

# Advance Care Planning 101

Presented by



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# Alzheimer's Texas

A privately funded voluntary health organization formed in 1982 to serve Central Texans with Alzheimer's disease and their caregivers.

## MISSION

To eliminate Alzheimer's disease and related disorders through the advancement of research and to enhance care and support for individuals, their families, and caregivers.

## VISION

To create and sustain a dementia capable Texas in which persons with Alzheimer's and related disorders, and their families, receive quality care, effective treatments, and meaningful support.



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# Learning Objectives

- Understand how to complete commonly utilized advance directives in Texas.
- Learn how and when to utilize advance directives during a medical event.
- Identify specific strategies for facilitating advance care planning decisions and discussion.
- Think about and share ways we are supporting ourselves and/or caregivers to better prepare for end-of-life care decision making.



# Advance Care Planning: Basic Definitions

- ***Advance Care Planning:*** The process of planning for your future care. Advance care planning involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know—both your family and your health care providers—about your preferences.
- ***Advance Directive:*** Documents that state your choices for health care, or name someone to make those decisions, if you are unable to make your wishes known in the future because of illness or injury.
- ***Health Care Proxy:*** Identifies your health care agent (often called a “proxy”), the person you trust to act on your behalf if you are unable to make health care decisions or communicate your wishes.



# Advance Care Planning is for Everyone

*Whether you're 18 or 110, documenting your wishes today means your family won't have to make heart-wrenching decisions later.*

*A dementia diagnosis renders this decision-making process even more important and time sensitive.*



# Review Medical Terms and Procedures

**Advanced Airway Management**  
**Allow Natural Death (AND)**  
**Artificial Nutrition and Hydration Capacity**  
**Cardiopulmonary Resuscitation (CPR)**  
**Defibrillation**  
**Directive to Physicians (Living Will)**  
**Do-Not-Resuscitate (DNR) order**  
**Comfort Measures Only (CMO)**  
**Healthcare Agent**  
**Hospice**

**Intubation**  
**Life-sustaining Treatment**  
**Mechanical (Artificial) Ventilation**  
**Medical Power of Attorney (MPOA)**  
**MOST Form (Medical Orders for Scope of Treatment)**  
**Palliative Care**  
**Power of Attorney or Durable Power of Attorney (DPOA)**  
**Respiratory Arrest**  
**Slow Medicine**

**Surrogate Decision-making**  
**Transcutaneous Cardiac Pacing**  
**Tube Feeding and Total Parenteral Nutrition (TPN)**  
**Ventilator**  
**Voluntary Stopping of Eating and Drinking (VSED)**  
**Withholding or Withdrawing Treatment**

# Advance Directives in Texas

- Medical Power of Attorney (MPOA)
- Directive to Physicians and Families or Surrogates (Living Will)
- Out of Hospital Do Not Resuscitate Order (OOH DNR)



# Medical Power of Attorney (MPOA)

- Legal document naming a health care proxy, someone to make medical decisions for you at times when you are unable to do so. This person can talk to your health care providers and make all decisions related to your health care.
- Your MPOA, also known as a representative, surrogate, proxy, or agent, should be familiar with your values and wishes.
- This means that he or she will be able to decide as you would when treatment decisions need to be made.
- A MPOA can be chosen in addition to or instead of a living will.
- Does not go into effect until a person becomes unable to make their own health care decisions and this fact is certified in writing by my physician.
- Can be revoked or changed at any time.
- Inform the person you appoint that you want the person to be your health care agent. Discuss this document with your agent and your physician and give each a signed copy.





- Discuss this document with your physician or other health care provider before you sign the document to ensure that you understand the nature and range of decisions that may be made on your behalf.
- You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.
- The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed.
- If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, etc.), that person has to choose between acting as your agent or as your health or residential care provider; the law does not allow a person to serve as both at the same time.
- Indicate on the document itself the people and institutions that you intend to have signed copies.
- You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney.
- The document may not be changed or modified. If you want to make changes in this document, you must execute a new medical power of attorney.
- You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. If you designate an alternate agent, the alternate agent has the same authority as the agent to make health care decisions for you.



