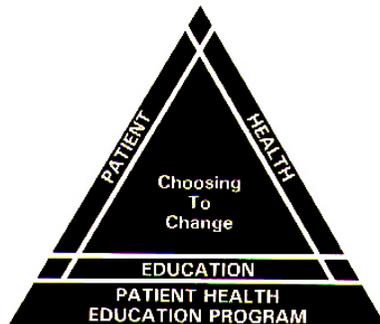


Advance Directives

Your Right to Make
Health Care Decisions



Patient Information Pamphlet

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VA Greater Los Angeles Healthcare System uses the latest methods to support life. Thanks to the many advances in medical knowledge over the past few decades, we are able to support life in very sick patients much longer than we could just a few years ago.

But this brings up a very difficult issue:

Who should make decisions about using machines or other technology to keep someone alive longer than they would be if the technology were not used?

Ultimately, these decisions should not be up to the doctor, the hospital, or the courts. You have the final say in what type of medical care, if any is best for you, which is why we have prepared this booklet. The following pages explain your right to make or formulate legal documents called Advance Directives, which can assist you in telling your family and our staff, how you feel about these difficult issues. By completing these documents you can put your wishes regarding your health care in writing before you become seriously ill.

The doctors and staff at our Medical Center are dedicated to provide comfort and humane care while respecting your wishes about your care. We believe that all patients have the right to direct their own health care, including the right to "die with dignity."

Hospitals and health care providers are required to ask all patients who are admitted if they have an Advance Directive. This information must be recorded in their medical record.

Other Sources of Information

1. Your Living Will: Why, When and How to Write One
By Ellen P. Flynn,
Citadel Press, 1992.
2. The Complete Guide to Living Wills
by Evan Collins with
Doran Weber.
Bantam Books, 1991.
3. Partnership for Caring, Inc.
1035 30th Street NW
Washington, DC 20007
1-800-989-WILL
(1-800-989-9455)
<http://www.choices.org>
4. Bioethics Committee
11301 Wilshire Blvd.
Los Angeles, CA 90073
Dept. of Medicine (111)
Paul Schneider, MD
310-268-3016

As you read this brochure and share it with you family and loved ones, we hope that it will assist you in making decisions that are right for you and your family.

The following are some definitions we want you to know:

Advance Directives. As a patient, you have the right to prepare legal documents called Advance Directives. This will guide the medical team in treating you if you are unable to make medical decisions for yourself. Two commonly used types of Advance Directives are the **Durable Power of Attorney for Health Care (DPAHC)** and the **Living Will**.

The Durable Power of Attorney (DPAHC) is a legal document that lets you name another person to act on your behalf in decisions about health care. This person will decide for you when you are no longer able to speak for yourself. This person is called a proxy or surrogate decision-maker. You can also appoint an alternative agent.

A Living Will is a legal document that allows you to state in advance your wishes regarding the use of life-sustaining procedures or treatments. The Living Will is used only when you are terminally ill and you cannot make treatment decisions. In any event, the staff will continue to do everything possible to make you comfortable and keep you free from pain. This document will allow you to die naturally.

Attending Physician means the staff doctor who has responsibility for your treatment.

Decision-making capacity refers to the ability to make informed decisions about health care. Adult patients may be considered to lack decision-making capacity if they are unable to think clearly or communicate their decisions. An example would be the unconscious or severely confused patient. Only a judge can rule a patient incompetent to make health care decisions. The court can appoint a guardian or the legal equivalent.

Health Care Providers are the people who provide health care such as doctors, nurses, social workers, therapists, etc.

Health Care Agent is a person chosen to make decisions for someone else, such as a Durable Power of Attorney for Health Care.

Terminal illness refers to a condition from which a patient cannot expect to recover and which will eventually cause death. Terminal illness can include conditions where death is certain or chronic conditions where there is no hope for recovery, for example, persistent coma or irreversible brain damage.

Witnesses must personally witness the signing of your Advance Directive.

