



Advance Healthcare Directives: Legal and Financial Planning

AN EXPERT GUIDE

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Summary

Estate planning is the strategic management of a person's assets to ensure they are distributed according to their wishes, both during their lifetime and after their death. This includes deciding how assets will be passed on to heirs, loved ones, and/or charities. Estate planning also encompasses:

1. Planning for potential incapacity.
2. Reducing uncertainties in the administration of a probate.
3. Maximizing the value of the estate by minimizing taxes and other expenses.

The ultimate goal of estate planning is not set in stone, but rather a flexible concept that can be shaped by the goals of the estate owner. It can be as simple or complex as the owner desires.

Estate planning includes a variety of tasks and legal mechanisms such as preparing a will, establishing trusts, specifying beneficiary designations, and setting up powers of attorney, including durable financial and medical powers of attorney.

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Introduction

Advance healthcare directives are legal documents that allow individuals to provide instructions about their medical care preferences in the event they are unable to communicate their wishes due to incapacity.

The two most common advance directives are living wills and durable powers of attorney for healthcare. Advance healthcare directives can minimize confusion and potential disputes among family members while guiding healthcare professionals in delivering care that respects the individual's choices.

Key Considerations

Drafting advance healthcare directives as part of a will and durable powers of attorney is an essential step in safeguarding healthcare wishes. By considering personal values, selecting a trusted healthcare agent, and clearly communicating wishes, people can ensure their medical care will reflect their desires even if they are unable to voice them.

PERSONAL VALUES AND PREFERENCES

Medical Preferences: It is important for individuals to think through their values and beliefs about healthcare, especially in life-threatening situations. Questions to consider include: How do you define quality of life? What is your stance on life-sustaining treatments? When would you prefer palliative care over aggressive treatment?

Religious and Cultural Considerations: Beliefs influenced by religion and culture may shape decisions about medical care, especially near end of life. These beliefs could impact decisions about life support, pain management, and specific medical treatments.

End-of-life Preferences: Considerations include whether to pursue life-extending treatments, elect for a natural death without extended interventions, or prioritize comfort over life extension. It is important to know that choosing not to have

aggressive medical treatment is different from refusing all medical care. A person can still get treatments such as antibiotics, food, pain medicines, or other treatments.

SELECTING A HEALTHCARE AGENT

Selecting the Right Person: The healthcare agent, also known as the healthcare proxy, will make medical decisions on behalf of the individual if they become incapacitated. Trust is critical, as they will be responsible for potentially life-altering decisions. This person should be someone who understands the person's wishes and can advocate for them under stressful situations.

Scope of Authority: When drafting a durable power of attorney for healthcare, it is important to outline the scope of the healthcare agent's authority. Should their decision-making power be extensive or limited? The conditions in which their authority comes into effect should also be outlined.

Communication: Honest communication with the chosen healthcare agent is important. They should be fully aware of the individual's wishes, preferences, and any specific instructions laid out in the directive.

FAMILY COMMUNICATION

Avoiding Conflict: Family members may have different opinions about what is in the best interest of the individual, especially near the end of life. By communicating wishes ahead of time, misunderstandings and conflicts can be prevented. These conversations can be difficult, but they ensure that the family understands and will respect the healthcare preferences outlined by the individual.

Reviewing and Updating Directives: Advance healthcare directives should be reviewed periodically to ensure they reflect any changes in medical conditions, family dynamics, or personal preferences.

Common Scenarios

LIFE SUSTAINING DECISIONS

Artificial Nutrition and Hydration: Some people prefer to decline artificial feeding and hydration if they are in a vegetative state or terminally ill. This decision can be included in a will to ensure that the preferences are respected.

Mechanical Ventilation: In the event of respiratory failure, mechanical ventilation may be required to sustain life. The directive should specify under what circumstances, if any, the individual would want to be placed on a ventilator and how long they want to remain on life support if recovery does not seem likely.

PALLIATIVE CARE AND PAIN MANAGEMENT

Comfort vs. Life Extending Care: Some people may decide to prioritize comfort over prolonging care when faced with a terminal condition. It is important to specify a preference for comfort-focused care or aggressive treatment aimed at extending life.

Pain Management: People may also specify their preferences regarding pain management, even if it could potentially shorten their life. These decisions can reflect pain tolerance and desire for comfort over other outcomes.

END OF LIFE CARE AND HOSPICE

Do-Not-Resuscitate Order (DNR): A DNR order can be included in the directive to instruct medical personnel not to attempt resuscitation (CPR) if the individual's heart stops or if they stop breathing. Including this in a directive can prevent unwanted medical interventions in critical moments.

Do-Not-Intubate Order (DNI): Similar to a DNR, a DNI order specifies that the individual does not wish to be intubated in the event of respiratory failure or other

conditions that require mechanical ventilation. This order allows individuals to decline invasive measures while still potentially receiving other forms of care.

Hospice Care: Hospice care is designed to provide comfort and dignity to those nearing the end of their life. Many advance directives include preferences for hospice care when treatment is no longer effective. Specifying a preference for hospice care can provide clarity and peace of mind for families and healthcare teams.

ORGAN DONATION

Many advance healthcare directives allow individuals to specify their wishes regarding organ donation. This can be an important part of the directive, ensuring the individuals intentions to help others are honored.

Additional Resources

At LifeWorx, we are committed to supporting you through every stage of planning for future healthcare needs. We offer a range of resources to help you understand options for long-term care and ensure peace of mind. Here are some additional topics that may be helpful:

- [Long-Term Care Insurance White Papers](#)
- [Guides](#)
- [FAQ](#)