



Advance Directives

Why do you need an advance directive?

You have a right to be informed and decide for yourself

Adults have the right to control their medical treatment as long as they are mentally able to do so. You can choose which course of treatment you would like from those the doctor offers. You can choose the kind of treatment (aggressive, comfort care, or even none). This right is called *informed consent* and every state recognizes it.

Informed consent means that the doctor or nurse explains the purpose, benefits, risks, and alternatives of the treatment before you decide whether to get it. In most cases, treatment can be given only if you agree to it. Still, this right is not absolute. For example, if you need immediate or emergency care, the doctor may go ahead with treatment even if you can't take in information and agree (consent) to be treated.

It's also generally accepted that a competent (mentally able) adult may refuse medical testing or treatment if they understand the likely outcomes of refusing. This is sometimes called *informed refusal*. A competent adult patient may also ask that such treatment be stopped, even if it means they will die. See our document called *Informed Consent* to learn more. You can read it on our website at www.cancer.org, or call us for a free copy.

Advance directives are for times you can't speak for yourself

Advance health care directives (also called advance directives) are a way for you to give consent for certain situations where you might want or not want treatment. They can also be used to appoint someone to make decisions for you if you can't do so yourself. An advance directive gives you a better chance of having your wishes carried out, even if you can't talk to the doctors about what you want.

An advance directive will not affect the type or quality of your care while you can voice your own decisions. It only comes into play when you can't.

Sometimes, family members make medical decisions for spouses, parents, or adult children who can't speak for themselves. Whether this type of informal arrangement will be accepted most often depends on the doctor and which state you live in. Many US states have passed laws that say which family members (in a listed order of priority) may act on behalf of a person who can't speak for her- or himself. However, if there is disagreement between family members it can complicate and delay decision-making.

Even though others may be able to make health care decisions for you without an advance directive, they can give you more control over those decisions and who makes them. Some types of advance directives contain written directions or guidance about future medical care. Another type of directive lets you choose a *proxy* (a substitute person, also called an *agent* or *surrogate*) to make decisions for you when you can't make them for yourself.

General information about different advance directives, like health care power of attorney, living wills, do-not-resuscitate orders, and other agreements like these will be reviewed here. These documents apply **only to your health care decisions** and do not affect financial or money matters. Because the laws on these documents vary by state, you'll need to find out what your state allows and requires. You can get more information from the sources listed in the "To learn more" section.

What is an advance directive?

An *advance health care directive* or *advance directive* is a kind of legal document that tells the doctor your wishes about your health care.

Advance directives can be general, with very few directions about your care. The directive may just name a substitute person (proxy) to make these decisions for you if you are unable to do so. Or it may include instructions for the chosen proxy.

Advance directives can also be very detailed and clearly outline the different types of life-sustaining treatments you would accept or refuse in certain situations. Some types of advance directives are limited to certain situations, like the living will, organ or tissue donation, or your wishes not to be revived (*resuscitated*) if your heart or breathing stops.

No matter which kind you use, **no one will be able to control your money or other property** based on your advance directive. It may also help to know that you can also change or revoke (take back) these directives at any time.

Types of advance directives

Types of advance directives vary based on state law and individual preferences within the states' legal requirements. The 2 most common types of advance directives are the *living will* and the *durable power of attorney for health care*, which is sometimes called the

health care power of attorney or *health care proxy*. (We give you more details on these 2 types below.)

Advance directives can also include extra instructions about your health care decisions. For instance, they allow you to specify when you do not want to be *resuscitated* or if you want to make organ or tissue donations. (See the “Do Not Resuscitate” orders information below.)

Advance directives usually let you include instructions for other situations, too, such as when you may be unconscious for a short time, or impaired by Alzheimer disease or a similar condition.

If you do not have written advance directives, some states recognize spoken (oral) advance directives as legal. A person may generally make a properly witnessed verbal statement that must then be written by someone else.

If you expect problems with mental illness, you can also outline your health care choices in the event that you become seriously mentally ill and are unable to make health care decisions. This is called a *mental health care directive* or *psychiatric care directive*.

