

Advance Directives

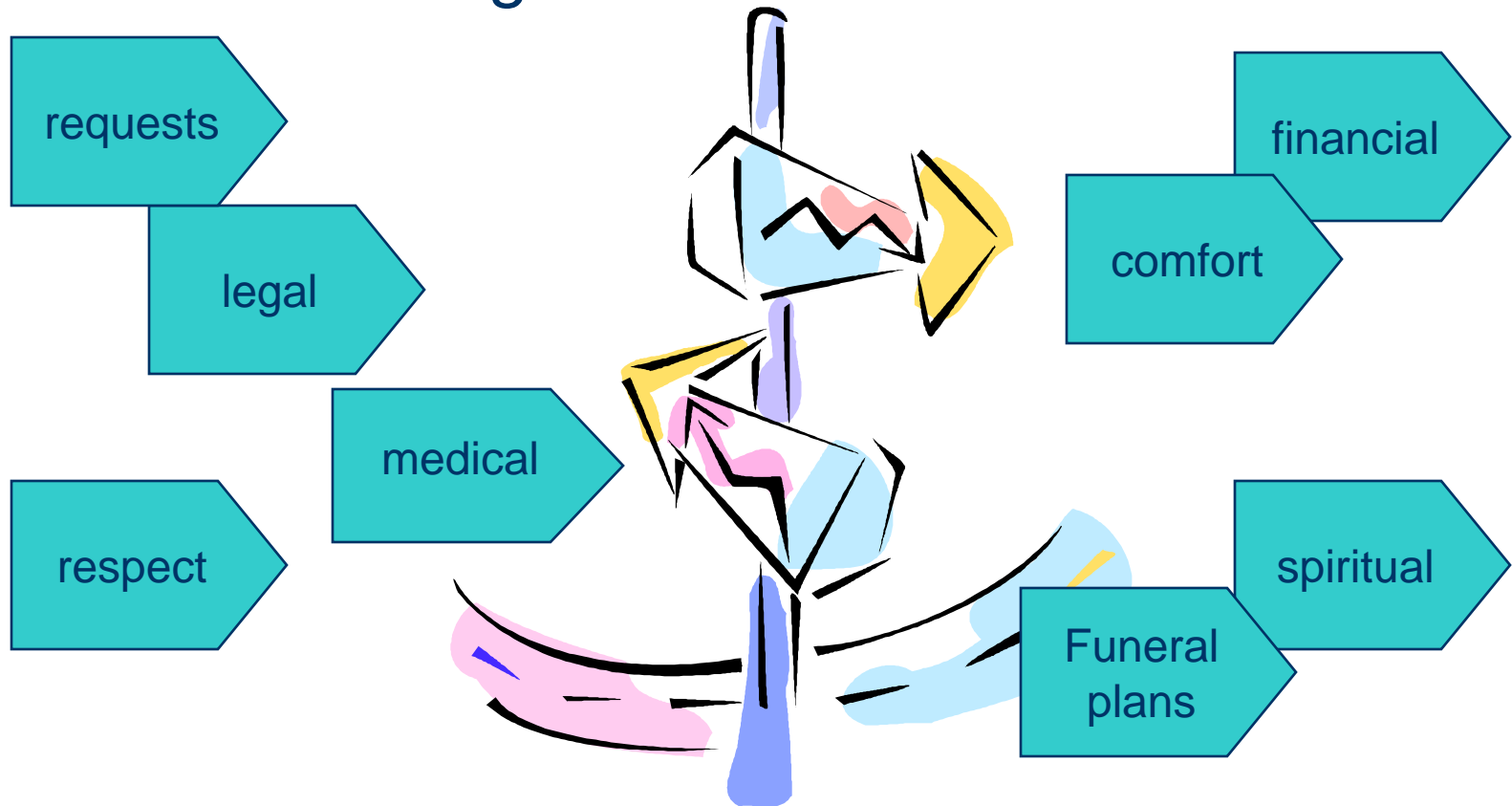
Information for communities

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What is an Advance Directive?