# MEDICAL POWER OF ATTORNEY DESIGNATION OF HEALTH CARE AGENT

Advance Directives Act (see §166.164, Health and Safety Code)

I, \_\_\_\_\_ (insert your name) appoint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.]

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE  
AS FOLLOWS:

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## DESIGNATION OF AN ALTERNATE AGENT:

(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved annulled, or declared void unless this document provides otherwise.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following person(s) to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

### First Alternate Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

### Second Alternate Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

The original of the document is kept at \_\_\_\_\_

\_\_\_\_\_

The following individuals or institutions have signed copies:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



SIGNATURE IN PRESENCE OF TWO COMPETENT ADULT WITNESSES

I sign my name to this medical power of attorney on \_\_\_\_\_ day of \_\_\_\_\_ (month, year)  
at

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

STATEMENT OF FIRST WITNESS

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

SIGNATURE OF SECOND WITNESS

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Witnesses Cannot Be:

- Related to the person by marriage or blood
- Entitled to any portion of the person’s estate upon their death.
- The attending physician, an employee of the attending physician, or involved in providing direct care to the person.
- An officer, director, partner, or business office employee of the health care facility.

# Directive to Physicians and Family or Surrogates (Living Will)

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A legal document that allows you to direct physicians to administer or withdraw life-sustaining treatment when you have a terminal or irreversible condition and are unable to speak for yourself. You may also specify which treatments you would like, and which you would not.

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Allows you to consider your health care wishes based on personal, cultural, and spiritual values and beliefs. Consider what burdens, hardships, medical experiences/treatment you would be willing to accept for a particular amount of benefit if you were seriously ill.

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You do not need a doctor's assistance to complete this document, but you should ask your doctor to explain various treatments and procedures and discuss your personal values and preferences for your care.

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Periodically review of this document.

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Indicate on the document itself the people and institutions that you intend to have signed copies.

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You have the right to revoke or execute a new Directive to Physicians at any time.

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Does not take the place of an Out of Hospital Do Not Resuscitate Order

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## DIRECTIVE

I, , recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care or treatment decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

☐ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

☐ I request that I be kept alive in this terminal condition using available life-sustaining treatment.  
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care:

☐ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

☐ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.  
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)



Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificially administered nutrition and hydration, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

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After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do **not** have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make health care or treatment decisions with my physician compatible with my personal values:

1. 

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2. 

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**(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)**



Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as **Witness 1** may not be a person designated to make a health care or treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness 1 \_\_\_\_\_

Witness 2 \_\_\_\_\_

## Witnesses Cannot Be:

- Related to you by marriage or blood
- Entitled to any portion of the person's estate upon their death.
- The attending physician, an employee of the attending physician, or involved in providing direct care to the person.
- An officer, director, partner, or business office employee of the health care facility.





# Out of Hospital Do Not Resuscitate Order (OOH DNR)

- An OOH DNR order is a physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.
- A patient, legal guardian, MPOA, health care proxy, spouse, adult child, parent, nearest living relative or two physicians (signing together) can execute this form.
- Executing an OOH DNR does not prevent a patient from receiving comfort care or curative treatments. It can be revoked orally or in writing at any time.
- Although the OOH DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid.
- An OOH DNR order is written for individuals who are at their home (not hospitalized) and does not apply to care provided in the hospital. Additional doctor's orders must be written in the hospital setting.
- The method for completing this document varies depending on the capacity of the patient, and signers should closely read all instructions prior to signing.
- This document allows EMS or other emergency health care professionals to abstain from CPR outside of a hospital setting. **This document must be readily made available to emergency responders to be honored.**



A. **Declaration of the adult person:** I am competent and at least 18 years of age. **I direct that no resuscitation measures be initiated or continued for me.**

Person's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

B. **Declaration by legal guardian, agent, or proxy on behalf of the adult person who is incompetent or otherwise incapable of communication:**

I am the ☐ legal guardian, ☐ agent in a Medical or ☐ proxy in a directive to physicians of the above-noted person who is incompetent or otherwise mentally or physically incapable of communication.

