

ADVANCED CARE PLANNING

DEFINITIONS AND BENEFITS

It is never too early to plan for dying

Advance Care Plans – Advance Care Plans (ACP) are documents that people prepare before they are critically ill and/or incapacitated that spell out their preferences for medical care in the event they are unable to make decisions or speak on their own behalf. These written wishes serve to direct family members and healthcare providers during difficult, stressful, end-of-life situations. ACP'S include the following:

- **Living Will** – This legal document addresses questions about one's desire for life support or other life-extending medical procedures in the event one is incapacitated and/or at end-of-life. Multiple topics are covered in a typical living will.
- **Durable Power of Attorney for Health Care** – This legal document, also known as a Health Care Proxy or Health Care Power of Attorney, designates a surrogate in the event an individual is no longer able to make clinical decisions for themselves. This individual can be a family member, trusted friend, rabbi/clergyman, or attorney. He/she needs to have a clear understanding of his/her role and must be willing to carry out the requests set forth in the patient's Living Will. If such a person has not been designated, then each state has legal policy for the definition/appointment of a surrogate generally beginning with a spouse, followed by adult children, siblings, etc. There are also state-by-state policies for patients without family or designated friends and for circumstances in which guardianship is appointed on behalf of the patient.
- **Additions** – A complete ACP may include a values history, spiritual beliefs, emotional needs, and some include a post-death planning map.



HOPE FOR EVERY SEASON

HOPE FOR EVERY SEASON

HOSTED BY Dr. Pamela

Hope for Every Season

Finding Hope in Death with Hope

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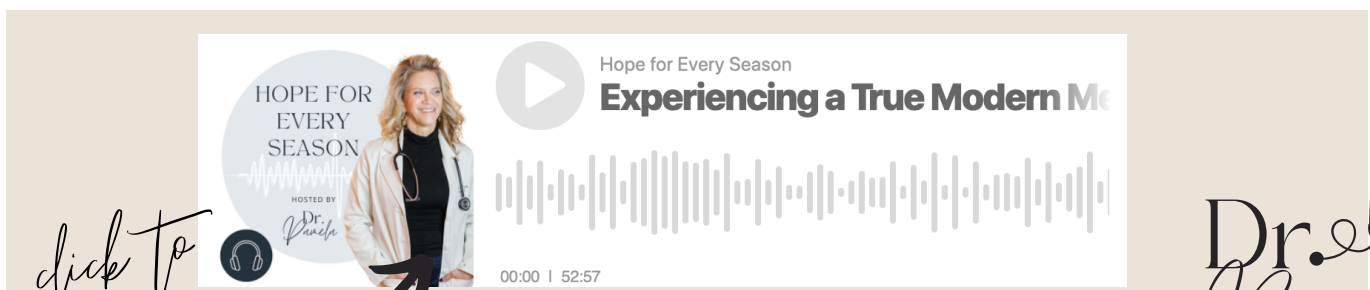
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Benefits of an Advance Care Plan

- Higher rates of completion of advance directives (i.e., Living Will, Healthcare Power of Attorney, Combined Advance Directives)
- Increased likelihood that clinicians and families understand and comply with a patient's wishes
- A reduction in hospitalization at the end of life
- The receipt of less intensive treatments at the end of life
- Increase of hospice services
- Increased likelihood that a patient will die in his or her preferred place
- Higher satisfaction with the quality of care
- Better family preparation on what to expect during the dying process
- Lower risk of stress, anxiety and depression in surviving relatives of deceased persons
- Greater receptivity to end-of-life discussions by patients and families
- Reduced cost of end-of-life care without increasing mortality



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