The living will

A *living will* is a document designed to control certain future health care decisions only when a person becomes unable to make decisions and choices on their own. The person must also have a *terminal illness* (the patient cannot be cured) or *permanent unconsciousness* (often called a “persistent vegetative state”). State laws vary, but they usually allow doctors to stop trying to prolong life when these things happen. If a person has hope of recovery, the living will generally does not apply.

The living will describes the type of medical treatment the person would want or would not want in these situations. It can describe under what conditions an attempt to prolong life should be started or stopped. This applies to treatments such as dialysis, tube feedings, or *artificial life support* (such as the use of breathing machines).

The living will is a formal legal document that must be written and signed by the patient. Some state laws include a model form. For most states the model form is optional, but others require that their form be used. Most laws say that the document must be witnessed and notarized. Usually, the witnesses cannot be spouses, potential heirs, doctors caring for the patient, or employees of the patient’s health care facility.

There are many things to think about when writing a living will. These include:

- The use of equipment such as dialysis (kidney) machines or ventilators (breathing machines)
- “Do not resuscitate” orders (instructions **not** to use CPR if breathing or heartbeat stops)

- Whether you would want fluid (usually by IV) and/or nutrition (tube feeding into your stomach) if you couldn't eat or drink
- Whether you would want food and fluids even if you weren't able to make other decisions
- Whether you want treatment for pain, nausea, or other symptoms, even if you aren't able to make other decisions (this may be called "comfort care" or "palliative care".)
- Whether you want to donate your organs or other body tissues after death

It's also important to know that choosing not to have aggressive medical treatment is different from refusing all medical care. A person can still get antibiotics, nutrition, pain medicines, and other treatments. It's just that the goal of treatment becomes comfort rather than cure. You'll want to make it clear exactly what you want and don't want.

You may revoke (end or take back) a living will at any time. It's important to know that a few states automatically void a living will after a certain number of years. Check out your state laws so you know if and, if so, how often you have to renew your living will.

There's no general agreement for recognizing living wills from other states. If you spend time in more than one state, you should create separate living wills, or make sure that your living will meets the requirements of all the states you spend a lot of time in.

A living will is much more limited than a health care power of attorney. Both apply only when you are unable to speak for yourself, but the living will takes effect only if you are terminally ill or permanently unconscious. The living will gives written instructions about certain things that might happen. But it can't possibly cover every health care situation that could come up, and it may not cover your situation when you need it. With most types of living wills, you can't choose an agent or proxy to make decisions for you, and no one is appointed to be sure that your wishes are carried out. That's why you need a health care power of attorney also (discussed later).

Terminal illness

State definitions of terminal illness vary and could make a living will less useful. A *terminal illness* is an irreversible condition (it cannot be cured) that in the near future will result in death or a state of permanent unconsciousness from which you are unlikely to recover. In most states, a terminal illness is legally defined as one in which the patient will die "shortly" whether or not medical treatment is given. Some states require death to be expected within a certain number of hours or days. In those states, life-sustaining treatment could continue, even though the patient is terminally ill and mentally incompetent, until just hours or days before death would be expected. Again, it's important to know the laws in your state so you and your family know what may happen if the time comes to use your living will.

Permanent unconsciousness, vegetative states, and brain death

State definitions related to permanent unconsciousness are more precise, but in some cases are also limiting. A *persistent vegetative state* (PVS) is due to a partial death of the brain from which a person cannot recover. It's different from a coma, because sometimes people wake up from comas. People with PVS can breathe on their own. They also might reflexively move their limbs, follow objects with their eyes, smile, or make sounds.

The diagnosis of persistent vegetative state takes time to make. A person in a persistent vegetative state may survive for years on artificial feeding and other life support, so a few states do not permit life-sustaining treatment to be stopped in these cases.

On the other hand, all states have legally adopted a standard definition of brain death as an "irreversible cessation (stopping) of all functions of the entire brain, including the brain stem." Brain death is when all parts of the brain have stopped working. It's determined by a flat electroencephalogram (EEG) and certain medical signs. For instance, a person with brain death can't breathe on their own. When brain death happens, the person is considered dead, and life support can be stopped.

Durable power of attorney for health care / health care power of attorney

A durable power of attorney for health care is also called a health care power of attorney. It's a legal document in which you name a person to be your proxy (agent) to make all your health care decisions if you become unable to do so.

