What is Advance Care Planning?

“...a continuum of care planning focused on preparing patients and surrogates for communication and medical decision-making...”

Hickman et al, 2023
A decade of policy work to improve our laws

Advance Directive

- Advance Directive Components:
  - Name 1 or more health care representatives (HCRs)
  - State specific health care decisions and/or treatment preferences, including preferences for life-prolonging procedures or palliative care
  - No official or mandatory form or language for the AD
Signing a new Advance Directive

• Sign before
• Notary OR
• Two witnesses

• One witness can be a spouse or relative

Indiana Declarations – Mandatory Language

**Indiana Living Will Declaration**

If at any time my attending physician certifies or determines that: (1) I have an incurable, terminal illness or ailment which will occur within a short time, and the use of life prolonging procedures would serve only to artificially prolong my life, and (2) that such procedures are with my full understanding, I direct that such procedures be withdrawn. I do not desire to be permitted to discontinue or withdraw for any reason or provision of any medical procedures or medications which will provide me with comfort care or relief from pain, and, in addition, I instruct that the provision of any medical procedures or medications be limited to the provision of comfort care or relief from pain.

**Indiana Life-Prolonging Procedures Declaration**

I, being of sound mind, have voluntarily made this declaration in my desire that if at any time, I am in a terminal illness, I request that use of life-prolonging procedures be discontinued. This includes any procedures, treatments, or medical intervention, and the withdrawal of all other medical procedures necessary to prolong my life, to provide comfort care only. In the absence of my ability to give direct or written expression, I hereby declare that the declaration be honored by my family and physician as the final expression of my right to request medical or surgical treatment and accept the consequences of the request.

I understand the full importance of this declaration.
Proxy Decision-Makers

Proxy = person who can consent to health care on behalf of an individual who does NOT have a legally appointed health care representative

Proxies in order of priority

- Spouse
  - if no child
- Parent
  - if no sibling
- Grandparent (or majority if disagree)
  - if no grandchild
- Nearest other adult relative
- Adult child (or majority if disagree)
  - if no parent
- Adult sibling (or majority if disagree)
  - if no grandparent
- Adult grandchild (or majority is disagree)
  - if no relatives
- Nearest other adult relative

- Regular contact
- Knows patient
- Familiar with patient’s activities, health, & religious or moral beliefs
- Adult friend if no relatives

When the resident is incapacitated or incompetent....

Legally Appointed Health Care Representative

- Consent to health care
- Receive and access patient's medical records
- Authorize an autopsy
- Complete anatomical gifts (i.e. organ donation)
- Authorize burial or cremation after patient’s death
- Consent to mental health treatment if patient loses decisional capacity
- Apply for public benefits (e.g., Medicaid/CHOICE); access patient's financial records and assets to prepare applications.

Proxy Decision-Makers

- Consent to health care
HCR and Proxy Responsibilities

- Be “reasonably available”
  - able to be contacted without undue effort; and
  - willing and able to act in a timely manner considering the urgency of that individual's health care needs or health decisions.

- Provides informed consent to healthcare treatment on behalf of the patient if the patient loses decision-making capacity.

HCR and Proxy Standards of Conduct

- If the patient is unable to independently make healthcare decisions:
  - HCR must always act in good faith
  - Make health care decisions believes the patient would make
  - Decisions must closely align with the patient’s express or implied intentions (if known) or in best interest
  - Attempt to comply with instructions, desires, preferences stated by patient, or POST signed by patient
Best Interest

• Promotion of the individual’s welfare, based on consideration of material factors, including relief of suffering, preservation or restoration of function, and quality of life.

Where can we find new AD forms?

• Great question!
  • There is no official form
  • Indiana Department of Health only required to post links to forms that meet state requirements
  • HCR form easily updated, may post
  • Indiana Department of Homeland Security controls OHDNR but it has not been updated

• Indiana Patient Preferences Coalition Model Form Project
OOHDNR order form

• Advanced practice registered nurses (APRNs) and Physician Assistant’s may sign OHDNR

• Remote signing option if unable to physically be in same room

• Proxy may sign if no Legally Appointed Representative (NEW!)
### Physician Orders for Scope of Treatment

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Birth Date (mm/dd/yyyy)</td>
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<tr>
<td>Medical Record Number</td>
<td></td>
</tr>
<tr>
<td>Date Prepared (mm/dd/yyyy)</td>
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</tbody>
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**Decision of Patient's Preferences:** The following sections (A through D) are the patient's current preferences for scope of treatment.

**A. Cardiopulmonary Resuscitation (CPR):**
- Patient has a pulse AND is not breathing
- Do Not Attempt CPR
- Do Not Attempt CPR with Defibrillator

**B. Extended Life-Sustaining Therapies:**
- Resident in hospice
- Do not wish to be artificially resuscitated

**C. Antibiotics:**
- Use antibiotics only if absolutely necessary
- Do not use antibiotics without treatment goals

**D. Intensive Nutrition:**
- Always offer food and fluid by mouth if possible
- Nutrition support measures
- Defined period of artificial nutrition by tube
- Length of tube

**Optional Additional Orders:**
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### Preparing POST

- **Form can be prepared by a physician or his/her designee (e.g., nurse, social worker, chaplain).**
- **Should not be filled out by attorneys, patients, or family members!**
- **Requires signature of patient, legal representative, or proxy (NEW!)**
- **Requires treating physician/APRN/PA signature to execute.**
- **Responsible for the orders and confirming decisions are reasonable, medically appropriate.**
Discussion

Thank you!

www.indianapost.org
www.INadvancedirectives.org

Questions? Contact me at Hickman@iu.edu