

Making your wishes known

Medical treatment: advance directives

If you were in an accident or had a sudden serious illness, who would make decisions about your medical care if you couldn't? In most cases, your immediate family members would probably make these decisions. Do they know your wishes about treatment?

You can plan ahead by communicating your wishes about these medical care decisions. With a legal document called an advance directive, you can be clear about how you would make these decisions.

Advance directives are especially important as we get older. End-of-life decisions often need to be made before the actual end of life. A terminal medical condition may render you incapable of making a decision for yourself, such as if you want to continue on life support. An advance directive lets your health care providers and family know what you want when they make medical choices.

The three most common advance directives are:

- A living will.
- A durable power of attorney for medical decisions (see the related

Making your wishes known guide, *Who will act for you: your personal decision makers*).

- A Physician Orders for Life-Sustaining Treatment.

Emotional and financial costs

Most of us wish to pass to eternity in peace, and often we want to die in our own home. The chance of this kind of natural death happening may be greatly increased with an advance directive. Your loved ones know what you want, so they are less likely to experiment with treatments and medical choices that keep you in the hospital during your last days. Advance directives reduce stress on your family and decrease the risk of family disagreements about your medical care.

An advance directive may potentially save you, your estate and survivors from substantial medical bills. Life-extending procedures can cost thousands of dollars per day and can quickly eat away at funds – even if you have health insurance and substantial assets. In the end, the goal is not to reduce the resources spent on your medical care, but to use those resources appropriately.

Creating a living will

A common form of advance directive is a living will. Unlike your will that outlines what happens to your possessions, a living will outlines what you wish to have done should you face a terminal medical condition, are in a coma or similar non-responsive condition and can no longer make your own decisions. The document directs what medical procedures you want or don't want if you have a terminal condition, but can't speak for yourself.

A living will can be as specific or general as you prefer. Many people include specific instructions about:

- Life-support machines.
- Pain medications.
- Intravenous feeding/nutrition.
- Chemotherapy.
- Blood transfusions.
- Hydration (water).
- Hospice care.
- "Do not resuscitate" orders (to not attempt CPR should your heart or breathing stop). You do not need a living will to have a DNR order, since it can be attached to your medical chart.



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- Organ donation (most states allow you to declare yourself an organ donor on your driver's license).

Remember, a living will goes into effect only if you are terminally ill and become incapable of making your own decisions. As long as you can make your own decisions, your personal choices take precedence over a living will – even in the middle of an illness.

Because life situations and medical technology change constantly, it is a good idea to periodically review your living will to make sure it still accurately reflects your wishes.

Appointing a decision maker for medical decisions

The second type of advance directive is appointing someone as a power of attorney for medical decisions (also called an agent), allowing you to have a representative to make decisions about your health care. For a description of this role, see the related Making your wishes known guide, *Who will act for you: your personal decision makers*.

When you create an advance directive, discuss it with your designated power of attorney as well as your loved ones. Decisions about medical treatment can be traumatic for a family, so the more they know in advance about your wishes the better.

A health care power of attorney document applies to a broader spectrum of life circumstances than living wills. The document allows your agent to make or closely assist with many decisions on medical care, including hospital and nursing care admissions. Issues around finances and payment are usually controlled by a power of attorney for finances.

POLST programs

A Physician Orders for Life-Sustaining Treatment is a more recent advance directive that's now available or in development in 43 states. These forms have been shown to be very effective advance directives that are used typically close to the end of life. They have been shown to be effective in determining where a person dies and how a person dies.

A POLST complements other advance directives by spelling out which specific treatments a person wants, such as feeding tubes or breathing machine. To finalize it, you and your doctor sign it. Then it becomes part of your medical record – so it's readily available if you are ill.

Important resources

The resources below are designed to help you implement your advance directives. They overlap to some degree; Five Wishes and the Living Will Registry overlap the most.

Five Wishes: A nonprofit organization, Aging with Dignity, has created a valuable document, Five Wishes, which can help you, step by step, through establishing advance directives for yourself. Visit agingwithdignity.org to receive a guide for a minimal cost. Five Wishes has the advantage of being a legal advance directive in most states. Review the website for details on how you use the form in your state.

POLST: To learn more about POLST programs, visit ohsu.edu/polst. You can check to see if POLST is available in your state. If it is, contact your doctor about whether this program might be right for you.

Living Will Registry: Another good resource with specific guidelines and forms for each state is found at uslivingwillregistry.com. It also helps you make your advance directives available to your health care providers and family.

Getting started: questions to ask yourself

- When will I begin writing my living will?
- If death was imminent, what treatment might I want? What wouldn't I want?
- What treatment would I want if I was in a permanent coma, had significant brain damage or a terminal illness?
- Have I discussed these wishes with my family?
- How does my perspective on advance directives reflect my faith, personal values, concern for my family and sense of stewardship?

Frequently asked questions

I'm too young for all this, aren't I?

No, you're not. In fact, making life and death decisions about possible medical treatment is significantly more traumatic for loved ones and medical practitioners if you are young.

Serious accidents – and even many illnesses – can affect people of any age, so creating an advance directive is a sound decision for all adults.

If I make advance directives, is that like playing God?

Not at all. You are simply asking doctors to use their best judgment about procedures when your death is imminent. God continues to control all life and especially the

Making choices*

Susan prepared for death when she was young. Through a workshop on advance directives, she realized she wanted to die peacefully without artificial life support. She talked to her family, expressed her preferences, and began the process of completing a living will. One week later, she was in a serious car accident. Due to injuries to her back and brain, she did not regain consciousness. Her doctors determined she would not recover. The family made the hard decision to disconnect her from artificial life support as she wished. They were with her a day later when she died at home.

Jerry knew he was dying of cancer. Yet, he was too uncomfortable to talk about death to his wife or family. During his long illness, he exhausted his health insurance. His doctors prolonged his life, sensing his family was too emotionally strained to work through the possibility of discontinuing medical care – even though death was imminent. He eventually died in a long-term care facility, leaving his family with medical and long-term care bills that caused financial hardship for many years to come.

** These stories are fictional. Any resemblance they have to the situations of real people is not intended and is purely coincidental.*

outcome of decisions. Consider spending time in prayer or consulting with your pastor or Sunday school class before creating your advance directive.

Does having a living will limit my chance of recovery? Doctors will do everything they can to help you recover. The living will goes into effect only when your condition is terminal and they can delay but no longer stop you from dying. A living will can help medical providers and family know you don't want to delay inevitable death.

Is choosing to stop life support like condoning suicide or euthanasia?

No. Suicide and euthanasia (assisted suicide) are about intending death, while an advance directive to end life support is about accepting death.

Are my advance directives valid if I'm hospitalized outside my home state?

In most cases, they will be if they were properly drawn up in your home state. If you spend a lot of time in another state, you should investigate if any changes need to be made for them to be valid in that state.

Does my doctor have to honor my advance directives? Yes. Advance

directives are legal documents and are intended to guide in making medical decisions. However, it's important to communicate with your family members about why you've made the choices you have and ask them to respect your decisions – to make it easier for everyone involved.

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