HealthStream Regulatory Script

Advance Directives

Version: [May 2006]

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.

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.

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# Course Rationale

This course will help you:
- Protect patient rights related to advance directives.
- Remain compliant with JCAHO 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

**Advance Directive**

*Legal document containing instructions for future medical care, in the event of loss of the ability to make or communicate one's own healthcare decisions.*
### Course Goals

After completing this course, you should be able to:
- List key features of advance directives.
- Identify two types of advance directive.
- Distinguish between advance directives and advance orders.
- Recognize your role in encouraging the use of advance directives.
Course Outline

This introductory lesson gives the course rationale, goals, and outline.

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.
Lesson 2: Advance Directives

2001

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: 2001.SWF/FLA
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
### 2003

#### Need for Advance Directives: Surrogate Laws

<table>
<thead>
<tr>
<th>Do you know what would happen if you lost the ability to communicate your own healthcare decisions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many patients think their family will automatically take over this right.</td>
</tr>
<tr>
<td>Some states do allow for <a href="#">surrogate decision-making</a>, in which relatives or others make medical decisions for a very sick loved one.</td>
</tr>
<tr>
<td>Other states do not have surrogate laws.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
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.
<table>
<thead>
<tr>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for Advance Directives</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Other Advance Orders:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical treatment plan</td>
</tr>
<tr>
<td>2. DNR order</td>
</tr>
<tr>
<td>3. DNI order</td>
</tr>
</tbody>
</table>
**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 & State Law

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.
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
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.
<table>
<thead>
<tr>
<th>Who Needs an Advance Directive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients over the age of 18 should be encouraged to complete a written advance directive.</td>
</tr>
</tbody>
</table>

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

*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.*
Other Facts about Advance Directives

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.
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.
<table>
<thead>
<tr>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>A woman goes into a coma. True or False: Her family members automatically have the right to make healthcare decisions for the patient.</strong></td>
</tr>
<tr>
<td>a. True</td>
</tr>
<tr>
<td>b. False</td>
</tr>
</tbody>
</table>
### 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.
- Patients can complete advance directives without a lawyer.
- All patients over the age of 18 should have some form of advance directive.
**LESSON 3: LIVING WILLS**

<table>
<thead>
<tr>
<th>3001</th>
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### 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.

![FLASH ANIMATION: 3001.SWF/FLA](image-url)
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

<table>
<thead>
<tr>
<th>Each state has its own laws about living wills.</th>
</tr>
</thead>
<tbody>
<tr>
<td>These laws may differ on:</td>
</tr>
<tr>
<td>- When living wills take effect</td>
</tr>
<tr>
<td>- Which types of treatment a patient is allowed to make decisions about in a living will</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Click to Reveal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life-sustaining equipment</strong></td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>- Dialysis machines</td>
</tr>
<tr>
<td>- Ventilators</td>
</tr>
</tbody>
</table>

| **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.
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.
### 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.
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 Healthcare Proxy

<table>
<thead>
<tr>
<th>The person given the power to make decisions may be called a:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Healthcare proxy</td>
</tr>
<tr>
<td>• Healthcare agent</td>
</tr>
<tr>
<td>• Surrogate</td>
</tr>
<tr>
<td>• Attorney-in-fact</td>
</tr>
</tbody>
</table>

This person is granted the right to make healthcare decisions for the patient under certain circumstances.

**Other names for medical power of attorney:**

- Healthcare power of attorney
- Appointment of healthcare agent
- Durable power of attorney for healthcare
- Special power of attorney for healthcare
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.
Medical POA + Living Will

