

Definitions:

Allow
Natural
Death
(AND)

This decision provides care and comfort measures for a terminally ill patient in place of aggressive, life-prolonging measures.

Artificial
hydration
and
nutrition

This refers to a method of delivering a chemically balanced mix of nutrients and fluids when a patient is not able to eat or drink. The patient may receive fluids through a tube inserted directly into his or her stomach, a tube put through the nose and throat to the stomach, or a needle in a vein.

CPR

Cardiopulmonary Resuscitation, or CPR, is a medical procedure that can include chest compressions, drugs or electric shock in an attempt to restore a heartbeat. CPR is generally not successful in a terminally ill person.

DNR

Do not resuscitate is a medical order to not perform CPR if a patient's heart stops beating and allow natural death.

Hospice

Hospice is a program of support for terminally ill patients and their families. A team of specially trained professionals focuses on pain and symptom management, spiritual issues, financial and legal issues, and other needs. Care may be provided at home or in the hospital, nursing home or other settings.

For more information, please visit the following Web sites:

National Hospice and Palliative Care Organization,
www.nhpco.org

Aging with Dignity, www.agingwithdignity.org

Caring Connections, www.caringinfo.org

American Hospice Foundation,
www.americanhospice.org

South Dakota State Medical Association,
www.sdsma.org

South Dakota Hospice Organization,
www.southdakotahospice.org

LifeCircle South Dakota, www.LifeCirclesd.org

South Dakota State, www.state.sd.us

Contributing Programs:

South Dakota Bar Association

South Dakota State Medical Association

South Dakota Hospice Organization

Countryside Hospice, Inc.

South Dakota Association of Healthcare
Organizations

Avera McKennan Hospice

Avera Health

LifeCircle South Dakota

Sanford Health and Hospice

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Advance Directives



*It's easy to talk
about sports
or the weather ...
but have you
ever discussed
End of Life Care?*

A difficult conversation ...

Most of us like to be in charge of our lives and the health care we receive. But if you are seriously ill or dying, you may not be able to speak for yourself and your family may be faced with difficult decisions.

Talking with your family about your wishes and completing an advance directive will help. While starting the conversation can be difficult, discussing your wishes for care at end of life can provide comfort for you and direction for your loved ones.

This discussion is for all adults, not just those who are elderly or have a progressive illness. Begin the discussion early, and make your wishes known.

What are advance directives?

Advance directives are forms that outline the care you would like to receive - or not receive - if you are unable to speak for yourself. The three types of forms are **Living Will**, **Durable Power of Attorney for Health Care** and **Comfort One**.

These forms do not have to be completed by an attorney; however, they do need to be signed, witnessed and, possibly, notarized.

Other issues to consider ...

Write your requests clearly. If needed, use extra space to write about specific treatment you do or do not want (i.e. the use of CPR or breathing machines). You will also be asked about artificial hydration and nutrition.

Do not put originals in a safety deposit box or other secure place that cannot be accessed when they are needed.

A **Living Will** directs what treatment to provide or withhold when you are terminally ill and death is imminent or if you are permanently unconscious. It only becomes effective when you are no longer able to speak for yourself.

A **Durable Power of Attorney for Health Care** appoints someone to speak for you when you are no longer able to direct your care. This could include an illness, accident or terminal condition. If you improve and are able to speak for yourself, then you resume the ability to direct your care.

Comfort One in South Dakota provides quick identification of patients who choose not to receive life-prolonging treatment (chest compressions, breathing tubes, shock and so on) by emergency personnel. Patients wear a special bracelet or have a document that states these requests and that the emergency team should only provide comfort measures.

The **Comfort One** form must be signed by your physician, nurse practitioner or physician assistant. Emergency teams, such as EMS teams or ambulance crews, cannot honor advance directives unless a Comfort One form is in place. For more information on Comfort One, please go to www.sdemta.org.

Make copies of your documents, and share them with your family members, spokesperson, attorney, physicians, health care center and anyone else involved in your health care.

Revisit your directives as you age or your health status changes. Your care decisions may change.

Think about this ...

You have the right to decide what treatment you do and do not want at end of life.

If you do not communicate your wishes and are not able to speak for yourself, then others will make decisions about your care ... and it may not be what you want.

Without an advance directive your health care provider will turn to your family for decisions. They will start with your closest relatives, which may result in someone you would never select making decisions about your care.

When making your advance directive, think about three possible situations:

- If you have a sudden illness.
- If you have a severe accident.
- If you become terminally ill.

In each of these situations, consider the following:

- Do you want aggressive treatment?
- How long would you want treatment to continue if you were unconscious and not expected to recover - days, weeks, months?
- When would care and comfort, with an emphasis on pain management, be your choice?

... What gives your life meaning?

If you want to make changes, complete a new form and communicate your wishes to all involved.

Laws differ from state to state. If you are traveling or moving, you may need to adjust your information.