

# Living Wills and End of Life Decisions



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# Workshop Goals

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- How to make and direct future health care decisions -- Advance Directives
- Three documents:
  - Living Will
  - Durable Power of Attorney for Health Care
  - Out-of-Hospital Do-Not-Resuscitate Order



# Introduction: Why Are We Here Today?

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- Jenny's story
  - 23 years old
  - Serious car accident
  - Head and brain injuries
  - Unconscious: doctor says "I'm pretty sure she's not going to come out of this."
  - Can't breathe on her own-- ventilator
  - Feed her through an IV?
- What would Jenny want?



# People at Jenny's Bedside: Who Makes the Call?

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- Fiancé: Keep ventilator—give food
- Parents: Keep ventilator—give food
- Brother: Remove ventilator—no food
- Best Friend: Remove ventilator—no food



# Who Will Make the Decision?

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- Iowa law provides a list of the order of persons who can make end of life decisions with the doctor
- Reasonably available, willing and competent:
  - Health care agent
  - Court-appointed Guardian
  - Spouse
  - Adult child or majority of adult children
  - Parent(s)
  - An adult sibling



# What Could Jenny Do Beforehand?

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- How to make your wishes known
  - What kind of documents to create?
  - Who can create these documents?
  - How do you create these documents?
  - When do the instructions become effective?
  - What to do if you change your mind?



# What Is a Living Will?

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- It is a document that gives your directions to the attending physicians about withholding or withdrawing life-sustaining procedures when you are in a terminal condition
- This is also known in Iowa as a Declaration Relating to Life-Sustaining Procedures



# Key Concepts

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- Terminal Condition:
- Unable to communicate wishes
- Attending physician
- Life-sustaining procedures



# What Is a Terminal Condition

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- Two definitions:
  - An incurable or irreversible condition that, without the administration of life-sustaining procedures, will, in the opinion of the attending physician, result in death within a relatively short period of time or,
  - A state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery.



# Unable to Communicate

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- When is a person unable to communicate?
- What will the doctor do in order to determine competency or decisional capacity?



# Who Is the Attending Physician?

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- An attending physician is the licensed doctor selected or assigned to the patient and has primary care and responsibility for the patient's care
- A second physician must confirm a terminal condition for the living will to become effective
- Responsibilities and discretion



# What Are Life-Sustaining Procedures?

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- Any medical procedure, treatment, or intervention, including resuscitation, which meets both of the following requirements:
  - Utilizes mechanical or artificial means to sustain, restore, or supplant a spontaneous vital function
  - When applied to a patient in a terminal condition would only serve to prolong the dying process.



# Examples of Life-Sustaining Procedures

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- Cardiopulmonary Resuscitation (CPR)
  - The use of drugs, artificial breathing, external chest compression, and/or electric shock to restart the heart beating
- Mechanical Breathing (Ventilator or Respirator)
  - Breathing by a machine through a tube inserted through the mouth or nose
- Artificial Nutrition/Hydration by doctor's orders
  - Feedings and fluid given through a tube in the veins, nose or stomach
- Kidney Dialysis
- Major Surgery



# NOT Life-Sustaining Procedures

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- Comfort Care
  - Examples: bathing, bodily integrity treatment, change linens, etc.
- Pain medication
- The provision of hydration or nutrition except when required to be provided parenterally or through intubation by doctor's order



# What If Jenny Had a Living Will?

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- What should or could the doctor do?
- Jenny's story
  - 23 years old
  - Serious car accident
  - Head and brain injuries
  - Unconscious: doctor says "I'm pretty sure she's not going to come out of this."
  - Can't breathe on her own-- ventilator
  - Feed her through an IV?



# The Process: Who Can Make a Living Will?

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- 18 years old
- Competent
- Document must be either
  - signed by two qualifying witnesses or
  - notarized
- Distributed to medical team, health agent, and family members



# The Process: Who Is Not A Qualifying Witness?

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- Health Care Provider the day the living will is signed
- Employee of Health Care Provider the day the living will is signed
- A minor
- At least one witness must not be a relative
- Why not just use a notary?!



# What If You Change Your Mind About Your Living Will?

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- You can revoke it at any time in any manner without regard to mental or physical condition
- You should communicate your wishes to revoke the living will to your doctor
- You should also communicate your wishes to your family members

# Drafting the Document:

## Preparing Yourself and Others

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- Take stock of your values and wishes
- Talk with trusted friends, family members and counselors
- Talk with your doctor
- Use forms and pamphlets for guidance
  - ISBA, Legal Clinic, online forms
  - Peace of Mind pamphlet



# Living Will vs. Durable Power of Attorney for Health Care

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- Living Will
  - Instructs
  - End of life treatments and procedures
- Durable Power of Attorney
  - Appoints
  - Routine treatments and procedures
  - Complicated treatments and procedures
  - End of life decisions



# Durable Power of Attorney for Health Care

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- It is a document that authorizes a designated agent to make medical decisions on your behalf when you are unable, in the attending physician's judgment, to make those decisions.
- Consistent with your known wishes and desires.
- Empowers someone else to make



# Out-of-Hospital Do-Not-Resuscitate Order

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- It is a *physician's order* to emergency responders to not resuscitate a terminally ill patient who is in an out-of-hospital setting
- At the patient's request
- An out-of-hospital setting includes:
  - Other health care facilities
  - Hospice
  - The patient's home



# What Does Resuscitation Mean?

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- Any medical intervention that uses mechanical or artificial means to sustain, restore, or supplant a spontaneous vital function including:
  - Chest compression
  - Defibrillation
  - Intubation
  - Emergency drugs intended to alter cardiac function
  - Does NOT include comfort care or pain medication



## How Do Emergency Responders Know You Have an OOH DNR?

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- You can obtain identifiers through Medic Alert
- Identifiers include:
  - Bracelets
  - Necklaces
  - No tattoos or informal methods



# Potential Conflicts

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- The health care agent trumps a court-appointed guardian.
- The health care agent cannot revoke an out-of-hospital, do-not-resuscitate order.
- The health care agent cannot revoke a living will.



# Final Disposition Act

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- You can authorize your health care agent in writing to make decisions concerning the final disposition your remains.



# Questions and Suggestions

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- What else would you like to know about health care decision-making?
- What experiences would you like to share with the group?



# Thank You and Good Luck!

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- Use the Resource Guide and Peace of Mind pamphlet to plan for your own future.
- Call us at 335-9023