HealthStream Regulatory Script

Advance Directives
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Lesson 1: Introduction
Lesson 2: Advance Directives
Lesson 3: Living Wills
Lesson 4: Medical Power of Attorney
Lesson 5: Other Advance Orders
Lesson 6: Role of Healthcare Providers and Facilities
Welcome to the introductory lesson on advance directives.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.
Patients have the right to make decisions about their care. They have this right under the U.S. Constitution. They keep this right even when they are no longer able to communicate their decisions.

An advance directive is a legal document that helps protect this right.

This course will help you:
- Protect patient rights related to advance directives
- Remain compliant with The Joint Commission standards on advance directives

You will learn about:
- Types of advance directives
- When and how advance directives take effect
- Your role in making sure that advance directives work
Course Goals

After completing this course, you should be able to:

- List key features of advance directives
- Identify two types of advance directives
- Distinguish between advance directives and advance orders
- Recognize your role in encouraging the use of advance directives
This introductory lesson gave the course rationale and goals.

Lesson 2 covers basic facts and features of advance directives.

Lesson 3 explains living wills.

Lesson 4 discusses medical power of attorney.

Lesson 5 covers other advance orders. This includes DNR orders and medical treatment plans.

Finally, lesson 6 talks about your role in encouraging and supporting the use of advance directives.

FLASH ANIMATION

Lesson 1: Introduction
Lesson 2: Advance Directives
- Need for advance directives
- Basic facts about advance directives
Lesson 3: Living Wills
- Definition and features
- Contents
- Advantages
Lesson 4: Medical Power of Attorney
- Definition and features
- Choosing a proxy
- Advantages of having both a living will and MPOA
Lesson 5: Other Advanced Orders
- DNR orders
- Medical treatment plans
Lesson 6: The Role of Healthcare Providers and Facilities
- Encouraging patients to complete advance directives
- Implementing advance directives
# Introduction & Objectives

Welcome to the lesson on advance directives.

After completing this lesson, you should be able to:

- Identify the rationale for advance directives
- Recognize two types of advance directives and two types of other advance orders
- Recognize the impact of state law on advance directives
- Identify when advance directives are and are not used to guide a patient's care
- Identify which patients should have an advance directive

### FLASH ANIMATION

Lesson 2: Advance Directives

- Need for advance directives
- Basic facts about advance directives
In the past, terminally ill or permanently unconscious patients tended to die quickly. This happened because they were unable to eat or drink, or developed other complications.

Medical technology now makes it possible for these patients to stay alive longer than ever before.

This forces patients, families, and healthcare providers to make difficult decisions.

These decisions include:
- How to provide end-of-life care
- When life should end
Do you know what would happen if you lost the ability to communicate your own healthcare decisions?

Many patients think their family will automatically take over this right.

Some states allow for surrogate decision-making, in which relatives or others make medical decisions for a very sick loved one.

Other states do not have surrogate laws.

Even in states that have surrogate laws, family wishes are sometimes pushed aside. This can happen if the family and the healthcare provider do not agree on the best treatment for the patient.
Another problem with surrogate decision-making is that most families are not very good at guessing what the patient would have wanted.

This is especially true if the patient has never talked openly and clearly about his or her end-of-life wishes.

This leaves the family with a lot of questions. Family members may feel stress and guilt as they make difficult decisions for their loved one.
Need for Advance Directives

For all the reasons given on the previous screens, healthcare providers should encourage all patients to complete written advance directives.

The Patient Self Determination Act of 1990 required healthcare providers to tell patients about advance directives.
### 2006

**What is an Advance Directive?**

Advance directives are legal documents that describe the care a patient would want if terminally ill or unconscious.

There are two types of advance directive:
- Living will
- Medical power of attorney (POA)

### Other Names for Advance Directives

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<thead>
<tr>
<th>Living Will</th>
<th>Medical POA</th>
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<tbody>
<tr>
<td>Healthcare directive</td>
<td>Healthcare POA</td>
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<tr>
<td>Healthcare declaration</td>
<td>Healthcare proxy</td>
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<tr>
<td>Medical directive</td>
<td>Appointment of healthcare agent</td>
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<tr>
<td>Directive to physician</td>
<td>Durable POA for healthcare</td>
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<td></td>
<td>Special POA for healthcare</td>
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</tbody>
</table>
In addition to advance directives, patients can have advance orders.

Advance orders include:
- Medical treatment plan
- Do-not-resuscitate (DNR) order
- Do-not-intubate (DNI) order
Advance Directives & Orders

Each type of advance directive and advance order will be discussed in greater detail in later lessons.

In general, however, advance directives and orders address:

- How much care a patient wants when he or she is close to death
- What kind of care the patient wants
- Which types of life-sustaining treatment or other support the patient does or does not want
- Which medical conditions the patient does or does not want treated

Advance directives and advance orders support the patient's right to make his or her own healthcare decisions.
Advance directives are governed by state law.

Laws differ somewhat from state to state

Different states may:
- Use different names for their advance directives
- Use different documents for their advance directives
- Have different rules about which treatments a patient is allowed to make decisions about in an advance directive
When Advance Directives Take Effect

State laws also may differ on when advance directives take effect.

