

Informing the Web of Care: Advanced Directives

Extending last week's theme I want to highlight the importance of one or two individuals in our web of care, those are our **health care proxies**. While our community places value on autonomy and independence, there will likely come a time when we become unable to exercise our ability to make our preferences known. In the commonwealth of Massachusetts we can prepare what is known as an advanced directive, indicating what care we would want in times of acute illness or at end of life. This topic is broader than this page can adequately discuss. I am happy to take time at home-visits or by appointment to discuss it further. There is much information on the internet (of course), from which I have excerpted some teaching which I would be happy to forward along. (rolmsted@lathrop.kendal.org)

Here are some basics to consider:

- The health care proxy (HCP) is a legally witnessed determination, empowering a primary and secondary individual to make a medical treatment decision for you, when you are unable.
- This document should be held by the proxy, with copies on hand in your home, with your primary physician and perhaps your lawyer.
- It can be revoked by you at any time.
- If you are married, your spouse is your defacto proxy, unless you choose otherwise. (I suggest you discuss that thoroughly...)
- Most importantly it requires that you speak frankly with your proxies so that your treatment preferences are known. While you can't anticipate each situation the proxy's role is to try to make the decision they think you would make.

Massachusetts does not legally recognize a **living will**, but if you have identified a HCP, living will instructions are recognized as evidence of your wishes. Similarly, Massachusetts has established laws allowing you to grant an appointed individual the authority to manage your legal and financial affairs. This is the **Durable Power of Attorney**. I won't discuss this more today but urge you to speak to your attorney to make this an important part of your estate planning.

Lastly, should we find ourselves facing serious illness and wish to determine what care we receive in emergency situations there is the **MOLST form** to consider (**M**assachusetts **O**rders of **L**ife **S**ustaining **T**reatment). This is not technically an advanced directive, but a medical order signed by a physician after discussion with you. It includes specific orders to withhold emergency or invasive procedures including cardiac resuscitation, mechanical ventilation and artificial hydration. This bright pink document is posted in your home and notifies EMS of your wishes, as they are otherwise obligated to intervene before your HCP might be able to become involved. Should you determine that **DNR** status (**Do Not Resuscitate**) is appropriate for you it is important that key members of your Care Web be made aware. This would include Wellness and security staff of Lathrop who may be called to assist in emergency situations.

I hope we can see our web as a means of supporting our independence, and empowering us to determine how we will live, as we walk in the center of the path and as we veer into the rough edges of need. As always I am happy to discuss these challenging but important considerations further.