Your proxy or agent can speak with doctors and other caregivers on your behalf and make decisions according to directions you gave earlier. The person you chose decides which treatments or procedures you do or do not want. If your wishes in a certain situation are not known, your agent will decide based on what he or she thinks you would want. But some states do restrict your agent's ability to carry out some requests. For example, a few states do not allow your agent to stop artificial nutrition (feeding) and hydration (giving fluids).

The person named as your proxy or agent should be someone you trust to carry out your wishes. If needed, this person must be able to do this in a time of great stress, uncertainty, and sadness. Talk to your proxy and be sure that he or she is comfortable in this role. And be sure to discuss your wishes in detail with that person. It's also a good idea to name a back-up person in case your first choice becomes unable or unwilling to act on your behalf. The law does not allow the agent to be a doctor, nurse, or other person providing health care to you at the time you choose them, unless that person is a close relative.

State laws that let you choose a proxy or agent usually require that the request be in writing, signed by the person choosing the proxy (you), and witnessed. In many cases, the proxy also signs the document. Some states have a special form for this.

The Five Wishes[®] and directives like it

Advance directives vary a lot by state, but many states let you include instructions for certain situations, such as when you are unconscious for a short time, or are impaired by Alzheimer disease. For example, the “Five Wishes” form, recognized in 42 states as of 2015, outlines whom you would want to make your health care decisions if you could not, your choice of medical treatment, how you want to be treated, instructions on comfort care, and final expressions or wishes for family and friends.

You can find out more about the Five Wishes online at www.agingwithdignity.org. If you want to use this form for your advance directive, make sure that it’s accepted in your state and that it outlines your exact wishes and choices. If it’s not accepted as a legal advance directive in your state, it can still help you think about these important decisions. A completed form can also serve as a guide for your loved ones. But for legal coverage, you would still need to appoint someone as your agent and/or write a living will.

“Do Not Resuscitate” orders

Resuscitation means an attempt by medical staff to re-start your heart and breathing, such as CPR. In some cases they may also use life-sustaining devices such as breathing machines. (See “What is a life-sustaining medical treatment?” in the section called “Frequently asked questions.”)

In the hospital: A “Do Not Resuscitate” or DNR order means that if you stop breathing or your heart stops, nothing will be done to try to keep you alive. A DNR order allows natural death and is sometimes called an “Allow Natural Death” order. If you are in the hospital, you can ask your doctor to add a DNR order to your medical record. You would only ask for this if you didn’t want the hospital staff to try to revive you if your heart or breathing stopped. Some hospitals require a new DNR order each time you are admitted, so you may have to ask every time you go into the hospital. But remember that this DNR order is only good while you are in the hospital. Outside the hospital, it’s a little more difficult.

Outside the hospital: Some states have an advance directive that’s called a *Do Not Attempt Resuscitation (DNAR)* or special *Do Not Resuscitate (DNR)* order for use outside the hospital. The non-hospital DNR or DNAR is intended for Emergency Medical Service (EMS) teams, who answer 911 calls and are usually required to try to revive and prolong life in every way they can. Even though families expecting a death are advised to call other sources for help when the patient dies, a moment of uncertainty sometimes results in a 911 call. This can mean unwanted measures are used. The non-hospital DNR or DNAR order offers a way for patients to refuse the full resuscitation effort in advance, even if EMS is called. It must be signed by both the patient and the doctor.

Physician Orders for Life-Sustaining Treatment

Physician Orders for Life-Sustaining Treatment (POLST) is not an advance directive, but a set of specific medical orders that a seriously ill person can fill in and ask their doctor to

sign. The POLST is kept with you, and can be used in different health care settings. Emergency personnel – like paramedics, EMTs, and emergency room doctors – must follow these orders. Without a POLST form, emergency care staff are generally required to provide every possible treatment to keep you alive. POLST is available in few states so far. You can find out if your state is included and learn more at www.polst.org.

Pregnancy

If you could become pregnant, you should also very clearly state your decisions in case something happens during pregnancy. Whether the health care provider will honor your decisions at this time depends on the following:

- The risks to both you and the fetus
- How far along you are in the pregnancy
- The policies of the doctors and health care facilities involved

In most cases, if you are in the second or third trimester of pregnancy, your doctors will give all the medical care they think is necessary to keep you and the fetus alive.