In general, advance directives take effect only when a patient is no longer able to make or communicate healthcare decisions.

As long as a patient is still able to make and express decisions, the advance directive does not matter. Healthcare providers must follow the direct instructions of the patient.

Whether or not a patient has an advance directive, healthcare facilities must provide:

- Equal access to care
- Equal access to treatment
- Equal access to services
The Patient Self Determination Act

The Patient Self Determination Act makes all advance directives “portable” from state to state. It should be executed unless it is against the state law to do so.

Most health care institutions (excluding individual physicians) are required to:

- Give the patient a list of their healthcare decision making rights at admission
- Provide information about the facility’s policies
- Ask the patient if they have an advance directive
- Document that the patient has an advance directive
- Educate staff and the community on advance directives
- Never discriminate against a patient for having (or not having) an advance directive. It is against the law for healthcare institutions to require a patient have (or not have) an advance directive.
Advance directives are **not** followed in emergencies.

In a medical emergency, there is no time to look at an advance directive. Emergency workers must act quickly.

Once the patient is stabilized, a physician will:
- Look at the patient's acute and underlying conditions
- Look at any existing advance directive

The advance directive then may be implemented, as appropriate.
### Who Needs an Advance Directive?

All patients over the age of 18 should be encouraged to complete a written advance directive.

In addition, patients should be encouraged to:
- Give a copy of their directive to friends, family members, and healthcare providers
- Talk about their end-of-life wishes with those same people

Despite the benefits of advance directives only 5 to 25% of Americans have one. This due to:
- A lack of education on the issue
- Reluctance of some physicians to discuss the topic

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**Advance directives are not just for the elderly and the chronically ill.**

**All patients over the age of 18 should have an advance directive. Accidents can happen to anyone, at any age.**
Caucasian middle class Americans are more likely than ethnic minorities to have an advance directive.

Culture and religion impact advance directives:
- Cultures with strong family ties may not want to discuss advance directives. It is expected that the family will advocate when needed.
- African Americans may be suspicious or untrusting of staff who discusses advance directives. This is a result of the legacy of slavery and medical research.
- Cultures that see the circle of life from birth to death as natural (Native Americans) may not see a need for an advance directive.
- Cultures that believe in fatalism (Filipino) may view discussing advance directives as tempting fate.
- Some Filipino and Chinese staff may be more comfortable asking clergy or pastoral care to discuss advance directives.

Educate yourself on different cultural and religious beliefs and remain nonjudgmental.

Educate yourself on different cultural and religious beliefs and remain nonjudgmental. For more information, see HealthStream's courses on Cultural Competence.
An advance directive is a legal document. However, a lawyer is **not** needed to complete an advance directive.

Advance directives are **not** valid during pregnancy in some states.

A competent patient may change an advance directive at any time.
**2016**

Choose the true statement:

| a. Advance directives are honored in medical emergencies.          |
| b. Only the elderly and the chronically ill need advance directives. |
| c. Advance directives take effect as soon as a patient enters the hospital. |
| d. An advance directive helps protect a patient's right to make his or her own healthcare decisions. |

### Multiple Choice Interaction

[**CORRECT ANSWER: D**]

A: Incorrect. The correct answer is D.

B: Incorrect. The correct answer is D.

C: Incorrect. The correct answer is D.

D: Correct.
A woman goes into a coma. She has an advance directive. True or False: Her family members automatically have the right to make healthcare decisions for the patient.

- a. True
- b. False

**True/False Interaction**

[CORRECT ANSWER: B]

A: Incorrect. This statement is false.
B: Correct. This statement is false.
Summary

You have completed the lesson on advance directives.

Remember:

- Patients have the right to decide about their own medical care. They keep this right even if they cannot communicate their decisions.
- An advance directive is a legal document that describes the care a patient would want if unable to communicate.
- The two types of advance directive are a living will and a medical power of attorney.
- Advance directives take effect only when the patient is no longer able to communicate healthcare decisions.
- Advance directives are not followed in emergencies.
- The Patient Self Determination Act gives “portability” to advance directives from state to state. Some restrictions may apply.
- Patients can complete advance directives without a lawyer.
- All patients over the age of 18 should have some form of advance directive.
- Culture and religion may have an effect on a patient’s view of advance directives.
**INTRODUCTION & OBJECTIVES**

Welcome to the lesson on living wills.

After completing this lesson, you should be able to:
- Define “living will”
- List the criteria for implementing a living will, including the definition of “terminal illness”
- Identify the contents of a living will
- Recognize the advantages of having a living will, for patients and their families

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**FLASH ANIMATION**

Lesson 3: Living Wills
- Definition and features
- Contents
- Advantages
A living will is a legal document describing what medical care a patient wants at the end of life.

All patients over the age of 18 should have a living will.

