Advance Directive Information Sheet

1. **What are advance directives?**

   Advance directives are legal documents that allow people to communicate their decisions about medical care to family, friends, and health care professionals in the event that they are unable to make those decisions themselves—for example, due to being unconscious or in a coma. The two main types of advance directives are a living will and a medical power of attorney.

2. **What is a living will?**

   In a living will, people indicate what kind of medical care, especially life-sustaining care, they would or would not like to receive if they become unable to speak for themselves. The most common types of care that are addressed in a living will include:

   - The use of life-sustaining equipment (such as dialysis machines and ventilators)
   - "Do not resuscitate" (DNR) orders; that is, instructions not to use cardiopulmonary resuscitation (CPR) if breathing or heartbeat stops
   - Artificial hydration and nutrition (tube feeding)
   - Withholding food and fluids
   - Organ and tissue donation

3. **What is a medical power of attorney?**

   A medical power of attorney is the advance directive that allows people to name another person to make decisions about their medical care if they are temporarily or permanently unable to communicate or make these decisions for themselves. (This document can also be known as a “health care proxy,” “appointment of health care agent,” or “durable power of attorney for health care.”) The scope of a medical power of attorney is not limited to choices at the end of life but also includes decisions in other medical situations. Generally, with a medical power of attorney, people appoint someone they know well and trust to carry out their wishes. This person may also be known as a health care agent, surrogate, attorney-in-fact, or health care proxy. The document goes into effect when a doctor declares that a person is unable to make his or her own medical decisions.

4. **Why are advance directives important?**

   People have the right to make decisions about their own treatment. Filling out advance directives gives them a way to do so. Choices about end-of-life care can be difficult to make even when people are healthy, but if they are already seriously ill such decisions can seem overwhelming. Some cancer patients want to try every drug or treatment in the hope that something will be effective. Others will choose to stop anticancer therapy. Although patients may turn to family and friends for advice, ultimately it is the patient’s decision.
5. **When should people complete advance directives?**

Many people associate advance directives with decisions made near the end of life. Yet, ideally, these documents should be completed while a person is healthy. People don’t need to wait until they have been diagnosed with a serious illness to think through their wishes for care. In fact, making these choices when people are well can reduce the burden on them and their loved ones later on. Earlier communication ensures that patients with cancer or another serious disease will face the end of their lives with dignity and with treatment that reflects the values by which they have lived.

6. **What are the next steps after advance directives have been completed? Where should advance directives be stored?**

A member of a patient’s health care team or another professional should review the documents to make sure they’re filled out correctly. Most states require that signing of the documents be witnessed. Patients should make copies of the documents and put the originals in a safe but easily accessible place. They should give copies to their doctor, hospital, and family members. People may also want to keep in their wallet a card with a written statement declaring that they have a living will and medical power of attorney and describing where the documents can be found.

7. **Can people change their advance directives?**

Yes, the process of discussing and writing advance directives should be ongoing, rather than taking place just once. This way a person can review the documents from time to time and modify them if his or her situation or wishes change. Even after advance directives have been signed, patients can change their minds at any time. To update their documents, patients should talk to their health care providers and loved ones about the new decisions they would like to make. When new advance directives have been signed, the old ones should be destroyed.

8. **Do the legal requirements for advance directives vary from state to state?**

Yes, each state has its own laws regarding advance directives. Therefore, special care should be taken to follow the laws of the state where the patient lives or is being treated. It’s possible that a living will or medical power of attorney signed in one state may not be recognized in another.

9. **What can caregivers do if advance directives cannot be found and patients can’t communicate their wishes?**

If decisions about care haven’t been discussed between the patient and caregivers in advance, caregivers may feel anxious as they struggle to make these choices for their loved one. It’s common for conflicts to develop between family members who have differing opinions. Caregivers may find the following tips helpful:

- Hold a family meeting to talk about the options. Ask the health care team to suggest an expert to guide the discussion.
- Ask the health care team to explain the goals of the medical procedures that are being offered. For example, are the procedures meant to stop the cancer? Lessen pain? Keep the patient alive, and if so, for how long? Caregivers need to know why certain options for care are being offered.
Think about what the patient would want. Caregivers can imagine what their loved one would say if they could speak at that moment.