Organ and tissue donation

Organ and tissue donation instructions can be included in your advance directive. Many states also provide organ donor cards or add notations to your driver's license.

Advance directive formats

There are many different advance directive formats. Some follow forms outlined in state laws. Others are created by lawyers or even the patients themselves. State law and the courts decide whether these documents are valid. All states and the District of Columbia have laws about advance directives, but the documents may be called different names in different states.

Most states do not require the use of a specific form, but they do have legal requirements about what must be included and how the document is set up. Because the words on a standard form may not be clear and may not reflect your personal wishes, you should review and change the words to clearly state your personal values, priorities, and wishes. You should also know your state's requirements for writing legal advance directives. For example, states define the minimum age required to have a directive. All states also require that at least one adult not related by blood, marriage, or adoption witness your signature and date on the advance directive. Some states require 2 witnesses. You can usually get sample forms for advance directives from your state, your state bar association, or from Caring Connection (part of the National Hospice and Palliative Care Organization). See the "To learn more" section for contact information.

Before you create an advance directive, you will want to talk with your doctor, your loved ones, and at least one person that you want to choose as your proxy or agent (substitute decision-maker). Tell them about your situation, wishes, and fears. You need to talk about your choices with them because they're the ones who will help put your wishes into effect if you are unable to do so.

The Patient Self-Determination Act (PSDA)

The 1990 Patient Self-Determination Act (PSDA) encourages everyone to decide now about the types and extent of medical care they want to accept or refuse if they become unable to make those decisions due to illness. The PSDA requires all health care agencies to recognize the living will and durable power of attorney for health care. The Act applies to hospitals, long-term care facilities, and home health agencies that get Medicare and Medicaid reimbursement. Under the PSDA, health care agencies must ask you whether you have an advance directive. They also must give you information about your rights under state law.

Everyone getting medical care in hospitals or extended care facilities (nursing homes), enrolling in HMOs, and entering into hospice or home care agreements must be given certain information in writing. This must include information on your state's laws about your rights to make decisions about medical care, such as your right to accept or refuse medical or surgical treatment. You are also entitled to receive information about your right to create an advance directive. They may even offer simple advance directive forms for you to use. But it's not a good idea to wait until you are in the hospital to fill out a form. Chances are you won't be feeling well, and you might not be able to complete the form when you are admitted.

Frequently asked questions

What is a terminal condition?

A *terminal condition* or *terminal illness* is an irreversible illness that in the near future will result in death or a state of permanent unconsciousness from which the person is unlikely to recover. Examples of terminal conditions include advanced cancers, multiple organ failures, or massive heart attacks and strokes. But in many states, a terminal illness is defined as one in which the patient will die "shortly" whether or not medical treatment is given. These definitions can complicate or delay the use of a living will.

What is life-sustaining medical treatment?

In most cases *life-sustaining medical treatment* is anything mechanical or artificial that sustains, restores, or substitutes for a vital body function and would prolong the dying process for a terminally ill patient. States have different definitions, so be sure you know what your state says. Life-sustaining medical treatment may include:

- Cardiopulmonary resuscitation (CPR)
- Artificial respiration (includes mouth-to-mouth breathing, manual ventilation, or a ventilator or respirator – a “breathing machine” that pushes air into the lungs)
- Medicines to help with blood pressure and heart function
- Artificial nutrition or hydration (liquid food or fluids given through a tube to the stomach or into a vein)⁺
- Dialysis (a process that does the job the kidneys normally do)
- Certain surgical procedures (such as amputation, feeding tube placement, tumor removal, or organ transplant)

⁺ Nutrition and hydration (food and water) are not usually defined as life-sustaining unless they are given through a feeding tube or intravenous (IV) line. Comfort measures, which are medicines or procedures used to provide comfort or ease pain, are not usually considered life-sustaining. In some states, tube feedings and IV fluids are considered comfort measures.

When should I make an advance directive?