This helps:
- Ensure that the patient’s end-of-life wishes will be honored.
- Remove the burden of decision from the patient’s loved ones.
State Law

Each state has its own laws about living wills. These laws may differ on:
- When living wills take effect
- Which types of treatment a patient is allowed to make decisions about in a living will

Rules and forms for your state can be found at:
http://www.uslivingwillregistry.com/forms.shtm

Other names for a living will:
1. Healthcare directive
2. Healthcare declaration
3. Medical directive
4. Directive to physician
A living will takes effect when a patient:
- Has a terminal illness
- Loses the ability to make or communicate healthcare decisions.

The definition of terminal illness varies somewhat from state to state.

In general, an illness is terminal if:
- The illness is incurable or irreversible.
- There is no hope of improvement.
- The patient is dying.
- Treatment only prolongs the dying process.
## Contents of a Living Will

A living will should address:
- Life-sustaining equipment
- Do-not-resuscitate (DNR) orders
- Do-not-intubate (DNI) orders
- Artificial hydration and nutrition
- Withholding foods, fluids, or treatment
- Palliative care
- Organ and tissue donation

Click on each item in the list above to learn more.

### Click to Reveal

#### Life-sustaining equipment
In a living will, the patient should state which types of life-sustaining equipment may or may not be used in his or her care. Examples are:
- Dialysis machines
- Ventilators

#### DNR order
The patient should state when he or she would wish to have a DNR order. This order instructs healthcare personnel not to give CPR if the patient goes into cardiac or respiratory arrest.

#### DNI order
The patient should state when he or she would wish to have a DNI order. This order instructs healthcare personnel not to insert an endotracheal tube (ET tube) if the patient has trouble breathing or goes into respiratory arrest.

#### Artificial hydration and nutrition
The patient should state whether he or she wants artificial feeding, via tube feeding or IV. This sort of treatment may be given to patients who are not able to feed themselves.

#### Withholding foods, fluids, or treatment
The patient should state when treatment should be withheld. For example, a patient might wish to have treatment withheld when he or she has been in a coma for two weeks and has no cognitive function except reflexes.

#### Palliative care
The patient should state whether and when he or she wants palliative care, rather than curative care. Palliative care focuses on comfort, rather than trying to cure the disease. “Comfort” means controlling pain and other symptoms. It also means addressing the patient’s social, emotional, and spiritual needs.

#### Organ and tissue donation
The patient should state whether or not he or she wishes to donate organs and tissues after death.
Curative Care vs. Palliative Care

Note that, in a living will, a patient may refuse care such as:

- Aggressive treatment
- Life-sustaining treatment
- Resuscitation

This does **not** mean that all medical care should be withheld. The patient may still want palliative care.
Advantages of a Living Will

A living will:
- Helps protect patient rights
- Helps remove the burden of decision from friends, family members, and healthcare providers

In the March/April 2001 issue of Nursing Research, researchers* reported that stress levels are extremely high for family members who must decide about withdrawing life support from a loved one.

Stress was:
- **Most severe** when the patient did not have a written or verbal directive
- **Least severe** when the patient had a written advance directive

Advantages of a Living Will

The same study found that, when patients did not have directives, family members were more likely to decide in favor of prolonging the patient’s life.

This was true even when:
- Treatment was not improving the health of the patient.
- The patient was suffering.

When patients had written advance directives, family members felt more comfortable about making treatment decisions based on the patient’s quality of life.
Advantages of a Living Will

The study concluded that healthcare providers should encourage patients to:

- Complete advance directives
- Discuss their wishes with family members

Patients should be encouraged to do this **before** they become seriously ill.
When a patient has a “terminal illness”:
   a. The patient is dying.
   b. There is no hope of improvement.
   c. The illness is incurable and irreversible.
   d. All of the above
   e. None of the above

**Multiple Choice Interaction**

[CORRECT ANSWER: D]

A: Not quite. The best answer is D.

B: Not quite. The best answer is D.

C: Not quite. The best answer is D.

D: Correct.

E: Incorrect. The best answer is D.
Summary

You have completed the lesson on living wills.

Remember:

- A living will is a legal document. It describes what type of care the patient wants at the end of life.
- Laws on living wills vary from state to state. Make sure you know the laws of your state.
- A living will takes effect when a terminally ill patient is no longer able to make or communicate healthcare decisions.
- A living will should address: life support, tube feeding, DNR/DNI orders, withholding treatment, palliative care, and organ donation.
- All patients over the age of 18 should complete a living will. This helps protect the patient’s right to make his or her own healthcare decisions. It also helps remove the burden of decision from family members.
Lesson 4: Medical Power of Attorney

### Introduction & Objectives

Welcome to the lesson on medical power of attorney.

After completing this lesson, you should be able to:
- Define “medical power of attorney”
- List important features of a healthcare proxy
- Recognize when medical power of attorney takes effect
- Identify the advantages of having both a living will and a healthcare proxy

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<th>FLASH ANIMATION</th>
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<tr>
<td>Lesson 4: Medical Power of Attorney</td>
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<tr>
<td>• Definition and features</td>
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<tr>
<td>• Choosing a proxy</td>
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<tr>
<td>• Advantages of having both a living will and MPOA</td>
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</table>
A medical power of attorney (POA) is a legal document granting the power to make healthcare decisions. It is also known as durable power of attorney for healthcare. This power becomes active if the patient loses the ability to make or communicate his or her own decisions.

