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## **ADVANCE HEALTH CARE DIRECTIVES FREQUENTLY ASKED QUESTIONS**

### **What is an Advance Health Care Directive (AHCD)?**

An AHCD is a way to make your healthcare wishes known if you are unable to speak for yourself or prefer someone else to speak for you. An AHCD can serve one or both of these functions:

Power of Attorney for Healthcare (to appoint an agent)

Instructions for Health Care (to indicate your wishes)

### **Why should I have an AHCD?**

People of all ages may unexpectedly be in a position where they cannot speak for themselves, such as an accident or severe illness. Temporary incapacity may make it impossible for you to make health care decisions for yourself. A clearly written AHCD is a gift to those close to you because it helps reduce some of the burden of decision making and can prevent disagreements at a time when family and friends are already emotionally taxed.

### **What if I already have a Durable Power of Attorney for Health Care (DPAHC) or a “Living Will”?**

In July 2000, California legislation enacted the AHCD, replacing the Durable Power of Attorney for Healthcare and “Living Wills.” However, if you completed a form that was valid before July 1, 2000, it is still valid.

### **What if I already have a Physician’s Orders for Life-Sustaining Treatment (POLST)?**

POLST is not the same form as an AHCD. POLST was a new form introduced in 2009 and it can only be completed by a doctor. A POLST does not replace an AHCD, and it is okay to have both. All adults should have an AHCD, but adults with a serious illness or frailty may also consider a POLST.

### **Why would I need an agent if I give detailed instructions about treatments I want and don’t want?**

You aren’t required to name an agent. However, in the time between when you write your AHCD and when it might be used, there may be medical conditions that occur or treatments suggested you may not have considered. Having an agent allows him or her to participate in discussions with your doctor to make treatment decisions for you based on your wishes and best interests.

### **How do I choose an agent?**

The person you choose will have the legal authority to consent, refuse to consent, or withdraw consent for any medical treatment on your behalf. Consider someone who knows and respects your values, someone whose judgment you trust. The person should be reasonably available, willing to accept this responsibility, and be able to work with your doctor and family members.

This might be a member of your family or a close friend, a religious leader or a trusted health care provider, or even a professional agent. Your attending physician cannot be your agent.

**When does my agent's authority take effect?**

When your primary physician determines you have lost the ability to understand choices, weigh alternatives, and make rational health care decisions, OR, when you specifically ask to have the agent take over the decision making because you do not want to make your own decisions for whatever reason.

**What happens if I regain the ability to make my own decisions?**

You simply start making your own decisions again. Your AHCD is only in effect for as long as you are not able to make your own decisions.

**Are there particular treatments I should specifically mention in my AHCD?**

There are no requirements, but there are two specific kinds of life-sustaining measures you might want to address: artificially provided fluids and nutrition and cardiopulmonary resuscitation (CPR). Being clear about these two treatments can avoid uncertainty, disagreements or confusion about your wishes. Many other types of treatments can also be addressed if you wish.

**What should I do with the AHCD once I've completed it?**

Make copies for all those who are close to you, including the agent(s) you name. Take one to your doctor to discuss and ask that it be included in your medical record. Photocopied forms are just as valid as the original. Be sure to keep a copy for yourself in a visible, easy-to-find location – not locked in a drawer.

**Does the AHCD instruction “do not resuscitate” (do not attempt CPR) apply in an emergency?**

No. If paramedics found you with your heart stopped or not breathing, they will attempt CPR unless you have a visible POLST form at your location, or you are wearing an authentic MedicAlert bracelet or medallion indicating you and a physician have signed a pre-hospital –Do Not Resuscitate – (DNR) form. This is a separate form (not part of the AHCD).

**Can I make changes in my AHCD? What if I change my mind?**

You can revoke your AHCD or your oral instructions at any time. It can be updated, modified in whole or in part, as long as you have capacity. It is a good idea to review your directive on a regular basis. Any changes you make need to be witnessed or notarized, signed and dated. Then send the modified version to your doctor, agent(s), and other contacts, letting them know this is a new version.

**How long is my AHCD valid?**

In general, it lasts indefinitely unless you revoke or amend it in writing.

Compiled from online resources.

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