The best time to make an advance directive is before you need one! In other words, before you become too sick to make your own decisions about what medical care you want to get or refuse. Young people as well as older people should think about making an advance directive. Advance directives can be changed or revoked at any time. They should be reviewed and updated if you are diagnosed with a serious illness.

It's very important that your loved ones know that you have written an advance directive and what medical care you want in certain situations. It's not possible to plan for every medical event that could happen in your life. That's why some people write 2 advance directives – a medical power of attorney along with a living will or 5 Wishes form (see “Can I have both a living will and a power of attorney for health care?”). But you can use any kind of advance directive as a starting point to discuss difficult subjects like illness and dying.

Through open talks with your loved ones, you can explain what's important to you and what kind of treatments you do and do not want. This is a good thing to do at any age. It can save your loved ones from a lot of guilt, uncertainty, and conflict in the event that decisions about your health need to be made and you cannot make them. Your loved ones can help make sure that your wishes are followed, but first they must know and understand what you want.

What happens when I have an advance directive?

If you have an advance directive and cannot make your own medical decisions, these decisions will be made for you. They will be based on the types of medical care you have outlined in your advance directive and/or made by the person you chose as your agent or proxy (substitute decision-maker). It's important to make sure that your family, health

care providers, and others who might be contacted know that you have an advance directive and what's in it. They also need to have a copy of your current directive so that it can be used in your medical treatment.

Talk to all of your family about your advance directive. If you have a health care power of attorney, be sure they know who you have named as proxy and back-up proxy, and what you have told them about your wishes. There may be problems if everyone in your family does not know about or does not support the choices you've outlined in your advance directive. Arguments, family conflicts, and emotional objections can sometimes lead doctors and hospitals to the "safest" route of care – aggressive treatment that can prolong death for a long time. This may not be what you would want.

How will my doctor know that I have an advance directive?

If you have any type of advance directive, tell people close to you that you have it and where it's kept. Give copies of your advance directive to your proxy or agent, family members, and friends who would be contacted if you become seriously ill. Talk it over with your doctor, but keep in mind that your doctor's office records are not likely to be available to any hospital or facility where you might be admitted.

Don't keep your advance directive locked up where no one can find it or get to it. It's up to you, your proxy, or a family member to give a copy of your advance directive to your doctor and hospital when it's needed.

Federal law requires that hospitals, nursing homes, and other health care agencies ask at the time of admission whether or not you have an advance directive. If you are unable to answer the question or if your advance directive isn't available, it might not be included in your medical record. If this happens, your advance directive might not be used to guide your care.

Does the doctor have to follow my advance directive?

There are some times that a health care provider may reject a medical decision made by you or your proxy based on your advance directive. For instance:

- When the decision goes against the individual health care provider's conscience
- When the decision is against the health care institution's policy
- If the decision violates accepted health care standards

In such cases, the health care provider or facility must tell you right away. You may be transferred to another facility that will honor your decision.

Will my advance directive be used if I am taken to an emergency room?

Your advance directive is valid in an emergency room only if the health care providers there know about it. In serious emergency situations, it may not be possible for health care workers to know that you have an advance directive before emergency medical care is given. If a family member or friend calls Emergency Medical Services (911) at a time you cannot speak for yourself, your advance directive may not be honored. See the information about the non-hospital DNAR in the section “Types of advance directives,” above. This is another reason why your family needs to know your wishes before such a situation happens.

What happens if I do not have an advance directive?

It’s estimated that about 1 in 4 adults in the United States have advance directives. If you don’t have an advance directive, you could be given medical care that you do not want. If there’s no advance directive, the doctor may ask your family about your treatment. Some state laws require that the spouse (unless legally separated) is asked first, followed by adult children, parents, and adult brothers and sisters. But some states do not have laws that require health care providers to check with family members. And it’s common for family members (especially those who aren’t close to you) to not know what you would want. Family members might also disagree on certain aspects of your care, which may cause delays or lead to you not getting the care you want. For example, it’s unlikely that a close friend or unmarried partner will be consulted without an advance directive naming that person as your proxy.

In some cases, a court may appoint a legal guardian to make health care decisions if you do not have an advance directive. This is why it’s important to express your wishes in a written advance directive ahead of time and discuss your wishes with your doctor, proxy or agent, and those close to you.

