

Plan Now for Future Medical Decisions

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By Eileen Beal

When Mary Osburn married in her early 40s, one of the things she did before tying the knot was have a "just-in-case talk" with her soon-to-be-husband about the advance directives she'd drawn up.

"Advance directives are what you put in writing about what you want done for you [medically] in the event that at some point in time you are so ill or incapacitated that you can't speak for yourself," explained Osburn, who is a patient representative at Lakewood Hospital. "I wanted to make sure that my husband knew what I wanted."

Two types of advance directives

In Ohio, there are two kinds of advance directives and, because they cover different medical situations, you should create both documents, explained lawyer and estate planner Terrence Cariglio, of Cleveland-based Cariglio & Associates. When properly filled out, witnessed and/or notarized, advance directives are legally binding documents that "speak" a person's wishes about their medical care if their medical condition makes it impossible for them to voice those wishes.

They remain in effect until the person who created them cancels or revokes them, added Cariglio, so it's important to review them periodically especially after a marriage, retirement, or move to keep them up to date.

A medical or health care power of attorney (POA) can be used at any time there is a medical situation that renders the person who created the POA unconscious, mentally incapable, or otherwise unable to make his/her wishes known. It gives the person named in the document the power, right, and responsibility to make medical decisions including changing physicians, hospitals, treatments and/or medications for the person who drew up the document.

In general, this document is created when a person is undergoing surgery or a complicated medical treatment, or anticipates mental decline due to Alzheimer's or related diseases. "It [a medical POA] can designate co-agents," said Cariglio, "but that's not usually a good idea because they often can't agree."

A living will is a document that is used only when a person is "terminally, irrevocably ill or injured, with a reasonable medical certainty there can be no recovery," explained Cariglio.

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"A living will is an end-of-life care statement," explained gerontologist Farida Ejaz, Ph.D., a senior research associate at Benjamin Rose. It directs physicians, hospital staff, and other health care providers (including those in nursing homes and hospices) to use only the medical options the patient chose when he or she was able to make an informed decision about his or her end-of-life care. Do Not Resuscitate (DNR) orders, which request that the person not be resuscitated if they have a heart attack or stroke, are usually incorporated into living wills.

"The main purpose of living wills is to give those who are terminally ill a way to have a peaceful death," added Ejaz, "by giving them a voice that says prevent the use of life-sustaining treatments and medications that only prolong the dying process when they can no longer speak for themselves."

That is the reason, said Osburn, "that living wills trump medical powers of attorney."

Planning for the future

When Osburn created her advance directives in her early 40s, she did something most people put off till their 60s, "when they have seen friends die from cancer or suddenly from a heart attack," said Cariglio.

"The earlier advance directives are created, the better, because they can be very empowering for everyone," said Ejaz.

"But," she added, "they aren't empowering if you just create them, and then put them away in a safe place. You have to discuss them with the person, or persons, who may someday be making tough decisions for you. That doesn't just mean a spouse, or a friend, or child, it means your physician, too."

"Then, if the time ever comes when they need to be your voice, the fact that you have talked about things will reduce the stress on them and make it easier for them to make the kinds of decisions you want, rather than what they think you want."

Sources and Resources

For information and/or advance directives forms, contact:

1. Your lawyer, banker, or estate planner
2. The Department of Patient/Social Services at your local hospital
3. Ohio State Bar Association (800-282-6556)
4. Ohio Hospital Association (614-221-7614)

Plan Now for Future Medical Decisions

5. Senior Agencies, such as Western Reserve Area Agency on Aging (216-621-8010), Benjamin Rose (216-791-8000), or AARP's Legal Counsel for the Elderly, Box 96474, Washington, DC 20090 (202-434-2120).
6. Organizations that deal with planning for incapacity, such as the Alzheimer's Association (216-721-8457 or 800-441-3322)

To download information on advance directives and/or necessary form, go to the following

websites: American Bar Association www.abanet.org/aging/toolkit/home.html

American Medical Association www.ama-assn.org/public/booklets/livgwill.htm

*Benjamin Rose www.benrose.org/FactofMonth/Fact0102.asp

*Ohio Legal Rights Service www.state.oh.us/olrs/AdvanceDirectives.htm

Ohio Hospice and Palliative Care Organization www.ohpco.org/living_will.htm

*Ohio Hospital Association www.ohanet.org/publications/special.asp

*Ohio State Bar Association www.ohiobar.org/conres/livingwill/

Ohio State University Extension Service <http://ohioline.osu.edu/ss-fact/0192.html>

*Partnership for Caring www.partnershipforcaring.org/advance/index.html

Washington County Mental Health Department <http://wcmhar.com/AdvanceDirective>

Eileen Beal, MA, is a freelance healthcare writer specializing in geriatric issues. *Successful Aging* is provided by Benjamin Rose (www.benrose.org), a non-profit social service agency for older adults.