decisions and prepare documents concerning your health care preferences. You may want to write down your answers and provide copies to your family members and health care providers, or simply use the questions as “food for thought” and discussion.

How important to you are the following items?

	VERY IMPORTANT			NOT IMPORTANT	
	4	3	2	1	0
Letting nature take its course.	4	3	2	1	0
Preserving quality of life.	4	3	2	1	0
Staying true to my spiritual beliefs/traditions	4	3	2	1	0
Living as long as possible, regardless of quality of life.	4	3	2	1	0
Being independent.	4	3	2	1	0
Being comfortable and as pain free as possible.	4	3	2	1	0
Leaving good memories for my family and friends.	4	3	2	1	0
Making a contribution to medical research or teaching.	4	3	2	1	0
Being able to relate to family and friends.	4	3	2	1	0
Being free of physical limitations.	4	3	2	1	0
Being mentally alert and competent.	4	3	2	1	0
Being able to leave money to family, friends, or charity.	4	3	2	1	0
Dying in a short while rather than lingering.	4	3	2	1	0
Avoiding expensive care.	4	3	2	1	0

What will be important to you when you are dying (e.g., physical comfort, no pain, family members present, etc.)?

How do you feel about the use of life-sustaining measures in the face of terminal illness? Permanent coma? Irreversible chronic illness, such as Alzheimer's disease?

Do you have strong feelings about particular medical procedures? Some procedures to think about include mechanical breathing (respirator), cardiopulmonary resuscitation (CPR), artificial nutrition and hydration, hospital intensive care, pain relief medication, chemo or radiation therapy, and surgery.

What limitations to your physical and mental health would affect the health care decisions you would make?

Would you want to have financial matters taken into account when treatment decisions are made?

Would you want to be placed in a nursing home if your condition warranted?

Would you prefer Hospice care, with the goal of keeping you comfortable in your home during the final period of your life, as an alternative to hospitalization?

In general, do you wish to participate or share in making decisions about your health care and treatment?

Would you always want to know the truth about your condition, treatment options, and the chance of success of treatments?



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HEALTH CARE DECISIONS IQ TEST FOR FAMILY, PHYSICIAN, OR HEALTH CARE AGENT

How well does your family, physician, or health care agent know your health care wishes? This short test can give you some sense of how well you have communicated your wishes. Consider this a tool to promote conversation and increase the likelihood that your end-of-life wishes will be honored.

Instructions:

1. Make as many copies as needed, one for you and everyone you want to take the test. Save this original, if desired, so that you can use it in the future.
2. Answer the questions yourself and don't reveal your answers.
3. Ask your family member, physician, or health care agent to take the test. They should answer the questions in the way they think *you* would answer.
4. Compare your answers to test taker's answers. Count one point for each question on which you and the test taker gave the same answer. Their Health Care Decisions IQ is rated as follows:
 - **5 points** = Superior; you have done a great job communicating your wishes.
 - **4 points** = Good, but you need some fine-tuning.
 - **3 points** = Fair, but more discussion is needed.
 - **1 or 2 points** = Poor; you have some talking to do.

1. You are 91 years old and have been in failing health for a few years. You spend most of your day in bed and you need care 24 hours a day because of your dementia. You easily forget who your friends and family are when they come to visit. You have begun to lose interest in eating, and you have lost a lot of weight. You are physically comfortable and generally in good spirits. The doctor is talking about a feeding tube so that you can get adequate nutrition. *Would you want the tube?*

a. Yes b. No c. Uncertain

2. You have late-stage Alzheimer's disease and can neither recognize nor converse with your family or other loved ones. You been diagnosed with pneumonia that will become fatal unless it is treated with antibiotics. *Would you want antibiotics?*

a. Yes b. No c. Uncertain

3. You have been found after having a heart attack, and you have no heartbeat and are not breathing. Emergency medical providers revive you, and you are now in intensive care, unconscious, and connected to a breathing machine. After a few days of tests, doctors know you were deprived of oxygen to the brain for several minutes during the heart attack, and you have brain damage. Your doctors do not think you will wake up. If you do, you may eventually be able to get off the breathing machine, but it's likely – although not certain – that you will need help with everything, including dressing, eating, and toileting. *Would you want the breathing machine continued?*

a. Yes b. No c. Uncertain

You have congestive heart failure that causes your lungs to fill up with fluid; your health is poor; and you are unable to walk around one block. You are always short of breath and tired all the time, but you are alert and able to enjoy time with family and friends. One day you have a heart attack and your heart stops beating. *Would you want CPR started and 9-1-1 called?*

a. Yes b. No c. Uncertain

5. You have advanced liver cancer that has spread to your bones and internal organs. You are at home and receiving hospice care. You cannot leave your bed or move too much because activity increases the pain, which, despite large doses of pain medication, is getting worse. You are so heavily medicated that you are in and out of consciousness, but, when you are conscious, you can still recognize and talk to your family. The hospice nurse has offered something called palliative sedation to manage your pain, where you would be sedated to unconsciousness until death occurs, but your family must approve it. *Would you want palliative sedation?*

a. Yes b. No c. Uncertain

4.



CHOOSING AND FINDING A HEALTH-CARE AGENT

The health-care agent is someone you legally designate (via a document called a Durable Power of Attorney for Health Care) to make your health-care decisions if you should lose the capacity to make them for yourself. If you regain the capacity to make your own health-care decisions, your health-care agent loses the authority to make medical decisions for you. A health-care agent is empowered only to make decisions related to your health care and has no authority over financial or other matters.

It is very important to pick someone you trust and who knows your wishes. It is also important to choose an individual you feel can be assertive in the event that medical providers, caregivers, or family members challenge your wishes.

Whenever possible, name both a primary health-care agent and an alternate. If your primary health-care agent is unavailable, the alternate may then assume the responsibility.

If possible, name someone who lives close to you. If it takes your health-care agent a day or more to reach your bedside in an emergency medical situation, several key decisions may already have been made on your behalf by people who do not know your wishes.

All words for the same thing

Health-care Agent
Health-care Representative
Attorney-In-Fact
Health-care Proxy
Surrogate Decision Maker

FINDING A HEALTH-CARE AGENT:

- The representative does not have to be a family member, spouse, or partner. In some cases it is better to ask a person you trust will honor your wishes rather than a family member. Choosing someone who is not a family member, spouse, or partner may also relieve your loved one of a responsibility he or she may be emotionally unable to assume.
- Ask a neighbor, a member of your church or synagogue, or an acquaintance. When discussing your request, remind your potential health-care agent that there is no liability associated with this role. End of Life Washington can help you with language for this important conversation. We can also talk with anyone who might be considering serving as your health-care agent to explain the role and responsibilities.
- Contact your local Senior Services/Elder Care Agency. They may have a program in your area that provides volunteers to be health-care agents.
- Some communities have professional geriatric care managers or other professionals who may serve as health-care agents for a fee. Check the Aging Life Care Association at <http://memberfinder.caremanager.org>, the Washington Courts list of Certified Professional Guardians at http://www.courts.wa.gov/programs_orgs/guardian/, and the National Association of Elder Law Attorneys at <http://alturl.com/ixo85>. End of Life Washington may also be able to help you locate these professionals.

For more information about choosing or finding a health-care agent or assistance finding a health-care agent, please contact our office.