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

![Diagram](4008.GIF)
Medical POA + Living Will

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.
### 4010 Review

<table>
<thead>
<tr>
<th>Choose the condition(s) that must be present for a medical power of attorney to go into effect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The patient is terminally ill.</td>
</tr>
<tr>
<td>b. The patient loses the ability to make or communicate healthcare decisions.</td>
</tr>
<tr>
<td>c. Both A and B</td>
</tr>
<tr>
<td>d. None of the above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>True/False Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct: B</td>
</tr>
<tr>
<td>A: Incorrect. The correct answer is B.</td>
</tr>
<tr>
<td>B: Correct.</td>
</tr>
<tr>
<td>C: Incorrect. The correct answer is B.</td>
</tr>
<tr>
<td>D: Incorrect. The correct answer is B.</td>
</tr>
</tbody>
</table>
Choose the statement that is NOT true:

- a. A healthcare proxy must be a member of the patient’s family.
- b. A healthcare proxy should be someone who cares about the patient.
- c. A healthcare proxy should be someone who is willing and able to make difficult decisions.
- d. A healthcare proxy should be someone who understands and respects the patient’s wishes.

**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.
<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have completed the lesson on medical power of attorney.</td>
</tr>
<tr>
<td><strong>Remember:</strong></td>
</tr>
<tr>
<td>• A medical POA is a legal document. It grants power to make healthcare decisions.</td>
</tr>
<tr>
<td>• Medical POA may take effect whenever a patient is unable to make medical decisions due to illness or injury.</td>
</tr>
<tr>
<td>• The healthcare proxy should know and care about the patient. The proxy also should be willing and able to advocate for the patient.</td>
</tr>
<tr>
<td>• 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</td>
</tr>
</tbody>
</table>
# 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.
<table>
<thead>
<tr>
<th>Advance Directives vs. Advance Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>The living will and the medical power of attorney are legal documents written and signed by the patient.</td>
</tr>
<tr>
<td>Other advance orders must be written and signed by a healthcare professional.</td>
</tr>
<tr>
<td>Do-Not-Resuscitate Order</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>A do-not-resuscitate (DNR) order is an order not to perform CPR if a patient has a cardiac or respiratory arrest.</td>
</tr>
<tr>
<td>A patient must request this type of order. The request may be made:</td>
</tr>
<tr>
<td>• Directly</td>
</tr>
<tr>
<td>• Through an advance directive.</td>
</tr>
<tr>
<td>A healthcare professional then must write and sign the order.</td>
</tr>
<tr>
<td>A telephone order can not be substituted for a written order.</td>
</tr>
<tr>
<td>Do-Not-Resuscitate Order</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Depending on the state, the patient may need to meet certain requirements for a doctor to write a DNR order.</td>
</tr>
<tr>
<td>For example, the patient must:</td>
</tr>
<tr>
<td>• Be at least 18 years old.</td>
</tr>
<tr>
<td>• Have a terminal illness diagnosed by at least two physicians.</td>
</tr>
</tbody>
</table>
Do-Not-Intubate Order

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.

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 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.
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**.
<table>
<thead>
<tr>
<th>Medical Treatment Plan</th>
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</thead>
</table>

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.
<table>
<thead>
<tr>
<th>After a DNR order is issued, other medical care continues as before.</th>
<th>True / False Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. True</td>
<td>[CORRECT RESPONSE: A]</td>
</tr>
<tr>
<td>b. False</td>
<td>A: Correct. This statement is true.</td>
</tr>
<tr>
<td></td>
<td>B: Incorrect. This statement is true.</td>
</tr>
</tbody>
</table>
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.
**LESSON FIVE: ROLE OF HEALTHCARE PROVIDERS AND FACILITIES**

<table>
<thead>
<tr>
<th>Introduction &amp; Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to the lesson on the role of healthcare providers and facilities in supporting and implementing advance directives.</td>
</tr>
<tr>
<td>After completing this lesson, you should be able to:</td>
</tr>
<tr>
<td>- Identify the role of healthcare providers in encouraging patients to complete advance directives.</td>
</tr>
<tr>
<td>- Identify the role of healthcare providers in implementing advance directives</td>
</tr>
<tr>
<td>- Recognize JCAHO requirements related to advance directives.</td>
</tr>
</tbody>
</table>