Do I need a lawyer to write my advance directive?

A lawyer can be helpful, but most people don’t need one to write your advance directive. Some states have forms you must use, and all states have certain requirements. Sample forms and directives that meet your state’s requirements may be available. For more information on getting a state form for advanced directives, see the “To learn more” section or visit www.caringinfo.org.

Can I have an advance directive in more than one state?

Most states have their own rules about what’s recognized as a valid advance directive. Some states recognize an out-of-state directive if it meets the legal requirements of the state in which you want to use it. If you want to use an advance directive in a state other than that in which you signed it, or if you want to have an advance directive in more than one state, it’s a good idea to check with a lawyer in order to avoid potential problems.

Does having an advance directive affect my life insurance?

No. No one, including health insurance companies, can require you to have or prevent you from having an advance directive. Having an advance directive will not affect any terms of your life insurance.

Does having an advance directive affect my health care?

Having an advance directive does not mean you have given up your right to make any decisions about your care as long as you are able to do so.

Having or not having an advance directive will not affect the quality of your care while you can make your own decisions. Treatment and comfort measures will continue to be offered.

The advance directive is only used when you cannot speak for yourself. At that point, certain cure measures may be withheld if that's what you requested. Any person who is mentally able can change or revoke (take back) his or her advance directive at any time.

Can I have both a living will and a power of attorney for health care?

Yes. You can have a living will and a durable power of attorney for health care at the same time. In most cases, you can also provide extra instructions in another type of advance directive for situations not covered by the living will.

If you have more than one kind of advance directive, be sure that the person you name as your proxy in the power of attorney for health care has copies of your living will and any other advance directive. Your proxy must clearly understand what you want. It's also very important to be sure that these documents don't conflict with each other, so that there will be no confusion about your wishes if you can't speak for yourself.

Some states allow you to have a single, combined advance directive/living will document. But it's important to check your state's requirements to find out what's legally accepted in your state.

Can I change my mind about what's written in my advance directive?

Yes. Once you make an advance directive, you may change or revoke it (take it back) at any time while you are competent to do so. It's recommended that you review your advance directive:

- At every new decade of your life – every 10 years
- You are diagnosed with a serious illness or have a major health change

- You have a decline in an existing health condition, especially if it makes it harder for you to live on your own
- You go through a divorce or other major family change
- You experience the death of a loved one
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You should tell your proxy or agent, family, loved ones, and doctor if you change or cancel your advance directive. Be sure they all have the new advance directive. You and your loved ones should destroy all copies of the old advance directive so there's no confusion on the part of your proxy or your family. Some states require that you notify your doctor in writing when you make changes to your advance directive.

Is my advance directive valid if I'm at home?

Someone who is dying but who is not a patient in a health care facility may face problems in having an advance directive honored in an emergency. Some states have addressed this issue by allowing 911 emergency medical service (EMS) providers to refrain from resuscitating terminally ill patients who are certified as having a "do not resuscitate" order written by a doctor. Some states require that home-bound patients who want their advance directives honored have a special orange DNAR form (see the "Types of advance health care directives" section) or wear a special bracelet labeled "do not resuscitate." This is something that you can ask your local doctor and EMS about.

What is a "do not resuscitate" order?

Do Not Resuscitate, or DNR, is an order written by a doctor telling the health care team taking care of you that CPR is not to be used if your heart or breathing stops. Advance directives often include instructions not to start CPR, but this may be difficult to honor in emergencies if no one knows that you have an advance directive. Be sure that your doctor and nurses know if you do not want CPR each time you are admitted to a hospital or facility.

The in-hospital DNR orders do not help people once they go home. See "'Do Not Resuscitate' orders" in the "Types of advance directives" section for more on this.

What are "end-of-life decisions?"

End-of-life decisions are those decisions you can make about how you wish to be cared for and treated when you are dying. End-of-life decisions can include whether to accept or refuse treatments that might prolong your life. An advance directive is one way to let others know about your decisions based on your values and priorities. Again, it's important that everyone close to you fully understands what you want at this time of your life. Make it as easy as possible for them to carry out your wishes.

What is “euthanasia?”