You **cannot** have as your witness a person who is:

- related to you by blood or marriage

Medical Center policy states that patients or their families may ask for a Bioethics consultation. They also can participate in discussions, if they wish. The Bioethics Committee welcomes patient and family participation

If you have any questions about any ethical issues regarding your care, contact the Bioethics Committee. You may do this through your nurse, chaplain, social worker, or doctor. These caregivers may also contact the Bioethics Committee if they think an ethical issue needs to be discussed. Consultations are done as fast as your medical condition and the ethical issues require. The Bioethics Committee does not make decisions or write orders. It does try to help you, your family and/or caregiver to make decisions that are best for everyone.

**For help with the Advance Directive,
see the social worker from your
ward, program or clinic.**

Each of us will need this type of assistance at some point in our life. If you are concerned about these or similar issues speak to your doctor, nurse, social worker or chaplain and let them know you have such questions. They will be more than willing to help you.

THE BIOETHICS COMMITTEE

Bioethics is an interdisciplinary activity concerned with the issues in this booklet. The Bioethics Committee also provides consultation and educational activities for staff and consultative services for patients and their families.

The Bioethics Committee is concerned with:

- **The use of advance directives or living wills**
- **Capacity and competency of the patient to consent to treatment, or to stop treatment**
- **Differences or conflicts of opinion among patients, their families, and staff, which arise in treatment or in using advance directives**
- **Withdrawing or withholding food, fluids, or other treatment**
- **Do Not Resuscitate (DNR) orders**

- named in your will
- entitled to your estate
- appointed by you as health care agent.
- a health care provider.
- financially responsible for your care.

Life-sustaining treatment for a patient with terminal illness means medical care that can prolong life when there is little or no chance of recovery. This life-sustaining treatment can delay the time of death, but the disease cannot be cured. Life-sustaining treatment does not include medical procedures to provide comfort care, such as oxygen for shortness of breath, morphine for pain, etc. Life-sustaining treatments can include such procedures as:

- **Cardiopulmonary resuscitation (CPR)** - is an emergency procedure that tries to restart your breathing and/or heartbeat that has stopped.
- **Mechanical ventilation** - is using a machine that breathes for you when you cannot breathe on your own.
- **Artificial nutrition** - is feeding by a tube placed into the stomach or vein if you cannot eat on your own.
- **Artificial hydration** - is the use of a tube attached to a needle in a vein to give fluids if you can no longer eat or drink enough.
- **Dialysis** - is a method of cleaning your blood by a machine when your kidneys are no longer working correctly.
- **Antibiotics** - are medications used to fight infections.
- **Blood Pressure Medicines** - are medicines that keep the blood pressure up.

Treatment Preferences is a section on page two of the Advance Directive form where you can state your wishes for specific situations. The following are examples of situations that can be used for Treatment Preferences:

- **Permanent unconsciousness**
- **Terminal illness without expectation of recovery and permanently lacking decision-making capacity**
- **Brain damage --unable to communicate**
- **Life support including food and fluids**
- **Trial of therapy**
- **Other comments, restrictions, or instructions**

The Treatment Preferences section gives you greater flexibility and enables you to be very specific about health care issues.

You may stop or change your Advance Directive (Living Will, DPAHC) at any time by one of the following methods:

- **By canceling or destroying your Advance Directive. A person acting by your wishes and in your presence can also do this.**
- **By writing a signed and dated statement that expresses your wish to revoke the Advance Directive.**
- **By making an oral statement that expresses your desire to revoke the Advance Directive.**

After reading and discussing this booklet with your family, friends, doctor or clergy, you may wish to make an Advance Directive. If you need help in completing the forms given to you, contact your social worker, chaplain, doctor, or nurse.

END OF LIFE PLANNING

If your provider has told you that your condition is terminal or that you have limited life expectancy, you may want to engage in "End of Life Planning."

In addition to preparing Advance Directives, you may want to talk with the treatment team about:

- **What types of treatment options are available?**
- **What can be done if I need pain control?**
- **What will make me feel more comfortable?**
- **What kind of services can be provided to me at home?**
- **What are hospice services and how can I arrange for them?**
- **What burial benefits am I eligible for?**
- **Whether I want an autopsy performed?**
- **Whether I can donate any of my organs?**
- **What support can be provided to my family or caregiver?**