FLASH ANIMATION: 6001.SWF
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
<table>
<thead>
<tr>
<th>When talking about end-of-life issues with patients, ask questions such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How do you think and feel about health, illness, death, and dying?</td>
</tr>
<tr>
<td>• 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?</td>
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<tr>
<td>• How do you feel about independence and control? How would you feel about losing the ability to make decisions for yourself?</td>
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<tr>
<td>• How do you feel about doctors and other providers?</td>
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<tr>
<td>• How do you want to be treated at the end of your life?</td>
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<tr>
<td>• Which life-supportive treatments would you like to receive? Which would you like to refuse?</td>
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</tbody>
</table>

Encourage patients to discuss these issues with friends and family members, as well as with professionals.
### Encouraging Advance Directives: Key Points

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.

![IMAGE: 6004.JPG]
Implementing Advance Directives: Legal Obligations

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.
### Implementing Advance Directives: Ethical Considerations

<table>
<thead>
<tr>
<th>Sometimes, providers worry about withdrawing vs. withholding treatment.</th>
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<tbody>
<tr>
<td>However, there is no legal or ethical difference between withholding and withdrawing treatment.</td>
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<tr>
<td>In other words, it is acceptable to withhold treatment according to a patient’s advance directive.</td>
</tr>
<tr>
<td>It is equally acceptable to withdraw treatment if, for example:</td>
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<tr>
<td>• The patient’s directive states that a certain treatment should only be given when treatment might improve the patient’s condition.</td>
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<tr>
<td>• The treatment is no longer bringing about improvement. It is only prolonging the dying process.</td>
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</tbody>
</table>

**Bottom line:**
The legal and ethical thing to do is to follow a patient's advance directive.
JCAHO 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.

<table>
<thead>
<tr>
<th>Multiple Choice Interaction</th>
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</thead>
<tbody>
<tr>
<td>[CORRECT RESPONSE: D]</td>
</tr>
</tbody>
</table>

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 JCAHO standards.
<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>1.</td>
<td>advance directive</td>
<td>legal document containing instructions for future medical care</td>
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<tr>
<td>2.</td>
<td>living will</td>
<td>legal document stating preferences regarding end-of-life care</td>
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<tr>
<td>3.</td>
<td>medical power of attorney</td>
<td>legal document granting authority to another person to make healthcare</td>
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<td></td>
<td></td>
<td>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</td>
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<td></td>
<td></td>
<td>incapacitated loved one</td>
</tr>
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<td>5.</td>
<td>medical treatment plan</td>
<td>legal document containing a written statement of a patient’s plan for care;</td>
</tr>
<tr>
<td>6.</td>
<td>DNR order</td>
<td>do-not-resuscitate order</td>
</tr>
<tr>
<td>7.</td>
<td>DNI order</td>
<td>do-not-intubate order</td>
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<tr>
<td>8.</td>
<td>end-of-life care</td>
<td>medical and/or psychosocial care provided in advanced or terminal stages of</td>
</tr>
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<td></td>
<td></td>
<td>illness</td>
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<tr>
<td>9.</td>
<td>palliative care</td>
<td>medical care focusing on comfort rather than cure</td>
</tr>
<tr>
<td>10.</td>
<td>healthcare proxy</td>
<td>person appointed to make healthcare decisions on behalf of a patient</td>
</tr>
</tbody>
</table>
PA TEST

1. A patient has the right to refuse medical treatment.
   a. True
   b. False

Correct answer: A
Rationale: Patients have the constitutional right to make decisions about their own medical care. This right includes the right to refuse medical treatment.

2. As a healthcare provider, you play an important role in encouraging patients to complete advance directives. Which patients should have advance directives?
   a. All patients
   b. Elderly patients only
   c. Chronically ill patients only
   d. All patients over the age of 18

Correct answer: D
Rationale: Encourage all patients over the age of 18 to complete an advance directive. Accidents can happen to anyone, at any time.

