



# Elder Life Matters

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Dear Friend:


Each day, families and health care providers across the United States are faced with end of life decisions. Every adult with capacity may accept or refuse recommended measures as part of his/her right to self-determination. However, these private concerns frequently are not conveyed properly, suddenly a medical crisis occurs and appropriate documentation to support a person's wishes does not exist. Nearly two thirds of Americans have no living will.

Terri Schiavo's plight is a recent illustration of what tragedies can ensue without accessible written instructions on treatment. The best way to ensure that your wishes are followed is to create a living will and appoint someone you trust as the legal authority to make medical decisions if you are unable. Elder Life Management assists families each day as they make decisions about elder health care. This newsletter supplies you with the tools you need to ensure your wishes are documented properly, and suggests that additional consultation may be advisable. Furthermore, we recommend that you also consider including your family, physician, clergy and/or attorney in this process. Only by being educated consumers can we better prepare and plan for our future.

Judith S. Parnes, LCSW, CMC  
Executive Director

## Who Will Speak for Me?

### ADVANCE MEDICAL DIRECTIVE AND MEDICAL POWER OF ATTORNEY



There are two important concepts regarding treatment decisions: "WHAT kind of medical treatment do I want?" and "WHO can or will ensure that my wishes are respected?" The Advance Medical Directive records the "WHAT" component, and the Medical Power of Attorney addresses the "WHO" query.

**ADVANCE MEDICAL DIRECTIVE (AMD)** is a document executed while an individual is able to make health care decisions. It is designed to record specific preferences in regard to medical treatment. Both the New Jersey and the U.S. Supreme Courts have emphasized the importance of placing medical treatment

preferences in writing, with Advance Medical Directives being seen as "the best evidence" of a patient's medical treatment wishes.

An AMD (sample on page 3) sets specific directions regarding medical treatments, including the right to **request** or **refuse** treatment. When specifically detailing medical intervention, it is very important to understand key terms. Examples of specific treatments often identified in an advance medical directive are: cardiac resuscitation, mechanical respiration, artificial feeding and/or fluids. Additional medical interventions are listed at the bottom of page 2.

The difficulty of writing advance medical directives cannot be minimized and requires an understanding of some medical vocabulary.



ELM identifies this information as frequently misunderstood by older adults and their families

### FREQUENTLY INTERCHANGED TERMS

MEDICAL POWER OF ATTORNEY  
 (“Who will speak for me?”)  
 also referred to as:  
 DURABLE POWER OF ATTORNEY  
 FOR HEALTH CARE  
 HEALTH CARE POWER OF ATTORNEY  
 HEALTH CARE PROXY

ADVANCE MEDICAL DIRECTIVE  
 (“What will they do?”)  
 also referred to as:  
 LIVING WILL  
 ADVANCE DIRECTIVE  
 ADVANCE DIRECTIVE DECLARATION  
 MEDICAL DIRECTIVE

People frequently write general statements such as, “no heroic measures.” Such language is difficult to translate into specific medical instructions.

A **MEDICAL POWER OF ATTORNEY** is a document designed to enable an individual to appoint a specific person to act as his/her agent. The appointed agent will make medical decisions if the individual is no longer capable of making his/her wishes known. Just as a Durable Power of Attorney allows an agent to manage financial affairs in the event of a disability, the Medical Power of Attorney allows an agent to manage the medical plan of care in the event of a future disability.

The Medical Power of Attorney, although similar to an Advance Medical Directive in dealing with the general concept of future health care decisions, offers certain **advantages** by specifically appointing a substitute decision-maker (“agent”). Instead of trying to anticipate what possible medical interventions may be necessary (as in an advance medical directive,) a person can rely on this agent to carry out his/her wishes based on the specific medical circumstances at the time, as well as intimate knowledge of the individual’s personal values. Both the New Jersey and

the U.S. Supreme Courts have recognized the role of a “surrogate decision-maker” and it is our position that appointing a decision maker is the most important tool in advance care planning.

Provided for your convenience on page 3 is a “Medical Power of Attorney” form which may be used as well as shared with your family and friends. You may also wish to consider naming a successor (second choice) should the agent named be unable to act on your behalf. Discussion with your family, physician, clergy and/or attorney is suggested.

