

Advance Care Planning in Delaware

Thaddeus M. Pope, J.D., Ph.D.

Widener University Law School

New Castle Brandywine Hundred Library

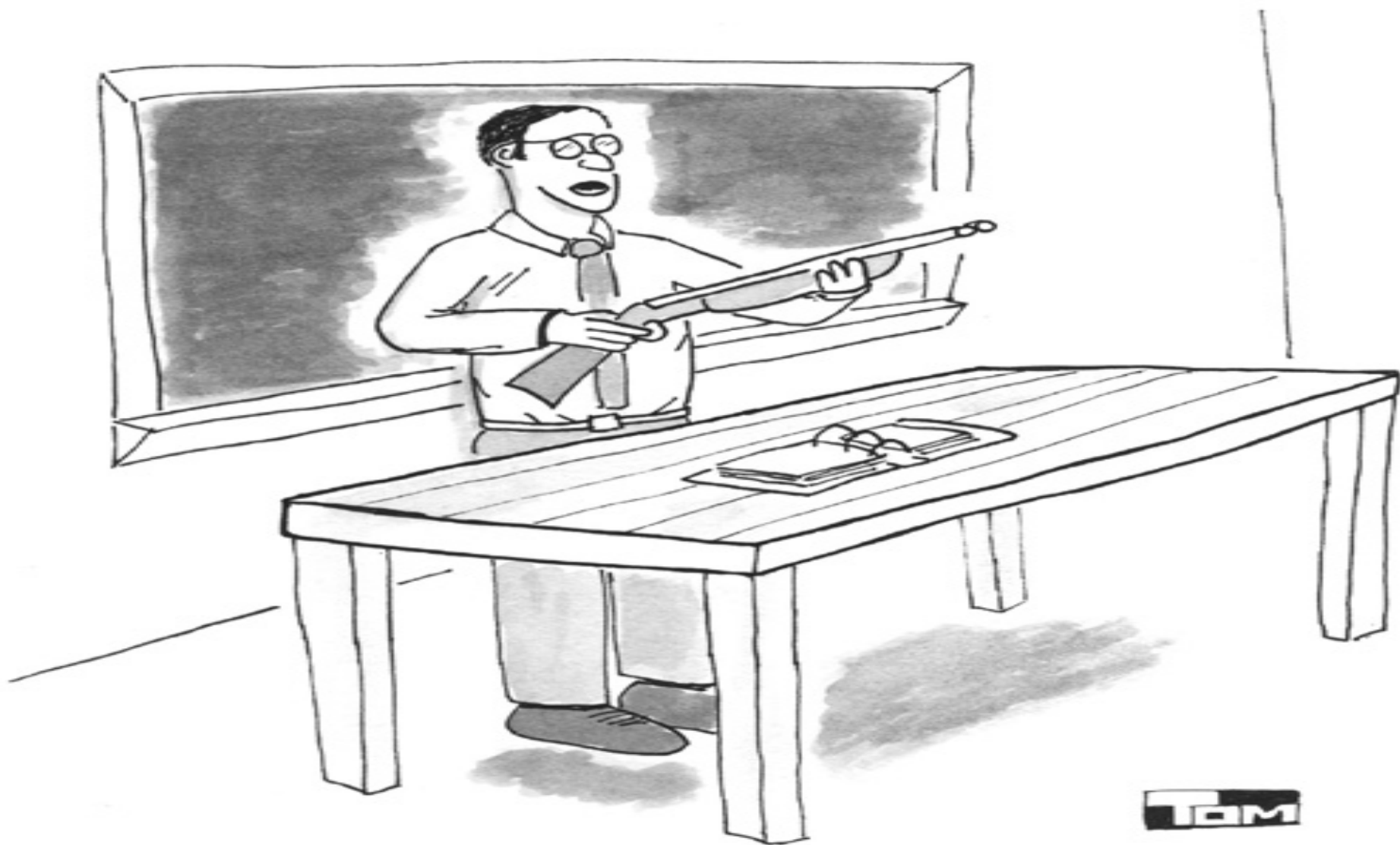
National Health Care Decisions Day

April 16, 2008

Roadmap

- **What** is an advance directive
- **Why** complete an advance directive
- **How** to complete an advance directive

"PLEASE FEEL FREE TO INTERRUPT
IF YOU HAVE A QUESTION."



