Advance Directives

What You Need to Know

Advance Directives are documents that help you plan your health care decisions ahead of time. There are a number of different types of advance directives.

Health Care Proxy

A Health Care Proxy is the most important document that exists for making future health care decisions. In the event of illness or accident, if you are unable to communicate in any way such as talking, head nods, blinking, writing/texting, or sign language, your proxy agent(s) will make health care decisions for you. If you are able to communicate in any way, the health professionals will consult with you and not your proxy agent.

Your proxy agent can be anyone over age 18 who is not part of your current health care team. It is usually good to have one primary proxy agent and a secondary proxy agent in the event the primary proxy agent cannot be reached in a timely manner, instead of co-proxy agents.

There is an optional section where you can clearly state your wishes concerning things like artificial nutrition and hydration, organ donation, cardiopulmonary resuscitation, etc. You do not have to state specific wishes and you can leave those decisions up to your health care proxy agent's discretion. It is usually better to think in terms of broad strokes, like, what to you defines a good quality of live versus stating specific wishes to treatments, etc, which can vary greatly and are difficult to predict for the future. It is crucial that you communicate your "quality of life" philosophy to your agent(s).

An attorney is not needed to fill out a health care proxy form. You must have two witnesses to your signature on the Health Care Proxy document. The witnesses must be over age 18 and cannot be your proxy agent or agents, and cannot be part of your current health care team.

The Health Care Proxy form is honored in all 50 U.S. states. You should carry a copy with you when you travel, however, not every state offers health care proxy forms. Some states use the Power of Attorney for Health Care form instead of the Health Care Proxy form.

The information on your Health Care Proxy form should be reviewed annually and updated as needed. Destroy the old copies and send a new copy to the members of your health care team, and to your proxy agent(s). Keep a copy at home on your refrigerator and take one with your when you travel. You can make as many copies of the form as you wish, but you need to have your signature witnessed each time your update your form.

Living Will

A living will differs from the Health Care Proxy form because you do not choose a proxy agent. It is a document where you state your wishes should you be in a "vegetative state from which there is no hope of recovery." It also requires that you have witnesses with the same requirements as for the Health Care Proxy form (listed under Health Care Proxy). It allows you to make decisions about things such as artificial nutrition and hydration, etc, just like the Health Care Proxy form.

This form is optional because the Health Care Proxy form can cover all of the same information.

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Medical Orders for Life Sustaining Treatment (MOLST)

The MOLST is a bright pink form that combines all the other advance directive forms into a single document. The MOLST is used when a person has serious health condition, usually as they are facing the end of their life (six months to one year).

The MOLST is completed by a health care professional to denote the person's wishes for health care now.

The MOLST is approved by the New York State Department of Health, and may include medical orders on CPR/AED, intubation and mechanical ventilators, artificial nutrition and hydration, desire to be hospitalized, and use of antibiotics.

Do Not Resuscitate Form (DNR)

This form denotes that you do not want to be resuscitated by cardiopulmonary resuscitation (CPR) and/or the use of an automatic external defibrillator (AED) if you stop breathing and do not have a pulse.

The Do Not Resuscitate form is completed by your Primary Care Physician (PCP) and is kept in your medical record. It should be reviewed by your PCP every 90 days.

You should have a discussion with your health care team about your wish to sign a Do Not Resuscitate form, and your PCP should discuss the ramifications of making this decision.

Need more information about Advance Care Planning?

New York State Residents
Visit **health.ny.gov** and select *Individuals/Families*, then *Diseases & Conditions, then Alzheimer's Disease and Other Dementia,* then *Advance Care Planning*.

Vermont Residents
Visit **healthvermont.gov** and select *Health Professionals & Systems*, then *Advance Directives*.