

Health and Human Sciences

AGING WELL

One in a series that focuses on improving outcomes for seniors and their families.

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Advance Directives: Your Voice in End-of-Life Decisions

Janelle Potetz, Becky Walters, Kristen Kirby, Stephanie Woodcox

Talking about and planning for death can be difficult, scary, and sad. Even so, having the conversation about your own death is very important, for many reasons. Often individuals don't know where to start. Confusing terms and forms scare people away from making an end-of-life plan.

A term you'll hear frequently is "advance directives." It refers to a set of clear instructions about your healthcare wishes when you are unable to speak for yourself. Advance directives can include:

- **A living will.** A living will is a written statement of your personal wishes regarding care you receive. It is important to discuss your wishes with your family. A living will needs to be filled out before the individual is unable to make healthcare decisions due to illness/injury. Once you have a living will, it is recommended that a copy be given to your healthcare provider as well as the local hospital system to be scanned into your chart. Some individuals will carry a copy with them, in a wallet, purse, etc. A living will is separate from a "regular" will that defines how personal belongings and finances are distributed.
- **Durable power of attorney (POA) for health care.** This form allows you to list the name of the individual(s) who will be making decisions for you if you are unable to make your own choices. Completing this form requires a conversation to let your POA know your healthcare wishes if you are unable to speak for yourself. A copy of the form should be given to your healthcare provider and local hospital systems. There is also durable power of attorney related to financial decisions. Both you and your POA need copies of that form.

WHY ARE THESE DOCUMENTS IMPORTANT?

A living will/POA is your voice when you are not able to speak for yourself. You should discuss your wishes about end of life choices with your POA and/or close family member. Decisions about having tubes placed to help breathe and/or eat should be specifically discussed. Cardiopulmonary resuscitation (CPR) choices should be reviewed with a healthcare provider. If one wishes not to have CPR performed, then a Do Not Resuscitate (DNR) order/form is completed. It is highly recommended that the DNR be carried on the individual. You should have a choice in how you live your final moments.

Here are more reasons to strongly consider having advance directives, POAs, etc.:

- A living will can help your family understand your wishes.
- End-of-life decisions can be difficult for family members to make. By having a living will, some hard decisions will be made already.
- When deciding who to ask about being your healthcare POA, pick someone you trust, someone who supports the decisions you have made about your care.

Talking about our own end of life and the end of life of close friends/family can be stressful and upsetting. However, when decisions are made in advance, the focus at the end of life can shift to comfort and support. Family members can feel reassured that they are doing what you want to have done.

For further information and resources, in addition to those below, contact a local agency on aging, and/or discuss with a healthcare provider.



RESOURCES

National Institute on Aging, Advance Care and Planning
<https://www.nia.nih.gov/health/publication/advance-care-planning>

Forms can be found on the **Indiana State Department of Health** website: <http://www.in.gov/isdh/25880.htm>.

Purdue Extension article, *HHS-789-W Without a Will in Indiana*
https://mdc.itap.purdue.edu/item.asp?Item_Number=HHS-789-W#.V93etPDx42w

QUICK TIP

A living will is typically thought appropriate only for older individuals, but having a living will at a younger age is important as well.

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