UW Medicine UNIVERSITY OF WASHINGTON MEDICAL CENTER

Living Wills and Other Advance Directives

Writing down your healthcare choices for times when you cannot speak for yourself

This handout gives basic information about living wills and other types of advance directives.

What are advance directives?

Advance directives are legal documents that state your choices about your healthcare if you are not able to speak for yourself. You fill out these forms "in advance" so that your family, friends, and healthcare providers know what medical care you would want and not want.

Unexpected events can happen at any age, so it is important for all adults to have advance directives. They are not just for older adults. Anyone age 18 or older may prepare advance directives.

What kind of medical care would you want if you were too ill or too badly injured to express your wishes?

Advance healthcare directives are your written instructions about your medical care. They can describe what treatment you would want if you have a serious accident or illness and you cannot speak for yourself – for instance, if you are in a coma.

Having written instructions can help reduce confusion or disagreement among your family members and healthcare providers. Your family and doctors are legally required to follow the instructions in your advance directives if you cannot express your wishes.



Your doctors are legally required to follow the instructions in your advance directives, if you cannot express your wishes.

Types of Advance Directives

There are several types of advance directives. Some of the most common ones are:

Living Will

Your living will states what medical treatments and measures you do and do not want if you are in a life-or-death situation. In some states, living wills are called *healthcare directives* or *declarations*.

Your living will may specify whether you would want:

- Dialysis to filter your urine, if your kidneys stop working
- A breathing machine (*ventilator*), if your lungs stop working
- To be resuscitated (receive CPR), if you stop breathing or your heart stops beating
- To be fed through a tube, if you cannot eat or drink on your own
- To donate your organs or other body tissues after your death

A living will is **not** the same as a last will and testament. A last will and testament states how a person would like their money and other property to be distributed when they die.

Durable Power of Attorney for Healthcare

Your durable power of attorney for healthcare names one person to make medical decisions for you if you cannot make these decisions. This person is your healthcare agent or proxy. You can also name a second person as your healthcare agent in case the first person you name is unable to serve in this role.

Durable power of attorney for healthcare is sometimes called *medical power of attorney*. This is **NOT** the same as a financial power of attorney. (A financial power of attorney is a person you choose to make financial decisions for you if you cannot make those decisions yourself.)

Do Not Resuscitate Order

A do not resuscitate (DNR) order is a request **not** to have cardiopulmonary resuscitation (CPR) if your heart stops beating or if you stop breathing. Advance directives do not have to include a DNR order. You do not have to have an advance directive to have a DNR order. Your doctor can put a DNR order in your medical chart if you ask for one.

A DNR order may also be called a DNAR, which stands for *do not attempt resuscitation*. Know that your healthcare team will continue to keep you comfortable if you have a DNR order.

Physician Order for Life-Sustaining Treatment

The *Physician Order for Life-Sustaining Treatment* (POLST) form is a newer kind of advance directive. It is a 2-sided form with boxes to check that indicate your wishes. It must be signed by a doctor, nurse practitioner (NP), or physician's assistant (PA) to be valid.

A signed POLST form helps ensure that your wishes for end-of-life care will be carried out no matter what healthcare facility you are in. It travels with you from one care setting to another, and it acts as a set of doctor's orders.

Keep your filled-out and signed POLST form at home in a place where it can be found easily, such as on your refrigerator, in your medicine cabinet, or on your nightstand. The orders on the form are valid if you receive medical care at home or in a hospital, nursing home, long-term care facility, or any other healthcare setting.

If you are admitted to UWMC and you have a POLST form that says you do not want CPR if your heart or breathing stops, show your form to your doctor so that your DNR order can be started (see "Do Not Resuscitate Order" on page 2). UWMC will honor your POLST form until we receive your doctor's written DNR orders.

A POLST form does not replace other advance directives, such as a living will or durable power of attorney for healthcare. You do not need these directives to have a POLST form, but we advise that you do.

Planning for End-of-Life Care and Other Concerns

Injury, illness, and death are not easy to talk about. But, planning ahead ensures that you receive the type of medical care you would want. It also means that your family will not have to guess at what you would want.

You can start by telling your loved ones that you are creating advance directives. Explain your feelings about medical care and what you would want done in specific situations.

You may want to encourage your parents or other family members to create their own advance directives. Explain that it is important for you and the rest of the family to know what they would want. It often helps to talk about the subject in a matter-of-fact and reassuring way.

Keep in mind that a living will cannot cover every situation that might arise. Because of this, you may also want a *durable power of attorney for healthcare*. This person is your *healthcare agent* and will be guided by your living will but will also be able to make decisions for you. This could be helpful if situations that are not described in your living will arise.

Choosing Your Healthcare Agent

Choosing someone to act as your healthcare agent is one of your most important decisions. You need to trust that this person understands your wishes and will act with them in mind. Your healthcare agent should also be mature and responsible, and be able to talk openly about hard topics. Do **not** pick someone because you feel you **should** pick that person.

Your healthcare agent does not have to be a family member. You may want your healthcare decision maker to be different from the person you choose to handle your financial matters. It may be helpful if the person lives in the same city or state as you.

You should know that under Washington law, your spouse or registered domestic partner, your adult children, your parents, and your adult siblings (in that order) may make healthcare decisions for you even **without** a durable power of attorney. So it is especially important for you to have a durable power of attorney for healthcare if you want **someone else** to make your healthcare decisions, or if you want a different order of decision-makers.

Naming a healthcare agent may also be a good idea if some or all of your family do not agree with your wishes for end-of-life care.

What treatments would you want?

In deciding what treatments you want, think about your values and your feelings about your quality of life. What do you feel would make your life not worth living? Would you want:

- Treatment to extend your life in **any** situation?
- Treatment **only** if a cure is possible?
- Palliative care? This is care to ease pain and discomfort but not to cure. It is often given at the end of life when a cure is not possible.

Even though you cannot predict what health issues will arise for you, you can talk with your doctor about possible treatments during end-of-life care.

Fill Out the Forms for Your State of Residence

Your advance directives must be in writing. You can fill out the forms on your own, but you may also want to talk with a lawyer.

To access the advance directive forms for Washington state, visit https://healthonline.washington.edu/sites/default/files/record_pdfs/A dvance-Directive-Forms-Washington.pdf.

You can also find the forms for other states on the internet. The National Hospice and Palliative Care Organization has free forms on its website at www.nhpco.org. Each state has its own laws about advance directives. But, if you are from out of state and have filled out your state's forms, be aware that Washington law is in effect if you are being cared for at UWMC.

Give Copies to Your Doctor, Healthcare Agent, and Family Member

After you fill out the forms, give copies to your doctor, your healthcare agent, and your family members. Do **not** put your advance directives someplace where they are hard to get to, like a safe-deposit box. That would only make it hard for your loved ones to find the forms if needed.

Consider putting a copy of the forms in the glove compartment of your car. If you have a planned stay in the hospital, bring the forms with you. Tell your healthcare providers that you brought them and you would like them to be put in your medical chart.

Review Your Advance Directives from Time to Time

As your health or beliefs change, you might want to change some of your advance directives. Read over your advance directives from time to time to see if you want to revise any of the instructions. You can change your mind about your advance directives at any time – just be sure that you fill out and date new forms and give copies to your doctor, healthcare agent, and family members.

Also consider that advance directives you write today do not account for medical treatments that might be available in the future. This is another reason to review your advance directives from time to time. You might want to make changes that include new medical treatments.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.