Giving directions...in advance



South Dakota's Dying to Know

- End of Life research 2004-2007
- What are SD attitudes toward death and dying
- How much advance planning have they done
- What do they want at end of life
- What do they know about hospice

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- Questionnaire sent to 10,204 random households
 - 24% return - 2,533 responses
 - Interviews conducted with 36 respondents to discuss death of a loved one in the past 5 years

Attitudes

Fear expressed about “dying well”

64% fear a long term illness

74% fear dying in pain

70% fear being a burden to loved ones

Living in pain(63%)physical dependency(73%)
and unable to communicate (72%) worse
than death

Disconnects



- 89% of South Dakotans were comfortable talking about death and dying in the survey

But only ...

60% have talked to their spouse or family


35% have completed some form of Advance Directive

And...15% have talked to no one

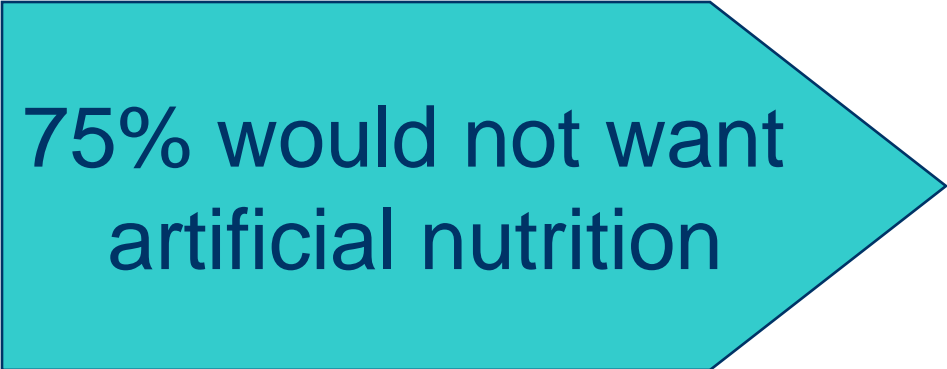




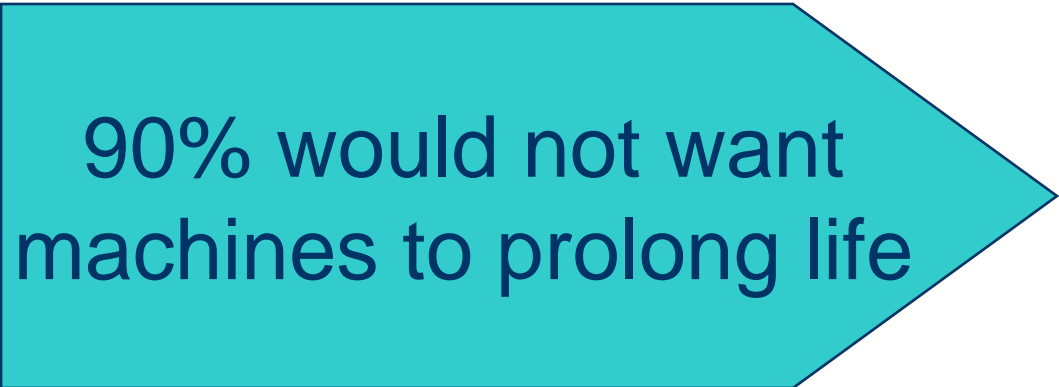
65% would not want
artificial fluids



And while
they have
strong
opinions
about what
they want at
end of life



75% would not want
artificial nutrition



90% would not want
machines to prolong life

only...

6% had the discussion with their
physician

4% with clergy

16 % with their lawyer



...and they would prefer that someone else
would initiate the conversation

Who should have Advance Directives

- All adults over age 18
- Regardless of health status
- Roadblocks
 - Belief they are only for the ill and elderly
 - Forms not readily available
 - Difficulty starting conversation
 - Difficulty finding a healthcare agent
 - Fear of expense

Why have an Advance Directive

- To ensure you will receive the care you do or do not want at end of life
- Ease burden for family
- Give your physician direction
- To have a patient advocate

What do we have to offer

- Living Will
- Durable Power of Attorney for Healthcare
- 5 Wishes
- Comfort One
- User friendly brochure
- Websites