Based upon the known desires of the person or a determination of the best interest of the person, **I direct that no resuscitation measures be initiated or continued for the person.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

C. **Declaration by a qualified relative of the adult person who is incompetent or otherwise incapable of communication:** I am the above noted person's ☐ spouse, ☐ adult child, ☐ parent, or ☐ nearest living relative, and I am qualified to make this treatment decision under Health and Safety Code §166.088.

To my knowledge the adult person is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent, or proxy. Based upon the known desires of the person or a determination of the best interests of the person, **I direct that no resuscitation measures be initiated or continued for the person.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

D. **Declaration by physician, based on directive to physicians by a person now incompetent or nonwritten communication to the physician by a competent person:** I am the above-noted person's attending physician and have

☐ seen evidence of his/her previously issued directive to or ☐ observed his/her issuance before two witnesses of an OOH-DNR in a physicians by the adult, now incompetent, nonwritten manner.

**I direct that no resuscitation measures be initiated or continued for this person.** License Number: \_\_\_\_\_

Attending physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

E. **Declaration on behalf of the minor person:** I am the minor's ☐ parent, ☐ legal guardian, or ☐ managing conservator.

A physician has diagnosed the minor as suffering from a terminal or irreversible condition. **I direct that no resuscitation measures be initiated or continued for the person.**

Person's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

**TWO WITNESSES:** (See qualifications on backside.) We have witnessed the above-noted competent adult person or authorized declarant making his/her signature above and, if applicable, the above-noted adult person making an OOH-DNR by nonwritten communication to the attending physician.

Witness 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

Witness 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

The above noted person personally appeared before me and signed the above noted declaration on this date: \_\_\_\_\_.

**Notary in the State of Texas and County of \_\_\_\_\_.**

**Signature & seal:** \_\_\_\_\_ **Notary's printed name:** \_\_\_\_\_ *Notary Seal*

[Note: Notary cannot acknowledge the witnessing of the person making an OOH-DNR order in a nonwritten manner.]



**TWO WITNESSES:** (See qualifications on backside.) We have witnessed the above-noted competent adult person or authorized declarant making his/her signature above and, if applicable, the above-noted adult person making an OOH-DNR by nonwritten communication to the attending physician.

Witness 1 signature:  Date:  Printed name:

Witness 2 signature:  Date:  Printed name:

The above noted person personally appeared before me and signed the above noted declaration on this date: \_\_\_\_\_.

**Notary in the State of Texas and County of** \_\_\_\_\_.

**Signature & seal:** \_\_\_\_\_ **Notary's printed name:** \_\_\_\_\_ *Notary Seal*

[Note: Notary cannot acknowledge the witnessing of the person making an OOH-DNR order in a nonwritten manner.]

**PHYSICIAN'S STATEMENT:** I am the attending physician of the above-noted person and have noted the existence of this order in the person's medical records. **I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue resuscitation measures for the person.**

Physician's signature:  Date:  Printed name:  License Number:

**F. Directive by two physicians on behalf of the adult, who is incompetent or unable to communicate and without guardian, agent, proxy or relative: The person's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgment, considered ineffective or are otherwise not in the best interests of the person. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue resuscitation measures for the person.**

Attending physician's signature:  Date:  Printed name:  Lic. #

Signature of second physician:  Date:  Printed name:  Lic. #

**All persons who have signed above must sign below, acknowledging that this document has been properly completed.**

Person's signature:  Guardian/Agent/Proxy/Relative signature:

Attending physician's signature:  Second Physician Signature:

Witness 1 signature:

Witness 2 signature:

Notary signature: \_\_\_\_\_

# What To Do With Your Advance Directives

Provide

Provide copies to all of your health care providers and those involved in your health care (family, friends, caregivers)!

Carry

Carry copies in your car, purse, wallet, etc.

Keep

Keep copies in a safe place in your home (freezer, fireproof safe, etc.) and on your electronic devices.

Tell

Tell family members or friends where the copies are located.





## How to start

### Here are some ways you could break the ice:

"I need your help with something."

