

National Osteopathic Medicine Week

Advance Medical Directives Keep Patients In Control of Life at the End of Life

Americans are planners. We plan our weddings, vacations, retirement, the disbursement of our estates, and just about everything in between.

Yet, most of us neglect to plan for a very important part of life — the end of life — by putting in writing, directions or “advance directives” for the type of medical care and treatment we do and do not want when we are in the final stages of life.

The first advance directive was written in 1967 by an organization now known as the Partnership for Caring: America’s Voices for the Dying. But it wasn’t until nearly a decade later and after the legal battle fought by Karen Ann Quinlan’s parents to disconnect her from life support systems, that the concept of advance directives became more understood and accepted by the general public. (After swallowing alcohol and tranquilizers at a party, 21-year-old Quinlan had suffered brain damage and lapsed into a persistent vegetative state for many years.)

Today, some 75% of Americans favor advance directives, but according to *Modern Maturity*, only about a third of them have actually taken the time to put their end-of-life care instructions in writing.

Older or seriously ill patients write most advance directives. But medical and legal experts also counsel younger adults in good health to put their wishes in writing to deal with sudden or

unexpected accidents or serious illness.

According to a recent article in the *Journal of the American Medical Association*, 61% of terminally ill patients surveyed wanted to avoid a drawn out death and many were afraid of being kept alive. Yet, without an advance directive, hospital staffs are legally bound to keep a patient alive as long as possible through artificial feeding, mechanical ventilators, defibrillation, antibiotics, dialysis, resuscitation, and other invasive procedures.

Maintaining Control and Dignity

“Advance directives are important because they speak for you when you cannot speak for yourself, either because of a dire health emergency or as you are entering the final stages of life,” says Craig M. Wax, D.O., an osteopathic family physician practicing in New Jersey. “Take for example, an elderly person in a coma, who is ‘brain dead,’ and on a ventilator to breathe for him or her. “If there are no previous advance directives,” Dr. Wax says, “that patient might exist with the help of machines for years and have no chance of regaining a meaningful life.

“Dignity and the ‘meaningfulness’ of life and death is very personal and different for each person. This is why you must make your directives clear to your family and physicians so you get only the treatments you want.”



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(continued from page 6)

A Variety of Directives

The term “advance directive” actually encompasses several different legal written documents that instruct your doctor in the type of medical treatment and care you do or do not want if you reach the point where you can no longer speak for yourself. These documents include the “living will,” “durable power of attorney for healthcare,” or a combination of both, called an “advance care medical directive.”

A living will is a legal document in which you, while mentally competent, direct your end-of-life medical treatment and care. Every American has the constitutional right, established by a Supreme Court decision, to request that medical treatments be withheld or withdrawn. A living will typically becomes effective when you can no longer express your wishes and have been diagnosed as terminally ill, irreversibly unconscious, or in a persistent vegetative state. A living will doesn't let you name someone else to make decisions for you.

A durable power of attorney (POA) for healthcare (also called a medical power of attorney or healthcare proxy) is a document in which a proxy is named to make medical decisions for you. A proxy is usually a relative or close friend whom you know and trust to act as your legal decision-maker and spokesperson. A POA directs your proxy to make a wider range of decisions than is allowed in a living will; this can include accepting or

refusing specific treatment or care, being hospitalized or staying at home, donating your organs, etc.

An advance care medical directive (ACMD) is a combination of the living will and POA. In consultation with your physician or other advisor, you outline the precise instructions for the care you do or do not want in a number of situations. An ACMD can be much more specific than a living will or POA, and because it is generally made in consultation with your physician, he or she knows of its existence.

Other end-of-life care and treatment instructions include:

- A do-not-resuscitate (DNR) order, which instructs your doctor, either in writing or orally, to not use cardiopulmonary resuscitation (CPR) if your heart stops or you stop breathing. Doctors and hospitals in all states accept DNR orders.
- A preferred intensity of care document which outlines for your physician your preferences for care under special circumstances.

Developing a Directive

There are a number of community, state, and online sources that provide information and assistance in developing advance directives, but experts generally recommend that you:

- Use a form provided by your doctor or state representative and have it notarized, if possible.

(continued)

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(continued from page 7)

- Be specific and precise about what kinds of treatment and care you do and do not want.
- Ask your doctor, lawyer, or state representative about the advance directive laws in your state, even though living wills and POAs are legal in most states.
- Discuss your wishes with your proxy, in advance, to make sure they understand and are willing and able to carry out those wishes.
- Review your advance directive with your doctors, family members, or friends.
- Make sure your proxy, doctors, family members, and hospital all have copies of your completed advance directive.
- Store your completed advance directive where it can be easily found. (An estimated 35% of advance directives cannot be found when they are needed.) You may also want to keep copies in your wallet and car. If you have homes in more than one locale, give copies to your healthcare providers in those other locations, as well.
- Review your advance directive documents periodically and keep them current.

“You can change your advance directives at any time,” says Dr. Wax. “For instance, if your health situation or

prognosis changes, you can always change your mind and have new directives instituted.”

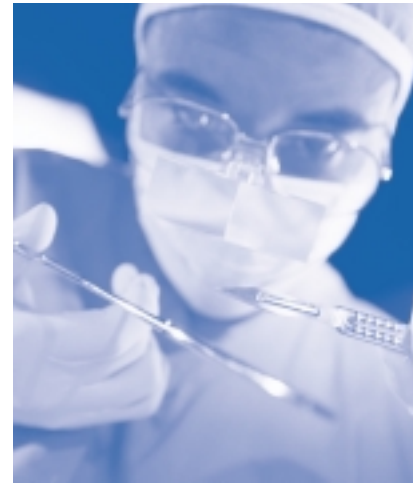
“Advance directives for end-of-life care and treatment are extremely important for a variety of reasons,” says Craig Matheson, D.O., an osteopathic family physician at the Pine Medical Group in rural Fremont, MI. “By allowing a person to make their last wishes known, an advance directive can help bring the family closer together and achieve closure on existing issues. For the physician, they help take the guesswork out of what the patient wants us to do.

“But most important, an advance directive helps the patient stay in control and define the end-of-life goals that are important to that person in the final stage of life.

“The osteopathic medicine approach involves caring for ‘all’ of a patient, from the beginning of life until the end of life. That means that as a D.O., I believe in getting to know my patients well enough so that I can help them make educated decisions about their healthcare, including those they make at the end of their lives.”

National Osteopathic Medicine Week

The American Osteopathic Association has designated November 11-18, 2001 as National Osteopathic Medicine (NOM) Week. This year’s NOM Week centers on educating and informing Americans about end-of-life care and related topics, such as advances in pain management, cultural



8

sensitivities toward final stages of life, organ donation, advance directives, and end-of-life care options and financing. As physicians who treat people, not just symptoms, the nation’s 47,154 osteopathic physicians are dedicated to helping maintain health through a whole-person, patient-centered approach to healthcare. And, within that principle, they recognize death as the legitimate endpoint to the human lifecycle and respect the dignity and special needs of both patients and their caregivers.

For more information about NOM Week 2001, call the American Osteopathic Association at 1-800-621-1773, extension 8252, or visit the AOA Web site at www.aoa-net.org.