End of Life Ready

Checklist and Resources

www.endoflifewa.org/ready
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CHECKLIST
Overview of topics covered in End of Life Ready presentation as a checklist

NAVIGATING ADVANCE PLANNING DOCUMENTS
Descriptions of various Advance Directive documents and resources

ADDITIONAL ADVANCE DIRECTIVES
Dementia Directives and Instructions for Feeding and Drinking

END-OF-LIFE OPTIONS
Summary of End-of-Life Options available when facing terminal illness or unacceptable decline

RESOURCES
Links to End of Life Washington web resources and partner organizations
End of Life Ready Checklist

Preparation: Reflect on your values and beliefs about quality of life, health care, dying and death and discuss end-of-life wishes with important people.

Resources for guiding reflection and conversations:
- End of Life Washington’s Value Worksheet | www.endoflifewa.org/values
- The Conversation Project | www.theconversationproject.org

Identify a Support Team
- Health Care Agent
- Providers, care providers and other important people
- Discuss your choices, advance directives and ensure support for your values and wishes.
- Be sure to discuss options including Death with Dignity, VSED, Stopping Treatment to understand care provider’s support.

Complete Advance Directives:
- Everyone: Health Care Directive & Health Care Agent (Durable Power of Attorney for Health Care or DPOAHC)
- Be sure that your Health Care Agent will support and defend your intentions and choices indicated in your Advance Directives.

Evaluate need for additional directives:
- POLST
- Dementia and Feeding/Drinking Directives

Discuss and provide copies of Advance Directives:
- Health Care Agent
- Support team: providers and care professionals
- Important people in your life
Advance Directive is a general term for oral or written instructions about future medical care if a person becomes incapable of stating their wishes.

In Washington, there are 3 common types of advance directives:

1) **Durable Power of Attorney for Health Care (DPOAHC)**
   Designates someone (referred to as your **Health Care Agent**) to make health care decisions if for any reason you should lose the capacity to do so.

2) **Health Care Directive (Living Will)**
   Gives direction on what kind of treatment you may or may not want if you become seriously ill and are unable to speak for yourself.

   *End of Life Washington Advance Directive includes both DPOAHC and Health Care Directive and is a legal document requiring 2 witness signatures or notary.*

3) **Physician Orders for Life-Sustaining Treatment (POLST)**
   Medical orders signed by an individual (or health care agent) and physician with specific indications for which life-sustaining treatments you want or do not want at the end of life. Emergency Medical Services (EMS) are required to honor POLST.

   [www.endoflifewa.org/advanceplanning](http://www.endoflifewa.org/advanceplanning)
DEMENTIA DIRECTIVES
These legal directives allow people coping with Alzheimer's disease and dementia to document their wishes.

- **Living with Dementia Mental Health Advance Directive**
  Indicates your plans and preferences on the inevitable challenges related to living with these illnesses: where to live, how to finance your care, when to stop driving, and many other issues.

- **My Instructions for Feeding and Drinking**
  Allows a health care agent to stop offering food and drink during advanced dementia in circumstances you describe in the document, and communicate your choice to your care providers.

www.endoflifewa.org/dementia

**Considerations for all Advance Directives:**

- Health Care directives have limitations as legal documents providing helpful guidance and should be best thought of as "living wishes." POLST is the only directive that is a medical order.

- Review directives occasionally to be sure they reflect your values and current health context.

- Notarization can help to eliminate doubt about the validity of your documents and some states require notarization.
Anyone may choose to turn down or refuse medical treatments that may sustain or lengthen life due to considerations of quality of life and potential suffering.

End of Life Washington supports your choice.

It is important to know and understand all of your treatment and care options when facing terminal diagnosis or significant decline.

**FOREGO TREATMENT**

Anyone may choose to turn down or refuse medical treatments that may sustain or lengthen life due to considerations of quality of life and potential suffering.

**PURSUE TREATMENT**

You may choose to accept and pursue medical treatments offered by health care providers that may sustain or lengthen life. You may also choose to discuss time-limited trial treatments with health care providers.

**STOP TREATMENT**

At anytime, you can also choose to stop medical treatments. Under some circumstances, aggressive treatment may increase suffering, impair a person’s remaining quality of life, or even shorten life.

**PALLIATIVE CARE**

Treatment of the discomfort, symptoms, and the mental and physical stress related to serious illness, with comfort and quality of life as primary goals.

**HOSPICE CARE**

A form of palliative care that is ordered when a patient is no longer receiving curative treatment for their illness and has less than six months to live. Additional resources (medical, social, psychological, spiritual) also available through hospice.
Medical Aid in Dying or Death with Dignity

In Washington, Medical Aid in Dying (MAID) was made legal in 2008 through the Death with Dignity Act (DWD). MAID allows those facing terminal illness who meet the following qualifications to access medication to hasten death.

- Diagnosed terminal illness with less than 6 months life expectation.
- Decision-making capacity
- Ability to self-administer medication
- Two providers who can and will support MAID (two doctors or a doctor and an Advanced Registered Nurse Practitioner or a Physician Assistant)
- Resident of Washington State and 18 years of age or older

Due to a 7-day waiting period and documentation requirements, best practice is to begin first oral request as soon as a diagnosis of less than 6 months is made and individual is considering the option of Medical Aid in Dying (MAID).

Voluntary Stopping Eating & Drinking (VSED)

- Legal and voluntary choice to hasten death by stopping nutrition and hydration to allow the body to naturally die within 1-2 weeks.
- Chosen because of present or imminent suffering, usually by someone that does not qualify for Medical Aid in Dying/Death with Dignity.

Best practices: Individual is resolute and committed in choice to hasten death through VSED and plans for markers that will indicate timing to begin VSED with decision making capacity. Physician, hospice, and strong care giver support are critical to provide comfort measures and ensure peaceful death.

www.endoflifewa.org/options
LEGAL VOICE: HANDBOOK FOR WASHINGTON SENIORS

Handbook for Washington Seniors: Legal Rights and Resources is a comprehensive quick-reference guide on the full range of legal issues facing Washington seniors including legal and financial planning for death and what to do after a death occurs. www.legalvoice.org

PEOPLE’S MEMORIAL ASSOCIATION

Resource and thought-leader for funeral choice, education, and advocacy in Washington State. We envision a future where everyone has access to after-death arrangements that reflect their personal values and resources. www.peoplesmemorial.org

END OF LIFE WASHINGTON WEBSITE

End of Life Washington website contains many helpful resources including printable Advance Directive forms, checklists and resources and conversation guides for talking with doctors and important people about your values and wishes. www.endoflifewa.org

DEATH RESOURCE CENTER

Extensive list of links and resources for Preparing for Death, Deathcare, Aftercare, Grief and End of life Education. www.deathresourcecenter.com