"Remember how someone in the family died—was it a 'good' death or a 'hard' death? How will yours be different?"

"I was thinking about what happened to [ ] , and it made me realize..."

"Even though I'm okay right now, I'm worried that [ ] , and I want to be prepared."

"I need to think about the future. Will you help me?"

"I just answered some questions about how I want the end of my life to be. I want you to see my answers. And I'm wondering what your answers would be."

### What to talk about:

- When you think about the last phase of your life, what's most important to you? How would you like this phase to be?
- Do you have any particular concerns about your health? About the last phase of your life?
- What affairs do you need to get in order, or talk to your loved ones about? *(Personal finances, property, relationships)*
- Who do you want (or not want) to be involved in your care? Who would you like to make decisions on your behalf if you're not able to? *(This person is your health care proxy.)*
- Would you prefer to be actively involved in decisions about your care? Or would you rather have your doctors do what they think is best?
- Are there any disagreements or family tensions that you're concerned about?
- Are there important milestones you'd like to be there for, if possible? *(The birth of your grandchild, your 80th birthday.)*

- Where do you want (or not want) to receive care? *(Home, nursing facility, hospital)*
- Are there kinds of treatment you would want (or not want)? *(Resuscitation if your heart stops, breathing machine, feeding tube)*
- When would it be okay to shift from a focus on curative care to a focus on comfort care alone?

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*This list doesn't cover everything you may need to think about, but it's a good place to start. Talk to your doctor or nurse if you'd like them to suggest more questions to talk about.*

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### REMEMBER:

- Be patient. Some people may need a little more time to think.
- Every attempt at the conversation is valuable.
- You don't have to steer the conversation; just let it happen.
- This is the first of many conversations—you don't have to cover everyone or everything right now.
- Don't judge. A "good" death means different things to different people.
- Nothing is set in stone. You and your loved ones can always change your minds as circumstances change.

**Now, just go for it! Each conversation will empower you and your loved ones. You are getting ready to help each other live and die in a way that you choose.**

# Resources



## ***Caring Conversations Workbook***

Published by the Center for Practical Bioethics, guide helps individuals and their families share meaningful conversations regarding end-of-life decisions

<https://www.practicalbioethics.org/resources/caring-conversations/>

## ***Five Wishes***

Guide on advance care planning available in 26 languages

<http://www.agingwithdignity.org/five-wishes.php>

## ***The African American Spiritual and Ethical Guide to End of Life Care - What Y'all Gon' Do With Me?***

Guide prepared by Heart Tones addressing historical, cultural and spiritual factors that influence African-Americans' decisions about end-of-life care and planning

<https://eolcareguide.org/>

## ***CRITICAL Conditions SM***

A community education program helping people understand the importance of planning for their end-of-life medical care, this comprehensive advanced care planning program developed by Georgia Health Decisions includes the *CRITICAL Conditions<sup>SM</sup> Planning Guide*

<http://georgiahealthdecisions.org>

## ***Thinking Ahead: My Way, My Choice, My Life at the End***

Workbook and video created by California advocates with developmental disabilities

<http://www.dds.ca.gov/ConsumerCorner/ThinkingAhead.cfm>

## ***Loving Conversations***

Produced by American Health Lawyer Association, follows fictional family through difficult process of making decisions for loved one who did not have advance directive

<http://www.healthlawyers.org/hlresources/PI/InfoSeries/Pages/LovingConversations.aspx>