The word euthanasia comes from a Greek phrase meaning “a gentle and easy death.” Euthanasia is defined as any action or omission that causes death with the purpose of ending suffering due to illness. There are 2 major types of euthanasia: active and passive.

Active euthanasia involves someone other than the patient taking active measures to end a patient’s life, such as personally giving the patient a deadly dose of a drug. Active euthanasia is illegal everywhere in the United States, even if the patient requests it.

Passive euthanasia is defined as stopping life-sustaining treatment, such as breathing machines or feeding tubes. This allows a terminally ill patient to die naturally, without further prolonging death.

What is assisted suicide?

Assisted suicide is different from active or passive euthanasia. Assisted suicide is giving a patient the means to end his or her life, such as by writing a prescription for deadly dose of drugs that the patient may choose to take.

Several states now have laws allowing doctors to write prescriptions for lethal doses of medicine for terminally ill patients who wish to end their lives. Patients in these states must meet many requirements before they can qualify to hasten their deaths. Even then, not all doctors in these states will write such prescriptions even for people who meet all the requirements. Doctors can refuse to prescribe these drugs based on conscience.

All of these states prohibit active euthanasia, which means no one else can administer the lethal dose of medicine. The patient must do that for him or herself.

How to set up an advance directive so that it works when you need it

Learn about advance directives before you start. Know your rights and the laws about advance directives in your state. You may wish to look into one or more of the resources we’ve shared here. Some key steps are:

- Discuss your decisions and wishes with your spouse or partner, family members, close friends, your doctor, and/or your attorney. Telling those close to you about your end-of-life decisions will help ensure that your wishes are carried out.
- Decide what you want, such as a living will, durable power of attorney for health care, and/or other advance health care instructions. Understand the meaning of each and the differences between them.
- Decide who you want as your health care proxy or agent (decision-maker). This is one of the most important decisions you will make. Carefully choose someone you believe will be able to carry out your wishes even if they include DNR or denying

other life-sustaining treatments. Talk with the person to be sure they're OK with doing this for you and that they can understand your wishes.

- If you have a durable power of attorney for health care, give a copy of your advance directive to your health care proxy and ask him or her to keep it in a safe place where it can be found quickly if needed. Give copies to family members who are likely to be nearby, and be sure they know who your proxy is.
- If you want a living will, or if you're writing detailed instructions, be specific about such things as CPR, breathing machines (ventilators or respirators), medicines to make your heart work, kidney dialysis, artificial feeding (tube or intravenous), and certain surgical procedures.
- If you need help writing an advance directive, contact an attorney or one of the resources shared here. Attorneys may know about the laws in your state, but only you can make the decisions about your future care. Most people don't need an attorney to write an advance directive.
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- Have one or more witnesses sign your advance directive (or whatever is required in your state).
- Do not lock your advance directive in a safe-deposit box, home safe, or filing cabinet that only you can open.
- Keep copies of your advance directive in handy, easy-to-find places so that someone else can find it if you are in the hospital and need it. Make sure that those closest to you have a copy and that others know where your advance directive is kept. You may also want to give a copy to your attorney, and be sure your family knows exactly who has it.
- Be sure your advance directive is clearly marked.
- Every once in a while, talk to your health care proxy about your advance directive in order to remind him or her of this important responsibility. If your wishes change, be sure to talk this over with your proxy, your loved ones, and your doctors. If you have a living will, be sure everyone knows where the original is kept.

To learn more

More information from your American Cancer Society

Here is more information you might find helpful. You also can order free copies of our documents from our toll-free number, 1-800-227-2345, or read them on our website, www.cancer.org.

Talking with people about cancer

Talking With Friends and Relatives About Your Cancer (also in Spanish)

Helping Children When a Family Member Has Cancer: Dealing With Diagnosis

Listen With Your Heart (also in Spanish)

Advanced cancer

Advanced Cancer

Nearing the End of Life

Hospice Care (also in Spanish)

Financial Guidance for Cancer Survivors and Their Families: Advanced Illness

Helping Children When a Family Member Has Cancer: Dealing With a Parent's Terminal Illness

Books

Your American Cancer Society also has books that you might find helpful. Call us at 1-800-227-2345 or visit our bookstore online at cancer.org/bookstore to find out about costs or to place an order.

