



Advance Directives for End-of-Life Medical Decisions

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Advance Directives for End-of-Life Medical Decisions

Many things, from the effects of a sudden injury to a terminal illness, can leave you incapacitated. Therefore, it is important to have a way to clearly convey your wishes for medical care in those situations when you are unable to communicate for yourself, when you become unable mentally to make decisions for yourself, or at the end of your life.

You should discuss with your doctor your wishes and any concerns about the type and extent of medical care you would like to receive. As part of this communication, a formal document, such as an **advance directive**, can

ensure that your wishes will be honored.

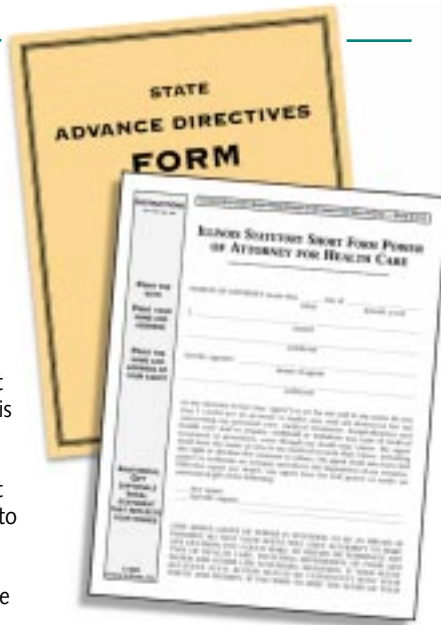
An article in the March 15, 2000, issue of *JAMA* reports on the use of advance directives in nursing homes. The researchers found that a program to increase the use of advance directives did not have an effect on the number of deaths reported by the participating nursing homes, nor did it affect the level of satisfaction with care reported by the participants in the program. This study shows that advance directives can communicate your preferences without decreasing your satisfaction with care.

WHAT ARE ADVANCE DIRECTIVES?:

Advance directives are documents that state your preferences for medical care.

The most common types of advance directives are:

- **Living Will** – describes the type of treatment you would like to receive and often gives specific instructions about the procedures (such as feeding tubes, artificial breathing, or surgery) you would like or would not like to be performed to prolong your life when you become terminally ill. A living will takes effect only when you become terminally ill (when it is clear that you will not recover; e.g., you have only weeks left to live). A living will does not appoint someone to make decisions for you, it just describes the type of care you would like to receive after you become terminally ill.
- **Durable Power of Attorney for Health Care Decisions** – allows a **proxy** (someone you have appointed) the power to make health care decisions when it has been determined that you cannot make such decisions for yourself. A durable power of attorney will not go into effect until the point at which you are unable to communicate your wishes yourself.
- **Combination Document** – combines elements of a living will and durable power of attorney for health care decisions into one document



ENSURING LEGITIMACY AND AVAILABILITY OF FORMS:

It is important that advance directive forms be signed in the presence of witnesses. Advance directives can vary from state to state, so be sure you check the legitimacy of your forms if you move to a new state.

The copies of the forms should be easily accessible so that they can be presented when needed. It is suggested that you keep copies of the form with your doctor, your proxy, those who are close to you and anyone who would be likely to care for you if you became incapacitated.

DO-NOT-RESUSCITATE ORDERS:

If your heart stops or if you stop breathing, health care professionals can try to revive you using CPR (cardiopulmonary resuscitation). In some cases, this may only prolong the dying process. Some people choose to have a do-not-resuscitate (DNR) order included as part of their advance directive. You do not need to have an advance directive to request a DNR order.

FOR MORE INFORMATION:

- American Academy of Family Physicians
Advance Directives and Do-Not-Resuscitate Orders
800/274-2237, extension 5103
or familydoctor.org/handouts/003.html
- American Geriatrics Society
The Patient Education Forum: Advance Directives
212/308-1414
or www.americangeriatrics.org

INFORM YOURSELF:

To find this and previous *JAMA* Patient Pages, check out the AMA's Web site at www.ama-assn.org/consumer.htm.

Additional Sources: American Academy of Family Physicians, American Geriatrics Society, The AMA Complete Guide to Women's Health

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