## **Your Conversation Starter Kit**

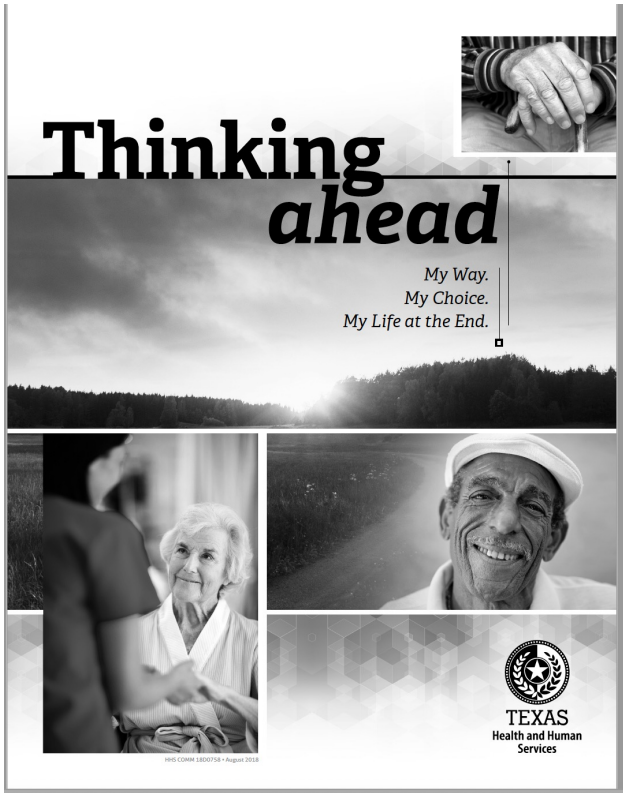
When it comes to end-of-life care, talking matters.



Institute for  
Healthcare  
Improvement

the conversation project

CREATED BY THE CONVERSATION PROJECT AND THE INSTITUTE FOR HEALTHCARE IMPROVEMENT



### ***Respecting Choices***

Internationally-recognized, evidence-based program established in 2000 addressing process of advance care planning

<http://respectingchoices.org/>

### ***Advanced Care Planning: Resources for Caretakers and Health Care Professionals Providing Aging Counseling***

Online course developed by Carolina Geriatric Education Center that provides evidence-based and culturally-competent geriatrics education and training

<http://clipper.med.unc.edu/acp/>

### ***For Health Care Proxies/Agents: Making Decisions for Someone Else: A How To Guide***

Guide published by American Bar Association Commission on Law and Aging

[http://www.americanbar.org/groups/law\\_aging.html](http://www.americanbar.org/groups/law_aging.html)

### ***“Good to Go” Toolkit and Resource Guide***

Guide published by Compassion and Choices

<http://community.compassionandchoices.org/document.doc?id=425>

### ***Growth House, Inc.***

Offers free access to over 4,000 pages of educational materials about end-of-life care, palliative medicine, and hospice [http://www.growthhouse.org/radio\\_channel\\_education.html](http://www.growthhouse.org/radio_channel_education.html)

### ***National Healthcare Decisions Day – April 16***

Initiative encouraging individuals to express their wishes regarding health care; provides variety of resources, including materials for public, media kits, and suggested activities

<http://www.nhdd.org/>

### ***Senior Connection***

Offers several videos on death and dying that provide information to help seniors and their caregivers help themselves.

<http://www.seniorconnection.org/video.htm>





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Questions?

What do you want us to know?



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**Advance Directive** – A written statement of a person's wishes regarding medical treatment, often including a living will and medical power of attorney, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

**Advanced Airway Management** - A type of airway management that involves advanced training, skill, and invasiveness. It encompasses various techniques (surgical, physically moving the patient) performed to create an open or patent airway - a clear path between a patient's lungs and the outside world.

**Allow Natural Death (AND)** – A request to Allow Natural Death is meant to ensure that only comfort measures are provided. By using the AND, physicians and other medical professionals would be acknowledging that the person is dying and that everything that is being done for the patient—including the withdrawal of nutrition and hydration—will allow the dying process to occur as comfortably as possible.

**Appointment for Disposition of Remains** There are laws about who can make arrangements for a person after death. A medical power of attorney's appointment ends at the time of death. In Texas, a written document called "Appointment for Disposition of Remains" allows you to appoint an agent to make arrangements for the remains after death. If no agent is appointed, the legal next of kin controls decision regarding the remains.

**Artificial Nutrition and Hydration** – Artificial nutrition and hydration supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.

**Capacity** – In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

**Cardiopulmonary Resuscitation (CPR)** – Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

**Defibrillation** - The use of a carefully controlled electric shock, administered either through a device on the exterior of the chest wall or directly to the exposed heart muscle, to normalize the rhythm of the heart or restart it.