Living Will

- Directs treatment to be provided if you are terminally ill or permanently unconscious
- Only effective if you are not able to speak for yourself
- Goal is to prevent unwanted and futile care
- New form for South Dakota

Durable Power of Attorney for Healthcare

- Outlines care you would like if you are not able to direct your care
- Could include a terminal illness, accident, or sudden illness
- Allows for appointment of a healthcare agent to speak for you if you are unable

if no one appointed - family is consulted beginning with spouse, adult child, parent, adult sibling, grandparent or adult grandchild, adult aunt, uncle, cousin, niece, nephew or close friend

Healthcare Agent

- Someone you trust will follow your wishes
- May or may not be a family member
- Are two better than one?
- Someone who will act as your advocate
- Agent not responsible for cost of care
- Agent also referred to as: attorney in fact, proxy, representative

Possible decisions for agent

- Health care issues – surgery, tests ,treatments,
- Voice your wishes
- Consent for hospital,hospice,or nursing home
- Hire and fire health care assistants
- See your medical files
- Authorize or refuse medication
- Donate organs
- Apply for Medicare, Medicaid or other benefits

**agent can only make decisions when you are not longer able to speak for yourself

What you would like your agent to do if they need to speak for you

- Look at the written directions
- Remember any conversations/directions you have given
- Look at your religious beliefs and values
- Remember your personality
- Look at how you have handled other healthcare decisions
- Weigh benefit versus burden

5 Wishes

Wish 1 – Selection of agent

Wish 2 – Living Will

Wish 3 – Comfort

Wish 4 – How you want to be treated

Wish 5 – Wishes for family, funeral requests

State specific

Requires 2 witnesses

Comfort One

- Out of hospital DNR
- For hospice patients and others with progressive terminal illness who are still able to leave their home but have elected DRN status
- Physician approved
- Bracelet available
- www.state.sd.us

Comfort One will

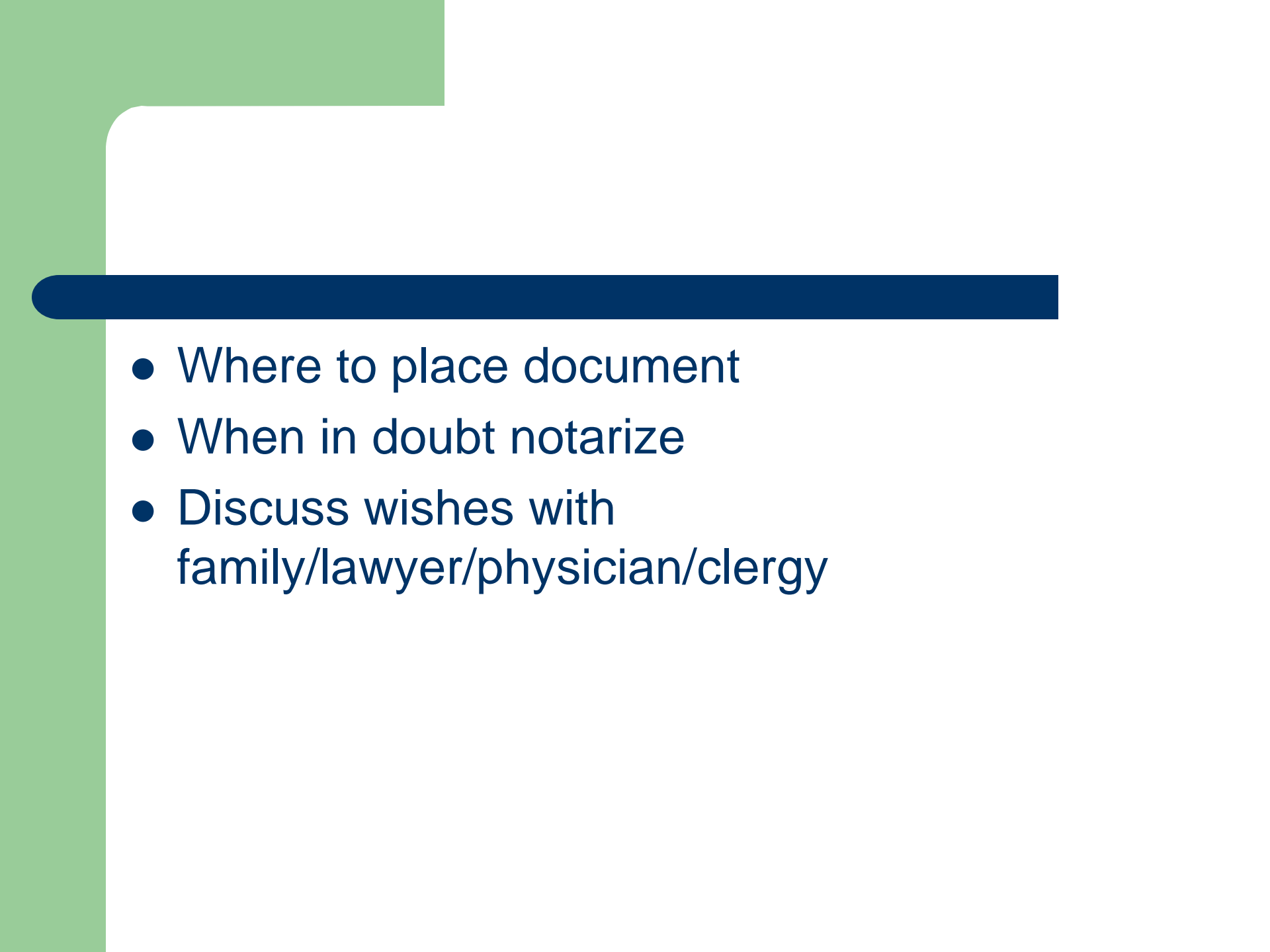
- Maintain open airway (not intubate)
- Provide suction
- Provide oxygen
- Provide pain medication
- Control bleeding
- Provide comfort
- Support patient/family