"Yes, I am willing to make decisions for you if you’re ever incapacitated."
The person given the power to make decisions may be called a:
- Healthcare proxy
- Healthcare agent
- Surrogate
- Attorney-in-fact

This person is granted the right to make healthcare decisions for the patient under certain circumstances.
When Medical POA Takes Effect

Remember: A living will takes effect only when the patient is:
- Unable to make or communicate healthcare decisions
- Terminally ill

Depending upon state law, medical POA may take effect any time a patient is unable to make medical decisions.

The patient does not have to be terminally ill.
Choosing a Healthcare Proxy

Choice of healthcare proxy is an important decision.

A proxy should:
- Know the patient well
- Care about the patient
- Understand and respect the patient’s wishes and decisions
- Be willing to act for the patient
- Be able to make difficult decisions
- Be willing and able to advocate for the patient, if healthcare providers do not want to follow the wishes of the patient
- Be physically close enough to act for the patient
- Be willing to ask questions of the patient’s healthcare providers
Choosing a Healthcare Proxy

In some states, a patient may choose:

- A primary proxy
- An alternate proxy

If the medical POA goes into effect, the primary proxy is given the power to make decisions.

If the primary proxy is not willing or able to make the necessary decisions, the alternate proxy becomes the decision-maker.
Imagine a patient has a living will.

Does he need a healthcare proxy, as well?

Yes.

Ideally, a patient should have both a living will and a healthcare proxy.
A living will documents the patient's wishes for end-of-life care. A healthcare proxy adds flexible decision-making to the living will.

In other words, the healthcare proxy will consult the patient’s living will.

But the proxy also can take into account:
- His or her overall understanding of the patient
- The opinion of the patient’s healthcare provider
- Real-time analysis of the potential benefits and burdens of treatment
- Changes in the patient’s condition
- Unanticipated aspects of the patient’s condition
As we have just seen, a healthcare proxy adds something to a living will.

Likewise, a living will adds something to a healthcare proxy.

First, the proxy may not be willing or able to make decisions when needed. In this case, the living will gives guidance to the patient’s healthcare providers.

Secondly, a written record of the patient’s wishes can help:
- Reassure the proxy that he or she is doing the right thing.
- Relieve stress and guilt as the proxy makes difficult decisions for the patient.
- Prove that the proxy is acting in good faith, if his or her decisions are questioned.
Choose the condition(s) that must be present for a medical power of attorney to go into effect:

- a. The patient is terminally ill.
- b. The patient loses the ability to make or communicate healthcare decisions.
- c. Both A and B
- d. None of the above

<table>
<thead>
<tr>
<th>True/False Interaction</th>
<th>Correct: B</th>
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<tbody>
<tr>
<td>A: Incorrect. The correct answer is B.</td>
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<tr>
<td>B: Correct.</td>
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<td>C: Incorrect. The correct answer is B.</td>
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<tr>
<td>D: Incorrect. The correct answer is B.</td>
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<tr>
<td>Choose the statement that is NOT true:</td>
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<td>---------------------------------------</td>
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<tr>
<td>a. A healthcare proxy must be a member of the patient’s family.</td>
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<tr>
<td>b. A healthcare proxy should be someone who cares about the patient.</td>
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<tr>
<td>c. A healthcare proxy should be someone who is willing and able to make difficult decisions</td>
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<tr>
<td>d. A healthcare proxy should be someone who understands and respects the patient’s wishes.</td>
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**Multiple Choice Interaction**

**CORRECT RESPONSE: A**

A: Correct. A healthcare proxy does not have to be a family member.

B: Incorrect. The correct answer is A. A healthcare proxy does not have to be a family member.

C: Incorrect. The correct answer is A. A healthcare proxy does not have to be a family member.

D: Incorrect. The correct answer is A. A healthcare proxy does not have to be a family member.
You have completed the lesson on medical power of attorney.

Remember:
- A medical POA is a legal document. It grants power to make healthcare decisions.
- Medical POA may take effect whenever a patient is unable to make medical decisions due to illness or injury.
- The healthcare proxy should know and care about the patient. The proxy also should be willing and able to advocate for the patient.
- If possible, patients should have both a living will and a healthcare proxy. The living will provides a written record of the patient’s wishes. The proxy provides for flexible decision-making.
Lesson 5: Other Advance Orders

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Introduction & Objectives

Welcome to the lesson on other advance orders.

After completing this lesson, you should be able to:

- Define “do-not-resuscitate order”
- Define “do-not-intubate order”
- Identify key features of DNR/DNI orders, including how the order is issued
- Define “medical treatment plan”
- Identify key features of a medical treatment plan, including how the plan is developed

FLASH ANIMATION

Lesson 5: Other Advanced Orders

- DNR orders
- Medical treatment plans
Advance Directives vs. Advance Orders

The living will and the medical power of attorney are legal documents written and signed by the patient.

Other advance orders must be written and signed by a healthcare professional.
### Do-Not-Resuscitate Order

A do-not-resuscitate (DNR) order is an order not to perform CPR if a patient has a cardiac or respiratory arrest.