TOM

What is an AD

Advance directive:

A document that instructs health care providers about your care when you cannot

What is an AD

- For when you are unable to voice your own wishes
- **Only** effective when you lack capacity

Why complete an AD

- Gives you **control**
- Assure that decisions regarding your medical care reflect **your** wishes

Why complete an AD

- Peace of mind
- Relieve stress, avoid arguments among loved ones

What form to use

- DE Bar & AG
- Patient & consumer initiatives
 - Caring Connections
 - Five Wishes
 - Catholic Diocese of Wilmington
- MD, PA, NJ forms

Two parts of the AD

1. Appointment of agent

FKA “durable power of attorney for health care”

2. Instructions

FKA “living will”

Appointing your agent

- You choose someone to make health care decisions on your behalf
- Your agent's authority is "springing"

Appointing your agent

- By default, your agent has authority:
 - To accept & refuse medical treatment
 - To select health care providers
 - To decide to donate organs
 - To authorize an autopsy
- But your agent has only as much authority as you give them

Appointing your agent

- Choose primary **and** alternate agents
 - Who are willing
 - Who will be available
 - Whom you trust
- Talk to your agents **before** appointing them

Appointing your agent

“Under no circumstances shall my health care providers consider input from the following persons”

“I dearly love my son Brendan. But because of our situation, he shall have no part in health care decisions on my behalf”

Recording instructions

- Statement of treatment wishes
- The form is simple but the content is complex
- It is hard to anticipate specific medical conditions and interventions

Recording instructions

- You can give instructions or more general guidance
- Reflection
 - Speak with family
 - Speak with doctor

1. Make it valid
2. Make it effective
3. Make it current

Witnesses

- Over 18
- Not related to you
- Not entitled to any part of your estate
- Not financially responsible for your care
- Not an owner or employee of your health care facility
- Ombudsman or patient advocate if you are in a long term residential health care facility

Make & distribute copies

- Primary agent
- Alternate agents
- Family members
- PCP
- Specialists
- Attorney
- Clergy
- Online registry

Changing your mind

- An AD never expires
- Review your AD every few years
- Easy to change your mind
 - You can revoke your AD at any time
 - You can write a new AD at any time
 - Send copies of your new AD

Organ donation

- Does **not** affect your medical care
- Organs needed for:
 - Transplant
 - Research
 - Medical education



DELAWARE HEALTH & SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH - OFFICE OF EMERGENCY MEDICAL SERVICES

**PRE-HOSPITAL ADVANCED CARE DIRECTIVE (PACD) FOR
TERMINAL ILLNESS ONLY**

SCOPE OF EMERGENCY MEDICAL SERVICES CARE

I, _____, (please print your full name), request the following emergency medical care in the event I am incapacitated due to my terminal illness.

Option A: (Advanced Life Support (ALS)) – Maximal (Restorative) Care Before Arrest, Then DNR.
Individual shall receive the full scope of restorative interventions permissible under the Delaware Statewide ALS treatment protocol.

Option B: (Basic Life Support (BLS)) – Limited (Palliative) Care Only Before Arrest, Then DNR.
Individual shall receive comfort care for control of signs and symptoms.

Option C: (Do Not Resuscitate (DNR)) – No Care Administered Of Any Kind
Individual is permitted to reject care of any kind provided there is a signed order clearly stating this course of action. Where this option is in place, no form of comfort care or life saving efforts of any kind will be administered by Emergency Medical Service personnel under any circumstances, unless the individual provides some form of communication such as verbally, eye blink, finger tap, or some other similar form of communication, to indicate the desire to revoke the existing PACD order in place.

I understand that *Do Not Resuscitate* means that upon my rejection of any life-saving care efforts, if my heart stops beating or I stop breathing due to my present terminal illness no medical procedure to restart breathing or heart functioning will be instituted by emergency medical service personnel.

Patient/Surrogate Signature Date

Surrogate's Relationship to Patient

I affirm that this patient/surrogate is making an informed decision and that this Pre-Hospital Advanced Care Directive is the expressed wish of the patient.

Physician Signature/ Date

Print Name Telephone

**Thank
you**

More resources

Delaware Division of Services for Aging
and Adults with Physical Disabilities
(DSAAPD)

www.dsaapd.com

800-223-9074

Caring Connections

www.caringinfo.org

800-658-8898

More resources

ABA Commission on Law & Aging,
*Consumer's Tool Kit for Health Care
Advance Planning*

www.abanet.org/aging/toolkit/
202-662-8690

Aging with Dignity, *Five Wishes*

www.agingwithdignity.org/5wishes
888-5WISHES

More resources

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www.nationalhealthcaredecisionsday.org

Thaddeus Mason Pope, J.D., Ph.D.

Widener University Law School

4601 Concord Pike

Wilmington, DE 19803

T - 302-477-2230

F - 901-202-7549

E - tmpope@widener.edu

W - www.thaddeuspope.com