Comfort One will not ...

- Do chest compressions
- Use advance airway procedures
- Use defibrillator
- Assist breathing
- Administer resuscitation medication

Discussion points

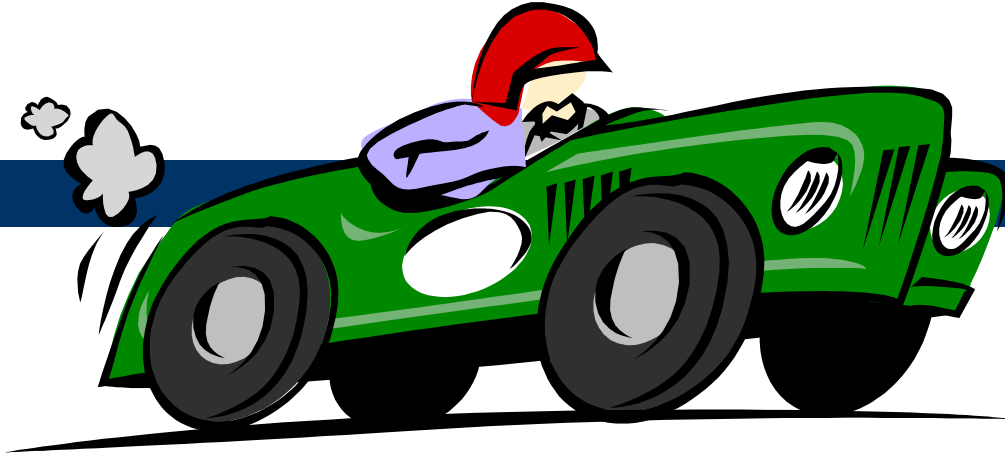
- What if you do not have a local physician or you spend part of the year in another community/state
- Have a document that was completed several years ago
- Artificial fluids and nutrition
- Aggressive care vs. comfort
- Can a family member override your requests

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- Where to place document
 - When in doubt notarize
 - Discuss wishes with family/lawyer/physician/clergy

When is it a good time...to begin or revisit your wishes

- At your annual physical
- If your marital status changes
- With a new potentially life threatening diagnosis
- **BEFORE THERE IS A MEDICAL CRISIS**

No reward for speed



Keep it simple

Don't assume

Know your resources

Resources

Websites

Aging with Dignity - www.agingwithdignity.org

Caring Connections

www.caringinfo.org

National Hospice and Palliative Care Org

www.nhpco.org