For purposes of education, ELDER LIFE MATTERS has identified Medical Power of Attorneys (Who will Speak for Me?) and Advance Medical Directives (What will they do?) in separate formats. To ensure dignity and autonomy in future health care decisions, it is strongly recommended the Medical Power of Attorney be executed to assist in guiding the agent in carrying out your wishes.

Easy access to this information is very important, so keep copies filed with valuable papers (not in your safe deposit box) and give a copy of each to your designated agent(s), your family, your doctor, your clergy and your attorney.

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Material presented here is educational. Additional professional consultation is advisable. Please call if you wish to be mailed this free newsletter or if you wish to list your services. (732) 493-8080 or e-mail us: [elmcares@aol.com](mailto:elmcares@aol.com)

**Elder Life Management, Inc.**

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**Kathleen M. Dolphin, LSW, Editor**

### POSSIBLE MEDICAL INTERVENTIONS

cardiac resuscitation	mechanical respiration
artificial feeding/fluids	pain medication
major or minor surgery	kidney dialysis
chemotherapy	invasive diagnostic tests
blood or blood products	antibiotics
simple diagnostic tests	



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## Most Important Tool

**MEDICAL POWER OF ATTORNEY**

I, \_\_\_\_\_ residing at \_\_\_\_\_  
 \_\_\_\_\_, as principal, hereby designate and appoint \_\_\_\_\_, residing at \_\_\_\_\_, as my agent for all matters relating to my health care including, but not limited to, full power to give, refuse or revoke consent to all medical, surgical and hospital care. Specifically, I authorize my agent to order the refusal, discontinuation or withdrawal of all forms of life- sustaining treatment if my agent determines that based upon his/her knowledge of my personal instructions, beliefs and value system I would not want to have such treatment instituted or continued. This power of attorney shall not be affected by any disability of the principal.

Signed, sealed and  
 Delivered in the presence of

\_\_\_\_\_  
 Agent's signature  
 STATE OF NEW JERSEY )  
 ) ss.:  
 COUNTY OF )

\_\_\_\_\_  
 Principal's signature

BE IT REMEMBERED THAT ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me the subscriber, a Notary Public of New Jersey, personally appeared \_\_\_\_\_, who I am satisfied is the person named in and who executed the within Power of Attorney and \_he acknowledged that \_he signed, sealed and delivered said Power of Attorney as his/her voluntary act and deed, for the uses and purposes therein expressed.

\_\_\_\_\_  
 Notary Public

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**If I should be in an irreversible or an incurable physical or mental condition with no reasonable expectation of recovery, I direct that all measures be provided to relieve pain. I further direct:**

Treatment Option	Perform	Withhold/Withdrawn
C.P.R.		
Transfer to hospital for emergency care		
Hospitalization for major surgery		
Antibiotics		
Artificially-provided hydration		
Artificially-provided nutrition		
Dialysis		
Ventilator Care		
Pacemaker		
Other		

\_\_\_\_\_  
 Signature Principal

NOTARY IS NEEDED OR TWO WITNESSESS

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Facility provided copy

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Physician provided copy

\_\_\_\_\_  
 Date

Has Proxy Appointed \_\_\_\_\_

Name \_\_\_\_\_



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**INSIDE: Who Will Speak for Me?**

## **UPCOMING CONTINUING EDUCATION PROGRAMS**

- 4/18:** Diagnostic Assessment Tools for Depression in the Elderly
- 4/21:** Financing the Cost of Long Term Care
- 6/15:** Practical Case Management
- 6/16:** Is Guardianship the Answer?
- 6/27:** Emotional Reactions to the Elderly with Chronic Disability
- 7/13:** The Psychological Aspects of Pain Management

### **ELDER LIFE MANAGEMENT CAN HELP YOU WITH:**

- Consultation and planning
- Management of personal and financial affairs, Power of Attorney, Conservatorship and Guardianship
- Financing the cost of Long Term Care, including applying for government programs
- Counseling services, accepting Medicare assignment
- Alternative living arrangements
- Post-hospital discharge planning
- Coordination of community programs and services

**For More Information Call: (732) 493-8080 or email us at [ELMCARES@aol.com](mailto:ELMCARES@aol.com)**