A patient must request this type of order. The request may be made:
- Directly
- Through an advance directive.

A healthcare professional then must write and sign the order.

A telephone order can not be substituted for a written order.

#### DNR Order

- Patient requests.
- Physician write and signs.
Depending on the state, the patient may need to meet certain requirements for a doctor to write a DNR order.

For example, the patient must:
- Be at least 18 years old
- Have a terminal illness diagnosed by at least two physicians
<table>
<thead>
<tr>
<th>Do-Not-Intubate Order</th>
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<tbody>
<tr>
<td>A do-not-intubate (DNI) order is an order not to insert an endotracheal tube (ET tube) if a patient has trouble breathing or goes into respiratory arrest.</td>
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<td>A healthcare professional then must write and sign the order.</td>
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</tbody>
</table>
DNR and DNI orders may be written together. This means that the patient has both a DNR and a DNI order.

Each of the orders may be written separately. This means that the patient has *either* a DNR order *or* a DNI order.

If a patient has a DNR or a DNI order, this should be indicated clearly on the first page of the patient’s chart.

It is also acceptable to indicate a DNR / DNI order by placing **color-coded stickers** on the outside of the chart.
DNR / DNI Orders

If a patient has a DNR / DNI order, other care continues as before. In other words, a DNR / DNI order does not stop all medical care.

The order specifies only those measures that should not be taken if he or she arrests.

DNR and DNI orders can be revoked by the patient. All revoked DNR and DNI orders must be clearly noted in the patient’s chart.
Medical Treatment Plan

Some states allow for medical treatment plans. In these states, patients may make legally binding medical treatment plans in one of two cases:

- The patient is seriously ill.
- The patient is planning to have a procedure that could cause impairment or death.

Another name for a medical treatment plan is a directive for medical services after injury or illness.
To come up with a medical treatment plan, a patient must work with his or her healthcare provider.

Together, the patient and provider develop a written statement of the patient’s plan for care.

This plan is binding on all healthcare providers.
If a patient is unable to work with his or her provider to come up with a medical treatment plan, the provider may work with someone who represents the patient.

This person could be a:
- Healthcare proxy
- Legal guardian
- Spouse
- Parent
- Child (over 18 years of age)
- Other adult relative
- Other agent designated by the patient

Become familiar with state laws regarding patient representatives. State laws indicate the order in which relatives are considered representatives, when a specific individual has not been named and identified in a legal document.
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<th>Review</th>
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<tbody>
<tr>
<td>After a DNR order is issued, other medical care continues as before.</td>
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<tr>
<td>a. True</td>
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<td>b. False</td>
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**True / False Interaction**

[CORRECT RESPONSE: A]

A: Correct. This statement is true.

B: Incorrect. This statement is true.
Summary

You have completed the lesson on other advance orders.

Remember:
- Living wills and medical powers of attorney can be written and signed by patients. Other advance orders require a healthcare professional.
- A DNR order is an order not to give CPR if the patient arrests. A DNI order is an order not to intubate if the patient has trouble breathing or goes into respiratory arrest.
- A patient must request a DNR / DNI order. A healthcare professional must write and sign the order.
- A DNR / DNI order applies only to specific treatment that should not be given if the patient arrests. It does not affect any other medical care.
- A medical treatment plan is a written plan for a patient’s care. It is legally binding on all healthcare providers.
Welcome to the lesson on the role of healthcare providers and facilities in supporting and implementing advance directives.

After completing this lesson, you should be able to:
- Identify the role of healthcare providers in encouraging patients to complete advance directives
- Identify the role of healthcare providers in implementing advance directives
- Recognize The Joint Commission requirements related to advance directives
Encouraging Advance Directives

Healthcare providers have an important role to play in:
- Helping patients plan ahead for end-of-life decisions
- Encouraging patients to complete advance directives
Encouraging Advance Directives: Questions

When talking about end-of-life issues with patients, ask questions such as:

- How do you think and feel about health, illness, death, and dying?
- What are your religious beliefs? What are your morals around death and dying? How do these affect how you feel about serious illness, death, and dying?
- How do you feel about independence and control? How would you feel about losing the ability to make decisions for yourself?
- How do you feel about doctors and other providers?
- How do you want to be treated at the end of your life?
- Which life-supportive treatments would you like to receive? Which would you like to refuse?

Encourage patients to discuss these issues with friends and family members, as well as with professionals.
In discussing end-of-life planning with patients, also be sure to:
- Emphasize the importance of ongoing communication.
- Explain the advantages of completing both a living will AND a medical POA.
- Point out that a living will protects the patient’s right to refuse treatment.
- Also point out that a living will helps decrease guilt and stress if and when family members have to make difficult decisions for a loved one.
- Remind patients to give copies of their advance directive to friends, family members, and healthcare providers.
Most states do not have laws against refusing to honor a patient’s advance directive.

As a result, providers may think that it is legally okay to ignore a patient’s directive.

In recent years, however, courts have found providers guilty of medical battery when they have given treatments that a patient refused in his or her advance directive.