National organizations and websites*

Along with the American Cancer Society, other sources of information and support include:

American Bar Association – Consumer's Tool Kit for Health Care Advance Planning

Website:

www.americanbar.org/groups/law_aging/resources/consumer_s_toolkit_for_health_care_advance_planning.html

Free online tool kit includes worksheets, tips, guides, and resources to help you think and talk about your values, priorities, the meaning of your life, and your quality of life to help you put together the best advance directive for you

Caring Connections, from the National Hospice and Palliative Care Organization (NHPCO)

Toll-free number: 1-800-658-8898 (answers as "End-of-Life Consumer Helpline")

Website: www.caringinfo.org/AdvanceDirectives

Website lists each states' requirements for advance directives and has free downloads of "State-Specific Advance Directives" with forms and instructions for each state

Compassion and Choices

Toll-free number: 1-800-247-7421

Website: www.compassionandchoices.org

Offers worksheets, forms, and help in completing advance directives, and in talking to families, friends, and health care providers about your health care wishes

Aging with Dignity

Toll-free number: 1-888-5WISHES (1-888-594-7437)

Website: www.agingwithdignity.org

To learn about and buy the Five Wishes advance directive, which is available in 26 languages and in Braille

Cancer Legal Resource Center

Toll-free number: 1-866-843-2572 (1-866-THE-CLRC)

Website: www.cancerlegalresourcecenter.org

Offers free and low-cost legal information and referrals to people with cancer. If no one answers the phone, leave a number and message for call back.

National Cancer Institute (NCI)

Toll-free number: 1-800-422-6237 (1-800-4-CANCER)

Website: www.cancer.gov

Has information on advance planning and advance directives

**Inclusion on this list does not imply endorsement by the American Cancer Society.*

No matter who you are, we can help. Contact us anytime, day or night, for cancer-related information and support. Call us at **1-800-227-2345** or visit www.cancer.org.

References

Aging with Dignity. Five Wishes. Accessed at www.agingwithdignity.org/five-wishes.php on May 18, 2015.

American Bar Association Commission on Law and Aging. Myths and Facts about Advance Health Care Directives. Accessed at www.americanbar.org/content/dam/aba/uncategorized/2011/2011_aging_bk_myths_facts_hcad.authcheckdam.pdf on May 21, 2015.

American College of Emergency Physicians. 'Do Not Attempt Resuscitation' Orders in the Out-of-Hospital Setting. Policy Resource and Education Paper. Accessed at www.acep.org/practres.aspx?id=30108 on May 21, 2015.

American Nurses Association. Nursing Care and Do-Not-Resuscitate (DNR) and Allow Natural Death (AND) Decisions – March 2012. Revised position statement. Accessed at <http://nursingworld.org/dnrposition> on May 18, 2015.

Death With Dignity National Center. Death with Dignity Around the US. Accessed at <http://www.deathwithdignity.org/advocates/national> on May 21, 2015.

Levin TT, Li Y, Weiner JS, et al. How do-not-resuscitate orders are utilized in cancer patients: timing relative to death and communication-training implications. *Palliat Support Care*. 2008;6:341-348.

National Cancer Institute. Advance Directives. March 2015. Accessed at <http://www.cancer.gov/about-cancer/managing-care/advance-directives> on May 18, 2015.

National Hospice and Palliative Care Organization. Caring Connections. Advance Directives. Accessed at www.caringinfo.org/i4a/pages/index.cfm?pageid=3284 on May 18, 2015.

Physician Orders for Life-Sustaining Treatment. About the National POLST Paradigm. Accessed at <http://www.polst.org/about-the-national-polst-paradigm/> on May 18, 2015.

Perkins HS. Controlling Death: The False Promise of Advance Directives. *Ann Intern Med*. 2007;147:51-57.

Saraiya B, Bodnar-Deren S, Leventhal E, Leventhal H. End-of-life planning and its relevance for patients' and oncologist' decisions in choosing cancer therapy. *Cancer*. 2008;113(12 Suppl):3540-3547.

Standler RB. Legal Right to Refuse Medical Treatment in the USA. Aug 2012. Accessed at <http://www.rbs2.com/rrmt.pdf> on May 18, 2015.

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