# ADVANCE DIRECTIVES

**Who will make healthcare decisions if you are unable to do so?**

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# TODAY'S HEALTHCARE CHOICES

Years ago, we didn't have the choices in medical care that we have today. Seriously ill people, old and young, were more likely to die quickly of natural causes than they are today. Now, medical technology can extend the life of seriously ill people for longer periods of time. It can even keep permanently unconscious people alive for many years. This has created choices that just a few years ago wouldn't have seemed possible.

Sometimes, the new technology seems truly miraculous in its ability to restore health to someone who is seriously ill. At other times, it only seems to prolong suffering and the dying process.

# MEDICAL TREATMENTS

There are three kinds of life-prolonging care to consider: cardiopulmonary resuscitation (CPR); artificial provision of nutrition and fluids (tube-feeding); and active treatment to fight disease.

## 1 Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary resuscitation is the act of reviving someone whose heart and/or breathing have stopped. CPR (sometimes called a "code") can include basic and advanced measures.

The basic measures are:

- cardiac compression (repeatedly pressing on the chest to squeeze the heart so that blood begins to circulate again).
- mouth-to-mouth breathing, to push air into the lungs.

The advanced measures are:

- intubation (putting a tube through the mouth or nose into the windpipe) and attaching a machine or device to do artificial breathing;
- defibrillation (powerful electrical shocks to the chest to start the heart beating again);
- strong medications.

The success of CPR depends on the individual's previous health and on how soon the procedure is started. The best results occur in a generally healthy person whose heart stops unexpectedly, and when CPR is started promptly. The chance of restarting the heart is much less likely when it has stopped as the result of many chronic problems.

Prompt CPR can save a person's life and prevent damage to the body's tissue and organs. On the other hand, brain damage is likely if more than about four minutes have lapsed before the procedure is started. Other risks include injuries to the chest and liver as a result of the force applied during chest compression.

Modern hospitals and nursing homes automatically attempt CPR on anyone whose heart and / or breathing stops, unless there is a Do Not Resuscitate - or "DNR" order - on file for the patient. A DNR order (also called a "no-code") can only be written by a doctor with the permission of the patient, his or her health care agent or the family. (Note: A DNR order is not the same as an Advance Directive. If you want to limit CPR, your doctor must write a separate DNR order.)

## 2 Artificial Provision of Nutrition and Fluids

Artificial provision of nutrition and fluids, also called "tube-feeding", is used either temporarily or permanently when patients are unable to swallow. There are three ways to provide artificial nutrition and fluids:

- the nasogastric tube, which is inserted through the nose into the stomach;
- the gastrostomy tube, which is inserted surgically through the stomach walls;
- intravenous tubes, placed into veins in the arms or chest.

Nevada law permits individuals to refuse tube-feeding, just as patients may refuse other medical treatments. However, some doctors are reluctant to withhold or withdraw tube-feeding from an unconscious patient unless the patient has left specific instructions to do so.

Death usually occurs within 2 to 14 days after tube-feeding is withheld or withdrawn. Many people worry that the lack of food and water will mean a painful death. Tube-feeding is most commonly withheld or withdrawn when people are unconscious or on the verge of death. By this stage, most patients have lost the desire for nourishment and the sensation of thirst or pain. As a precaution against discomfort, however, comfort care is routinely provided in the interim before death.

## 3 Active Treatment to Fight Disease

Active treatment to fight disease includes intensive treatment (the kind of high-technology care usually provided in hospitals' intensive care units) and non-intensive treatment.

**Intensive Treatment**

- Ventilators, commonly called respirators, are machines that can breath for a patient if lung function is inadequate. This is done through a tube inserted into the windpipe via the nose or mouth or through a tracheostomy, a hole cut in the windpipe at the front of the neck.

Of the two procedures, passing a tube through the nose or mouth is the least comfortable because it prevents the patient from speaking and eating, and it triggers the gag reflex. The tracheostomy, on the other hand, requires anesthesia and surgery, but eventually allows the patient to take food by mouth and to talk for short periods off the ventilator.

A ventilator is particularly helpful in getting a patient through a short-term crisis. It also has risks and can cause complications.

- Kidney dialysis involves the use of a machine to clean the blood when the kidneys no longer function properly. Dialysis takes several hours several times a week, and can be quite uncomfortable.

Dialysis can be used on a temporary basis while a patient recovers from an acute illness or awaits a kidney transplant, or on a permanent basis in the case of more serious kidney problems. Complete kidney failure is a common part of the dying process.

- Invasive monitoring involves the use of intravenous lines (to administer drugs or fluids and to take blood samples) and catheters (to monitor heart and kidney function).
- Electrical pacemakers and other devices can be used to support the failing heart.
- Major surgery can be used to restore function or relieve pain.

**Non-Intensive Treatment**

- Antibiotics (available in pill form or by injection), to treat infections.
- Blood transfusions.
- Chemotherapy (a drug treatment) and radiation (such as X-ray therapy) to fight cancer.

The following is a Statement of Patient Rights with respect to Treatment and a Description of Advance Directives under Nevada State Law.