3. A living will addresses:
   a. (a) Artificial hydration and nutrition
   b. (b) Use of life-sustaining equipment
   c. (c) Distribution of financial assets after death
   d. Both A and B
   e. All of the above

Correct answer: D
Rationale: A living will is not a financial document. It is a legal document addressing a patient’s preferences for end-of-life care.

4. A patient does not have an advance directive. This patient loses the ability to communicate her healthcare decisions. In this situation:
   a. (a) The patient’s end-of-life wishes may not be honored.
   b. (b) The patient’s family members are likely to feel a lot of stress if they have to decide about withdrawing life support.
   c. (c) The patient’s family members are likely to prolong the patient’s life, even when treatment is not helping and the patient is suffering.
   d. Both C and D
   e. All of the above

Correct answer: E
Rationale: All of these scenarios are likely when a patient does not have an advance directive.

5. Choose the situations that must be true for a living will to go into effect:
   a. (a) Every possible type of treatment has been tried, and has failed.
   b. (b) The patient has lost the ability to communicate healthcare decisions.
   c. (c) The patient is dying of an incurable condition, with no hope of improvement.
   d. Both B and C
   e. All of the above

Correct answer: D
Rationale: All treatment options do not have to be tried before a living will takes effect. In fact, a living will specifies which treatments the patient does or does not want.

6. A patient asks you for advice about a medical power of attorney (POA). She already has a living will. However, she thinks she may need a medical POA, too. The best advice to this patient would be:
   a. She does not need a medical POA. Medical POA is just another name for living will.
   b. Medical POA and living will are different legal documents. However, they have the same benefits. Therefore, there is no need to have both.
   c. It is best to have both a living will and a medical POA. The medical POA allows for flexible decision-making. The living will gives the healthcare proxy support and reassurance.
   d. Medical POA and living will have slightly different benefits. However, it is best to have one or the other, not both. Having both can create confusion for family members, physicians, and other potential decision-makers.

Correct answer: C
Rationale: Even if a patient has a living will, he or she also may wish to appoint a healthcare proxy through a medical POA. The reason for this is that the healthcare proxy allows for more flexible decision-making.

7. A patient wants to choose a healthcare proxy. She asks for your advice. It would be correct to tell her:
   a. (a) A healthcare proxy must be a member of the patient’s immediate family.
   b. (b) A healthcare proxy should be willing and able to make difficult decisions.
   c. (c) A healthcare proxy should understand and respect the patient’s wishes and decisions about end-of-life care
   d. Both B and C
   e. All of the above

Correct answer: D
Rationale: A patient may choose a non-family member as a healthcare proxy. The healthcare proxy should be willing and able to make difficult decisions. The proxy also should understand and respect the patient’s choices.

8. A patient suffers severe trauma. This results in head injury and cardiac and respiratory arrest. The paramedics perform CPR. When the patient is admitted to the hospital, he is placed on life support and stabilized. It becomes clear that the patient will not regain consciousness. Recovery will
not be possible. A family member supplies a copy of the patient’s advance directive. The directive states that the patient does not want life support, if life support only prolongs the dying process. This directive follows state law. In this case, it is true that:

a. (a) Life support must be continued. It is not ethical to withdraw treatment after treatment is started.
b. (b) The patient’s healthcare providers may be found guilty of medical battery if they do not withdraw life support.
c. (c) It is legally acceptable to withdraw life support from this patient. However, it is not ethically acceptable to do so.
d. Both A and B
e. All of the above

Correct answer: B
Rationale: Providers who give treatment that does not follow a patient’s advance directive may be found guilty of medical battery.

9. JCAHO standards require your facility to inform adult patients of their right to refuse life-sustaining treatment.

a. True
b. False

Correct answer: A
Rationale: JCAHO requires that hospitals provide adult patients with written information on the right to refuse life-sustaining treatment.

10. A patient may write his or her own do-not-resuscitate (DNR) order.

a. True
b. False

Correct answer: B
Rationale: A patient may request a DNR order. However, a physician must write and sign the order.
Final Exam

Question Title: Question 1
Question: It is best for a patient to have EITHER a living will OR a medical power of attorney, but not both.

