Advance Directives

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Purpose

• Define Advance Directives
• Identify the role of Care Management related to Advance Directives.
• Identify UCare policies and procedures for Advance Directives.
• Identify how to document Advance Directive discussions in care plans.
• Identify Advance Directive Resources.
Definition

• A document signed by a competent person.
  – giving direction to health care providers.
  – about treatment choices in certain circumstances.

• Types of advance directives:
  – A living will allows you to state your wishes in writing, but does not name a patient advocate.
  – A health care directive may include one or more health care instructions to direct health care providers, others assisting with health care, family members, and a health care agent.
  – A durable power of attorney for health care ("durable power") allows you to name a "patient advocate" to act for you and carry out your wishes if incapacitated.
An Advance Directive is NOT the same as:

• Will to distribute property and assets after death.
• Power of Attorney for financial affairs.
• Living Trust – asset management and transfer.
History

• Advance Directives created in response to increasing medical technology.
  – 80% of deaths occur in health care facilities.
  – Developed to help avoid suffering and costs associated with unwanted treatment.

• Living will proposed in 1969 - provided directives about course of treatment.
  – 2007 - 41% of Americans had living will.

• Durable power of attorney added next.

• Wishes and values added later.
History

• 1998 - Minnesota introduced the Health Care Directive tool to help members put wishes into writing.
  – Makes it easier to complete an advance directive.
  – HC directive is type of advance directive for health care.
Why Have a Advance Directive?

• Ease the burden for family members and care providers.
• Reduce unneeded stress in an medical crisis.
• Reduce own fear and worry about health care decisions.
Did You Know?

- It is just as important for an individual who wants to initiate or continue medical treatment to leave written instructions as it is for individuals who have other preferences.
- A health care directive does not require an attorney to complete.
- Once a health care directive is written, it can be changed or revoked as long as you have capacity to do so.
Rights for Health Care Decision-Making

- Health care decision-making is a patient’s right.
- Decisions should be based on preferences and wishes of the individual.
- Right to decide does not end because of incapacity.
What’s in a Health Care Directive?

• Many choices, including:
  – Personal info – name, address, etc.
  – Agent duties- describes them.
  – Agent roles- choose how agent can act.
    • Act alone, together, primary agent, secondary, etc.
    • Powers of agent- extended or limited.
What’s in a Health Care Directive?

– Health care instructions.
  • Views, beliefs, care preferences, organ donation. May add your own instructions.

– Signatures and dates.
  • Notary Public or witness signatures.

– Records.
  • Master list of who has copies.
  • Review and updates.
Required Elements of Health Care Directives
(from University of Minnesota Extension Service)

• Must be in writing.
• Must be dated.
• Must state the person’s name.
• Must be executed by a person with capacity to do so.
• Must be signed by you or someone authorized to sign for you, when you can understand and communicate your health care wishes.
• Must be verified by a notary or two witnesses.
• Must include either health instructions OR a health care power of attorney or both.
How to Complete a Health Care Directive

• Identify considerations for decision-making
  – What’s important for others to consider.
  – Feelings about specific medical treatments.
  – Religious or spiritual beliefs affecting your care.
  – Beliefs about quality and length of life.
  – Wishes for care when dying.
  – Wishes about donating organs and tissues.
How to Complete a Health Care Directive

• Name an Agent
  – 18 years old, trustworthy, shares your values, close to you, advocate for you, etc.
  – Cannot be AHCP or employee of AHCP on date the directive is executed or date decisions must be made.
  – Exceptions
    • AHCP is a family member.
    • otherwise specified as the agent in the health care directive.
  – Spouse or domestic partners- will be automatically revoked if partnership or marriage dissolved, unless otherwise stated in Advance Directive.
How to Complete a Health Care Directive

• Make it Legal
  – Sign and date.
  – Witnessed by a Notary Public or two individuals.
  – Limits on who can witness.
    • Neither of the two witnesses or the notary can be named as your agent or alternate agents.
    • Only one of the witnesses can be a direct care provider or employee of provider on day the form is signed.
What To Do With a Health Care Directive?

• Inform others that it exists.
• Inform others of the content, who the decision-makers are.
• Give others a copy, especially health care providers- keep record of who has copies.
• Review and update as health care needs change.
• Keep in a safe place, where easily found- not in safe deposit box.
Did You Know?

• It is illegal for health care providers to require patients to complete an advance directive.

• Health care providers are required to tell patients about advance directive laws in Minnesota and note whether or not the patient has one.
Did You Know?

- Laws regarding advance directives are not the same in all fifty states in the U.S.
Will Not Be Honored When..

- Request treatment outside of reasonable medical practice.
- Can’t request assisted suicide.
How Long Does It Last?

• Until you change or cancel it.

• Change it by:
  – Written statement saying you want to cancel it.
  – Destroy it.
  – Tell at least two other people you want to cancel it.
  – Write a new health care directive.
Health Care Directive

Should be reviewed and updated when changes in:

• Health status.
• State of residence.
  – An advance directive from another state must meet the requirements of each state.
  – Requests for assisted suicide will not be followed.

• The availability of individuals named as health care agent or alternate agents.
Care Coordinator’s Role

• Review member record for advance directive information.
• Ask Member if they have an advance directive.
  – If yes, document the discussion, what they have, etc.
  – If no, ask if they want to discuss.
Care Coordinator’s Role

– If member wishes to discuss advance directive:
  • Describe an advance directive.
  • Ask if they want help in completing one- help locate forms, etc.
  • Give ideas or suggestions for talking with family, etc.
  • Support their ideas or wishes.
  • Follow up on any planned discussion.
  • Give resources for advance directives.
Care Coordinator’s Role

– If member does NOT wish to discuss advance directive.
  • Document that the member does not want to discuss.
  • Assure members that they will still have coverage if they choose to have an advance directive, or not.

– Address advance directives annually with all members, and document.
Care Coordinator’s Role

- May assist member in filling out advance directive.
- May not act as witness or authorized agent.
UCare staff will direct members who request information on health care directives to:

- Their primary care physician.
- Their personal attorney.
- The Senior LinkAge Line
  - 1.800.333.2433.

CLS Procedure CLS604- Health Care Directives.
UCare Policy GOV005 – Health Care Directives – Advance Directives.
Cultural Considerations

- Approach carefully.
- Respect cultural beliefs about death and dying.
- Do not require member to discuss.
- Document if member does not want to discuss.
- Act as a resource when possible.
Additional Resources

• MSHO Certificate of Coverage.
• UCare for Seniors Evidence of Coverage.
• Minnesota Care Member Guide.
• PMAP/GAMC/Minnesota Senior Care.
• UCare Complete Certificate of Coverage.
FIVE WISHES:

- Created by Aging with Dignity.
- The document is available in 22 languages - (translated are free, English not free).
- Discusses individual’s personal, emotional and spiritual needs as well as their medical wishes.
- Available online at: [http://www.agingwithdignity.org/five-wishes](http://www.agingwithdignity.org/five-wishes)
For More Information:

THE MINNESOTA HEALTH CARE DIRECTIVE:

• Document comes with suggestions for completing the Health Directive Form and a Health Care instructions Work sheet.

• Available in English and Large Print.

• Can be printed online at: http://mnaging.org.