Providers take no legal risk in honoring an advance directive, if the directive itself follows the law.
Sometimes, providers worry about withdrawing vs. withholding treatment.

However, there is no legal or ethical difference between withholding and withdrawing treatment.

In other words, it is acceptable to withhold treatment according to a patient’s advance directive.

It is equally acceptable to withdraw treatment if, for example:
- The patient’s directive states that a certain treatment should only be given when treatment might improve the patient’s condition.
- The treatment is no longer bringing about improvement. It is only prolonging the dying process.

**Bottom line:**
The legal and ethical thing to do is to follow a patient’s advance directive.
The Joint Commission has compliance standards for advance directives.

To be compliant, a hospital must:

- Have and use consistent policies for advance directives
- Give all adults written information about their right to accept or refuse treatment
- Provide equal access to care for all patients, whether or not they have an advance directive
- Document whether or not each patient has an advance directive
- Allow patients to review and revise their advance directives
- Make sure that appropriate staff members know about each patient’s advance directive
- Help patients write advance directives, or refer patients to sources of help, if requested
- Allow healthcare professionals to honor advance directives within the limits of the law and the capacities of the hospital
- Document and honor patient wishes for organ donation, within the limits of the law and the capacities of the hospital
Choose the true statement:
   a. Withholding life support is ethical. Withdrawing life support is unethical.
   b. Hospitals may refuse to treat patients who do not have advance directives.
   c. It can be legally risky for a healthcare provider to honor a patient’s advance directive, even if the directive itself follows the law.
   d. Healthcare providers may be found guilty of medical battery if they give treatment that does not follow a patient’s advance directive.

Multiple Choice Interaction

[CORRECT RESPONSE: D]

A: Incorrect. The correct answer is D.
B: Incorrect. The correct answer is D.
C: Incorrect. The correct answer is D.
D: Correct.
### Summary

You have completed the lesson on the role of healthcare providers and facilities.

**Remember:**
- Healthcare providers have an important role to play in end-of-life planning.
- Providers take no legal risk in honoring a patient’s legal advance directive.
- Providers may be found guilty of medical battery if they give treatment that does not follow a patient’s advance directive.
- Both withholding and withdrawing treatment according to a patient’s wishes are legal and ethical.
- Hospitals must meet certain guidelines on advance directives to remain compliant with The Joint Commission standards.
<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>1.</td>
<td>advance directive</td>
<td>legal document containing instructions for future medical care</td>
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<td>2.</td>
<td>living will</td>
<td>legal document stating preferences regarding end-of-life care</td>
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<td>3.</td>
<td>medical power of attorney</td>
<td>legal document granting authority to another person to make healthcare decisions; also known as durable power of attorney (DPOA) for healthcare.</td>
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<td>4.</td>
<td>surrogate decision-making</td>
<td>process in which relatives or others guide medical decisions for an incapacitated loved one</td>
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<tr>
<td>5.</td>
<td>medical treatment plan</td>
<td>legal document containing a written statement of a patient’s plan for care; binding on all healthcare providers</td>
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<td>6.</td>
<td>DNR order</td>
<td>do-not-resuscitate order</td>
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<td>7.</td>
<td>DNI order</td>
<td>do-not-intubate order</td>
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<td>8.</td>
<td>end-of-life care</td>
<td>medical and/or psychosocial care provided in advanced or terminal stages of illness</td>
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<td>9.</td>
<td>palliative care</td>
<td>medical care focusing on comfort rather than cure</td>
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<td>10.</td>
<td>healthcare proxy</td>
<td>person appointed to make healthcare decisions on behalf of a patient</td>
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Pre-assessment

1. Why do patients need advance directives?
   a. Patients without advance directives are more likely to be victims of medical errors.
   b. It is not ethical for healthcare workers to provide care to patients without advance directives.
   c. A patient without an advance directive may not receive the end-of-life care he or she would have wanted.
   d. Under the HIPAA Privacy Rule, family members cannot visit at the deathbed of a patient without an advance directive.

Correct: A patient without an advance directive may not receive the end-of-life care he or she would have wanted.
Rationale: An advance directive protects a patient's right to make medical decisions even when he or she becomes too ill to communicate those decisions. Without an advance directive, a patient's end-of-life treatment choices may not be honored.

2. The two types of advance directive are the living will and the:
   a. Living trust
   b. Last will and testament
   c. Medical power of attorney
   d. Binding referendum for healthcare

Correct: Medical power of attorney
Rationale: There are two types of advance directive: living will and medical POA.

3. One type of advance order is:
   a. Medication order
   b. Informed consent order
   c. Do-not-resuscitate order
   d. Behavioral healthcare restraint order

Correct: Do-not-resuscitate order
Rationale: One type of advance order is the DNR order. Another advance order is a do-not-intubate (DNI) order.

4. Advance directives take effect:
   a. When a patient completes and signs the advance directive form
   b. When a patient enters a healthcare facility for outpatient treatment
   c. When a patient is admitted to a healthcare facility for inpatient treatment
   d. When a patient is no longer able to make or communicate healthcare decisions
Correct: When a patient is no longer able to make or communicate healthcare decisions
Rationale: An advance directive takes effect only when a patient loses the ability to make or communicate healthcare decisions.