Answer 1: True
Answer 2: False

Correct: False
Rationale: It is best for a patient to have BOTH a living will and a medical POA. The living will provides a written record of the patient's wishes. The medical POA provides for flexible decision-making.

Question Title: Question 2
Question: Choose the true statement(s):

Answer 1: (a) A patient can write an advance directive without a lawyer.
Answer 2: (b) A hospital may refuse to treat patients who do not have advance directives.
Answer 3: (c) The two forms of advance directive are the living will and the medical power of attorney.
Answer 4: Both A and C
Answer 5: All of the above

Correct: Both A and C
Rationale: Advance directives are living wills and medical powers of attorney. Patients can write and sign these documents without a lawyer. JCAHO requires hospitals to provide equal access to care and treatment for patients whether or not they have advance directives.

Question Title: Question 3
Question: A patient cannot write a DNR order for him- or her- self.

Answer 1: True
Answer 2: False

Correct: True
Rationale: A patient must request a DNR order. A physician must write and sign the order.

Question Title: Question 4
Question: A hospital may not meet JCAHO standards if:

Answer 1: (a) Advance directives are not documented.
Answer 3: (b) Patients are not allowed to review or revise advance directives.
Answer 2: (c) All adult patients are not given information on the right to accept or refuse treatment.
Answer 4: Both B and C
Answer 5: All of the above

Correct: All of the above
Rationale: All of the answers given are non-compliant with JCAHO's standard on advance directives.

Question Title: Question 5
Question: Choose the action that is legally and ethically problematic:

Answer 1: A terminally ill adult patient requests a DNR order. A physician writes and signs the order.
Answer 2: A woman has a heart attack at work. Emergency medical personnel do not check her advance directive before stabilizing her.
Answer 3: A healthcare provider puts a patient on life support. The provider withdraws life support when she and the patient's proxy decide that the burdens of treatment outweigh the benefits.
Answer 4: A patient's advance directive states that life support should not be given if it only prolongs dying. A healthcare provider refuses to withdraw life support, even though the patient is dying with no hope of improvement.

Correct: A patient’s advance directive states that life support should not be given if it only prolongs dying. A healthcare provider refuses to withdraw life support, even though the patient is dying with no hope of improvement
Rationale: A court might find this provider guilty of medical battery.

Question Title: Question 6
Question: Patients should give copies of advance directives to:

Answer 1: (a) Friends
Answer 2: (b) Family members
Answer 3: (c) Healthcare providers
Answer 4: Both B and C
Answer 5: All of the above
Correct: All of the above
Rationale: Encourage patients to give copies of advance directives to friends, family members, and providers.

Question Title: Question 7
Question: JCAHO standards require hospital to inform appropriate staff members of patient directives.
Answer 1: True
Answer 2: False
Correct: True
Rationale: This statement is true.

Question Title: Question 8
Question: Choose the condition(s) that must be present for a living will to take effect:
Answer 1: (a) The patient must have a terminal illness
Answer 3: (b) The patient must have tried every possible treatment option.
Answer 2: (c) The patient must be unable to make or communicate healthcare decisions.
Answer 4: Both A and C
Answer 5: All of the above
Correct: Both A and C
Rationale: All treatment options do not have to be tried before a living will takes effect. In fact, a living will states which treatments the patient does or does not want for terminal illness.

Question Title: Question 9
Question: Only the elderly and the chronically ill need to complete advance directives.
Answer 1: True
Answer 2: False
Correct: False
Rationale: All patients over the age of 18 should be encouraged to complete some form of advance directive.

Question Title: Question 10
Question: A living will should address:

Answer 1: (a) Tube feeding
Answer 2: (b) Organ and tissue donation
Answer 3: (c) Distribution of financial assets after death
Answer 4: Both A and B
Answer 5: All of the above

Correct: Both A and B

Rationale: A living will is not a financial document. It is a legal document stating end-of-life wishes.