



Advance Directives

An individual's personal wishes, beliefs and values are among the most important factors when making decisions about end of life care. Such wishes and preferences can be known only if they are discussed openly. We refer to this as advance care planning and it is a good thing especially for those with serious, life-limiting illnesses. Advance care planning includes preparing advance directives which may consist of:

A Living Will guides your family and healthcare team through the medical treatment you wish to receive if you are unable to communicate your wishes; is considered legal as soon as you sign it and a witness signs it, if applicable; and goes into effect when you are no longer able to make your own decisions.

A Medical Power of Attorney allows you to appoint a person to make healthcare decisions for you if you are temporarily or permanently unable to communicate and make decisions for yourself and goes into effect when

your physician declares that you are unable to make your own medical decisions. The person you select should be someone you trust who understands your wishes **and is willing** to make healthcare decisions for you. You should have ongoing conversations with this person to talk about your wishes at end-of-life.

Physicians Ordered Scope of Treatment (POST) is a physician's order which documents patient preference to have or to decline several treatment options including resuscitation, hospitalization, antibiotics and artificially administered feeding such as feeding tubes. Beyond the simple question of a desire to have a resuscitative attempt or not, it gives the choice of three levels of medical interventions, from **Full Intervention** including life support, to **Limited Interventions** to stabilize medical conditions without intensive care, to **Comfort Measures** also described as Allow Natural Death, where the goal is symptom management. The POST is valid in all settings and may be changed at any time.

The most common end-of-life medical decisions that you, family members or a healthcare representative must make involve:

Cardiopulmonary Resuscitation (CPR) – a group of procedures used when your heart and/or breathing stops. This may include chest compressions, electrical stimulation or medications to restore the heart’s ability to function, insertion of a tube through your mouth or nose into the trachea to artificially support or restore breathing.

Do Not Resuscitate (DNR) Order – a written and signed physician’s order that prevents the healthcare team from starting CPR. This order is written at the request of the patient or the healthcare representative. This order can be cancelled at any time by letting the physician who signed the order know that you have

changed your mind and will remain in effect if you transfer from one healthcare facility to another.

Do Not Intubate Order is the refusal of a tube inserted through the nose or mouth into the trachea to help you breathe when you cannot adequately do so yourself.

Artificial Hydration and Nutrition allows you to receive food and fluid when you are no longer able to take enough by mouth to sustain life.

If you have not completed an advance directive and are unable to make decisions, healthcare professionals must consult your family members per your state decision-making laws to identify who may make decisions on your behalf.

POST fills the serious gap in relation to our other Advance Directives...	Indiana Living Will	Out-of-Hospital DNR	POST
Allow all adults to document general preferences for end of life care	YES	NO	NO
Physician orders that can be followed outside the hospital	NO	YES	YES
Can be honored by emergency medical personnel	NO	YES	YES
Available for patients with a terminal illness	NO	YES	YES
Available for patients with advanced chronic progressive illness or frailty	YES	NO	YES
Requires a physician’s signature	YES	YES	YES
Allows patients to express their preferences for a range of specific treatment options	NO	NO	YES
Patient wishes can be understood without interpretation	NO	YES	YES
Requires a discussion between the patient and his or her physician about treatment options	NO	NO	YES
Reduces or eliminates the burden on family members to make treatment decisions on behalf of the patient	NO	NO	YES

To have discussion with your loved one or health care professionals, you can obtain these forms on our website at www.FamilyLifeCareIN.org or call 1-800-355-2817. ☒