## QUESTIONS & ANSWERS

**Q: Do I have the right to make decisions about my medical care?**

**A:** Yes. NRS 449.680 provides that a patient retains the right to make decisions regarding the use of life-sustaining treatment, so long as he is able to do so. NRS 449.720 provides that a patient has a right to refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.

**Q: Do I have to write an Advance Directive under the law?**

**A:** No. It is entirely up to you.

**Q: Can I change my mind after I write a Declaration or Health Care Power of Attorney?**

**A:** Yes. You may change or cancel these documents at any time, in accordance with State law. Any change or cancellation should be written, signed and dated in accordance with State law, and copies should be given to your family doctor, or to others to whom you may have given copies of the original.

If you wish to cancel an Advance Directive while you are in the hospital, you should notify your doctor, your family, and others who may need to know.

Even without a change in writing, your wishes stated in person directly to your doctor generally carry more weight than a Living Will or Durable Power of Attorney, as long as you can decide for yourself and can communicate your wishes. But be sure to state your wishes clearly and be sure that they are understood.

**Q: If I am in a terminal condition (I am dying and there is no hope for a cure) and I am no longer able to make decisions regarding administration of life sustaining treatment and have no Advance Directive, can life sustaining treatment be withheld or withdrawn?**

**A:** Yes. If your spouse, an adult child or if more than one child, a majority of the adult children who are reasonably available for consultation, your parents, an adult brother or sister or, if there is more than one sibling (brother or sister) a majority of the adult siblings who are reasonably available for consultation, or the nearest other adult relative by blood or adoption who is reasonably available for consultation, in that order of priority, may in good faith and for your best interest, consent in writing attested by two witnesses to the withholding or withdrawal of treatment.

**Q: Who decides whether I am unable to make a decision regarding treatment?**

**A:** Your attending physician.

**Q: May I make an oral Advance Directive?**

**A:** No. An Advance Directive must be a formal writing and must be signed by two witnesses. However, you may orally revoke an existing Advance Directive.

**Q: Do I have a right to refuse treatment?**

**A:** NRS.720 provides that you have the right to refuse treatment if you are able to make that decision and to be informed of the consequences of that refusal. A qualified patient may also forego life sustaining treatment if he is able to do so. Sometimes a patient is so ill that he cannot refuse treatment. Therefore, it is very important to have an Advance Directive if you wish to refuse life sustaining treatment during a terminal illness.

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**Q: What is an Advance Directive?**

**A:** An Advance Directive is a written statement, which you complete in advance of serious illness, about how you want medical decisions made. The two most common forms of Advance Directive are:

- a "Living Will", or "Declaration"; and
- a "Durable Power of Attorney for Health Care."

An Advance Directive allows you to state your choices for health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. In short, an Advance Directive can enable you to make decisions about your future medical treatment. You can say "yes" to treatment you want, or say "no" to treatment you don't want.

**Q: What is a Living Will or Declaration?**

**A:** A Living Will or Declaration generally states the kind of medical care you want (or do not want) if you become unable to make your own decision. It is called a "living will" because it takes effect while you are still living. The Nevada legislature has used the word "Declaration" as its preferred type of Advanced Directive. Nevada's form of Declarations are found in NRS 449.535 et seq.

**Q: What is a Durable Power of Attorney for Health Care?**

**A:** A "Durable Power of Attorney for Health Care" is a signed, dated, and witnessed paper naming another person, such as a husband, wife, daughter, son, or close friend as your "agent" or "proxy" to make medical decisions for you if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid, such as surgery or artificial feeding. The statutes regarding a Durable Power of Attorney for Health Care are found in NRS 449.800 et seq.

**Q: Is it advisable to have a combined directive (Declaration and Durable Power of Attorney for Health Care in one document)?**

**A:** Nevada law does not specifically provide for a combined directive nor does it prohibit one. If possible, you should have a Declaration and a Durable Power of Attorney for Health Care Decisions, either combined or separately, so that your desires have the strongest basis for legal enforcement.

**Q: Is it advisable to discuss my Advance Directive with my health care provider?**

**A:** Yes. Unless your wishes are known by those involved in your health care, your wishes can not be honored. It is advisable to provide a copy of the Advance Directive to your health care provider.

**Q: Should I discuss my plan to execute or not execute an Advance Directive with my lawyer?**

**A:** Yes. Your lawyer can explain the function and advisability of having an Advance Directive to you.

**Q: Should I discuss my Advance Directive with my family or loved one?**

**A:** Yes. It is advisable that those dear to you be aware of your wishes and where your original Advance Directive is so that your wishes can be carried out.

**Q: Must an institution where I am being cared for ascertain whether I have executed an Advance Directive?**

**A:** Yes. Federal law requires that the provider or organization must "document" in the individual's medical record whether or not the individual has executed an Advance Directive.

You should not wait until you are old or facing serious illness to think about these issues. Thinking about them while you are in good health gives you and your loved ones the opportunity to prepare for the sort of medical crisis that could happen to anyone at any time.

This information has been provided by the
State of Nevada Department of Human Resources,
Welfare Division – Nevada Medicaid,
as prepared by the Nevada Attorney General's Office.

For a copy of Advance Directive documents
or more information, please talk with your physician
or Carson-Tahoe Hospital's Ombudsman
at (775) 445-8000

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