5. A written advance directive is recommended for:
   a. All adult patients
   b. Elderly patients only
   c. Terminally ill patients only
   d. Patients with chronic illness only

Correct: All adult patients
Rationale: All adult patients should have an advance directive.

6. In the United States, which of the following cultural groups is most likely to have an advance directive?
   a. Asian Americans
   b. Native Americans
   c. Middle-class Caucasians
   d. Middle-class African Americans

Correct: Middle-class Caucasians
Rationale: Middle-class Caucasians are most likely to have an advance directive.

7. The best definition for "living will" is:
   a. A legal document listing the items of value owned by a living person
   b. A legal document describing what medical care a person wants at the end of life
   c. A legal document appointing a representative to make medical decisions for a person
   d. A legal document specifying how to distribute a person's money and items after his or her death

Correct: A legal document describing what medical care a person wants at the end of life
Rationale: A living will is a written record of a person's end-of-life treatment preferences.

8. Which of the following is a feature of "terminal illness"?
   a. The patient is dying.
   b. The illness is reversible.
   c. There is hope of improvement.
   d. Treatment can cure the illness.
Correct: The patient is dying.
Rationale: An illness is terminal if the patient is dying.

9. A living will should specify:
   a. The plan of care for a patient with a chronic illness such as diabetes
   b. The types of life-sustaining equipment that may or may not be used in a patient's care
   c. The person who should make medical decisions for a patient if he or she becomes seriously ill
   d. The relatives and friends who should receive the patient's money and valuables after his or her death

Correct: The types of life-sustaining equipment that may or may not be used in a patient's care
Rationale: A living will should address various aspects of end-of-life care. This includes use of life-sustaining equipment.

10. A 2001 study looked at family members of terminally ill patients. The study compared patients with and without advance directives. According to this study, family members of terminally ill patients:
   a. Felt LEAST stress about withdrawing life support if the patient did NOT have an advance directive
   b. Felt LEAST stress about withdrawing life support if the patient DID have a written advance directive
   c. Were MORE likely to choose to prolong the patient's dying if the patient DID have an advance directive
   d. Were MORE likely to make treatment decisions based on quality of life if the patient did NOT have an advance directive

Correct: Felt LEAST stress about withdrawing life support if the patient DID have a written advance directive
Rationale: Family members felt least stress if the patient had a written advance directive. When the patient had a written advance directive, family members felt more comfortable making treatment decisions based on quality of life. They were less likely to prolong the patient's dying.

11. Consider when a living will or medical power of attorney (POA) takes effect. A patient must be terminally ill for:
   a. A living will to take effect
   b. A medical POA to take effect
   c. Either a living will or a medical POA to take effect
   d. Neither a living will nor a medical POA to take effect

Correct: A living will to take effect
Rationale: A patient must be terminally ill for a living will to take effect. For a medical POA to take effect, the patient must become unable to make or communicate healthcare decisions. The patient does not have to be terminally ill.

12. A patient has a living will. If this patient also completes a medical power of attorney (POA), what is the added benefit?
   a. The medical POA adds to the likelihood that the living will is legal.
   b. The medical POA adds a written record of the patient's end-of-life care wishes.
   c. The medical POA adds flexible decision-making for the patient's end-of-life care.
   d. The medical POA adds a medical perspective on whether or not to follow the living will.
Correct: The medical POA adds flexible decision-making for the patient's end-of-life care
Rationale: A living will is a written record of end-of-life care preferences. The medical POA adds flexible decision-making to this written record.

13. A patient with a do-not-resuscitate (DNR) order should not receive:
   a. MRI
   b. CPR
   c. Palliative care
   d. High-dose opiates

Correct: CPR
Rationale: A patient with a DNR order should not receive CPR if the patient has cardiac or respiratory arrest.

14. A patient requests a do-not-intubate (DNI) order. The order must be written and signed by:
   a. The patient
   b. A healthcare professional
   c. A hospital's ethics committee
   d. The patient's healthcare proxy

Correct: A healthcare professional
Rationale: A healthcare professional must write and sign a DNI order.

15. A patient refuses certain treatment in an advance directive. A healthcare provider disagrees with the patient's treatment choice. This provider ignores the directive and provides the treatment. Choose the true statement:
   a. This provider is acting in a legal manner.
   b. This provider is acting in an ethical manner.
   c. This provider is at risk of prosecution for medical battery
   d. This provider is in compliance with Joint Commissions standards.

Correct: This provider is at risk of prosecution for medical battery.
Rationale: Providers who give treatment in defiance of a patient's advance directive may be found guilty of medical battery.
1. Healthcare providers are required to tell patients about advance directives under the:
   a. Stark Act
   b. HIPAA Privacy Rule
   c. Patient Self-Determination Act
   d. Emergency Medical Treatment and Active Labor Act

Correct: Patient Self-Determination Act
Rationale: The Patient Self-Determination Act of 1990 requires providers to tell patients about advance directives.