**Do-Not-Resuscitate (DNR) order** – A DNR order is a physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. An Out of Hospital DNR (OOH DNR) order is written for individuals who are at home and do not want to receive CPR. DNAR (Do Not Attempt Resuscitation) and DNI (Do Not Intubate-opening the airway with a tube) are all instructions for care in cardiac arrest and Cardiopulmonary Resuscitation.

**Comfort Measures Only (CMO)** – Care that is not focused on "fixing" or curing. Measures are taken to make the patient feel calm comfortable.

**Emergency Medical Services (EMS)** – A group of governmental and private agencies that provide emergency care, usually to persons outside of healthcare facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.

**Healthcare Agent** – The person named in an advance directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions. This term is synonymous with Healthcare Proxy and MPOA (Medical Power of Attorney).

**Healthcare Ethics committee** - is characterized as a body of persons established by a hospital or health care institution and assigned to consider, debate, study, take action on, or report on ethical issues that arise in patient care.

**Hospice** – Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the person's needs and wishes. Support is provided to the persons loved ones as well.

**Intubation** – Refers to “endotracheal intubation” the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

**Life-sustaining Treatment** – Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and other treatments.

**Living Will** – A type of advance directive in which an individual documents his or her wishes about medical treatment should he/she/they be at the end of life and unable to communicate. It may also be called a “directive to physicians”, “healthcare declaration,” or “medical directive.”

**Mechanical (Artificial) Ventilation** – Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea).

**Medical Power of Attorney (MPOA)** – A document that allows an individual to appoint someone else to make decisions about his/her/their medical care if he/she/they are unable to communicate. This type of advance directive may also be called a healthcare proxy, durable power of attorney for healthcare or appointment of a healthcare agent. The person appointed may be called a healthcare agent, surrogate, attorney-in-fact or proxy.

**MOST Form (Medical Orders for Scope of Treatment)** – A physician's ORDER filled out with the patient, detailing DNR, CPR, DNI status etc. for complex and advanced illnesses, the frail elderly or the terminally ill.

**Palliative Care** – A comprehensive approach to treating serious illness that focuses on the physical, psychological and spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering and controlling pain and symptoms.

**Power of Attorney or Durable Power of Attorney (DPOA)**– A legal document allowing one person to act in a legal matter on another's behalf regarding to financial or real estate transactions.

**Respiratory Arrest** – The cessation of breathing – an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

**Slow Medicine** – Slow medicine urges our health care providers to “slow down” when considering care that may present more harm than good for the elderly. It educates patients and families how to push back against emergency room trips and hospitalizations designed for those with treatable illnesses. The inevitable erosion of advanced age is not cause for presuming immortality and inflicting futile care on our most vulnerable.

**Surrogate Decision-making** – Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for people without advance directives.

**Transcutaneous Cardiac Pacing** - a temporary means of pacing a patient's heart during a medical emergency, accomplished by delivering pulses of electric current through the patient's chest, which stimulates the heart to contract.

**Tube Feeding and Total Parenteral Nutrition (TPN)** - At times during a disease process, a patient may not be able to swallow well or take in enough food and liquids to meet the body's needs. Depending on the situation, goals of care and treatment wishes, the patient and health care team will decide if additional feedings through a tube or IV (into a vein), also known as artificial nutrition, may help. Artificial nutrition may be given by a tube placed in the following ways:

- Through the nose into the stomach
- Through a cut in the skin and then into the stomach or small intestine
- Into a vein (intravenous or IV)

**Ventilator** – A ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

**Voluntary Stopping of Eating and Drinking (VSED)** – Legal in all states, decision to stop all intake (including fluids) to allow natural death. For more information visit the website [CompassionandChoices.org](https://www.compassionandchoices.org).

**Withholding or Withdrawing Treatment** – Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

The University of Texas (2017). *Advance Care Planning Workbook*. M.D. Anderson Cancer Center. Retrieved from: <https://www.mdanderson.org/documents/patients-and-family/becoming-our-patient/planning-for-care/Advance%20Care%20Planning%20Workbook.pdf>