2. The two types of advance directive are the medical power of attorney and the:
   a. Living will
   b. Warranty deed
   c. Binding referendum for healthcare
   d. Legal services retainer agreement

Correct: Living will
Rationale: There are two types of advance directives: living will and medical POA.

3. A patient is allowed to make certain types of treatment decisions in an advance directive. The types of treatment that can be requested or refused are determined by:
   a. State law
   b. Federal law
   c. CMS regulations
   d. Joint Commission regulations

Correct: State law
Rationale: State law governs what can and cannot be included in an advance directive.

4. A patient's advance directive should NOT be followed:
   a. In an emergency
   b. When the patient loses the ability to communicate
   c. If the treating physician disagrees with the patient's end-of-life care choices
   d. When the patient fails to update his or her directive after moving to a different state

Correct: In an emergency
Rationale: Advance directives are not followed in an emergency.
5. What percentage of American adults have an advance directive?
   a. 5 to 25%
   b. 30 to 40%
   c. 65 to 85%
   d. 95 to 100%

Correct: 5 to 25%
Rationale: All adult patients SHOULD have an advance directive. However, only 5 to 25% of Americans DO have an advance directive.

6. Of the following cultural factors, the most likely barrier to completing an advance directive is:
   a. Fatalism
   b. Weak family ties
   c. Trust in the healthcare system
   d. Fear of suffering at the end of life

Correct: Fatalism
Rationale: Fatalism is a likely barrier to completing an advance directive. Patients with a fatalist worldview may not want to "tempt fate" by discussing end-of-life care choices.

7. The best definition for "medical power of attorney" is:
   a. A legal document listing the items of value owned by a person
   b. A legal document identifying the lawyer in charge of a person's estate
   c. A legal document describing what medical care a person wants at the end of life
   d. A legal document appointing a representative to make medical decisions for a person

Correct: A legal document appointing a representative to make medical decisions for a person
Rationale: Medical POA appoints a representative to make medical decisions.

8. Which of the following is a feature of "terminal illness"?
   a. The illness is not reversible.
   b. There is hope of improvement.
   c. Treatment can cure the illness.
   d. The patient has a good prognosis.

Correct: The illness is not reversible.
Rationale: One defining feature of terminal illness is that the illness is not reversible.
9. For a living will to take effect, the patient must have a:
   a. Terminal illness
   b. Chronic disease
   c. Treatable illness
   d. Infectious disease

Correct: Terminal illness
Rationale: For a living will to take effect, the patient must have a terminal illness.

10. A living will should record:
   a. The plan of care for a patient with a chronic illness such as diabetes
   b. The decision to request or not request a DNR order near the end of a patient's life
   c. The person who should make medical decisions for a patient if he or she becomes seriously ill
   d. The relatives and friends who should receive a patient's money and valuables after his or her death

Correct: The decision to request or not request a DNR order near the end of a patient's life
Rationale: A living will should address various aspects of end-of-life care. This includes DNR and DNI orders.

11. Consider when a living will or medical POA takes effect. A patient must be unable to make or communicate healthcare decisions for:
   a. A living will to take effect
   b. A medical POA to take effect
   c. Either a living will or a medical POA to take effect
   d. Neither a living will nor a medical POA to take effect

Correct: Either a living will or a medical POA to take effect
Rationale: For either a living will or a medical POA to take effect, the patient must become unable to make or communicate healthcare decisions.

12. A patient has a medical POA. If this patient also completes a living will, what is the added benefit?
   a. The living will adds a full list of the patient's current medications.
   b. The living will adds flexible decision-making for the patient's end-of-life care.
   c. The living will adds a plan of care for day-to-day management of chronic illness or postoperative recovery.
   d. The living will adds backup guidance on the patient's wishes in case the healthcare proxy fails to do his or her duty.

Correct: The living will adds backup guidance on the patient's wishes in case the healthcare proxy fails to do his or her duty.
Rationale: A medical POA appoints a healthcare proxy to make medical decisions for a patient. If the healthcare proxy is unable or unwilling to make decisions in a particular situation, a living will can provide backup documentation of what the patient would have wanted.
13. A patient requests a DNR order. The order must be written and signed by:
   a. The patient
   b. A healthcare professional
   c. A hospital's ethics committee
   d. The patient's healthcare proxy

   Correct: A healthcare professional
   Rationale: DNR and DNI orders must be written and signed by a healthcare professional.

14. A patient with a DNI order should NOT receive:
   a. Palliative care
   b. High-dose opiates
   c. An endotracheal tube
   d. An indwelling catheter

   Correct: An endotracheal tube
   Rationale: A patient with a DNI order should not receive an ET tube if he or she starts to have trouble breathing.

15. The Joint Commission has compliance standards for advance directives. To be compliant, a hospital must:
   a. Provide care only to patients with advance directives
   b. Document whether or not each patient has an advance directive
   c. Ensure that patients do not revise their advance directives after the directive has been filed in the patient's chart
   d. Inform providers of their right to disregard an advance directive if they do not agree with the patient's treatment choices

   Correct: Document whether or not each patient has an advance directive
   Rationale: Joint Commission standards require hospitals to document advance directives.