

# TO YOUR HEALTH

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Happy New Year



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## Health Care Choices

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One day in mid-September several years ago, a 72-year-old retired plumber named Ed had a bad fall on his way to his car in a parking lot after a doctor's appointment. Fortunately, he was able to drive the 30-minutes back home safely without incident, but after arriving, he quickly became unconscious. Gen, his wife of 39 years, called an ambulance. Their son, who happened to be a Paramedic, recognized their address as it came over the emergency radio and met them at the hospital.

The doctors determined that Ed had suffered a massive stroke. Gen was faced with the unbearable decision of whether he should have emergency surgery (that may or may not have been successful) or whether he should be given comfort care in his last remaining hours. Since the damage to his brain from the stroke was so extensive that it may have left him in a vegetative state, Gen chose comfort care and he died peacefully the next day.

For several years after this, Gen doubted whether or not she had made the "right" decision. Their story is intimately familiar to me because they were my parents. During their life together, they had discussed their wishes for treatment with each other in broad terms. They had used the phrase, "I don't want extreme measures to be kept alive". However, even though they had a general guideline of each others' wishes, it was no less excruciating for her to make this life and death decision for him when he could no longer speak for himself.

Ed and Gen's story gets played out with varying circumstances every day. In these times, when medicine can save lives in miraculous ways, we can be faced with ethical dilemmas about the care of our loved ones. That's why it is more important than ever to discuss our wishes in detail with those who will have to speak for us

if or when a time comes when we are no longer able to advocate for ourselves.

Have you chosen a trusted person to advocate and speak for you to make choices for your health care if or when the time comes? And equally important, have you told them in detail what you would want and what would not be acceptable to you if you couldn't make your own choices? Do you have a hard time imagining what you would want for care? You are not alone; this is a challenging subject for all of us to think about.

Fortunately, there are resources that can help. There is an organization called "*Honoring Choices Massachusetts*" that offers clear guidance about health care planning and demystifies the documents that will help us communicate our wishes. On their website, [www.honoringchoicesmass.com](http://www.honoringchoicesmass.com), they have made 5 documents available to help you create a personal plan for the choices that are right for you:

- **Health Care Proxy**
- **Personal Directive or Living Will**
- **Durable Power of Attorney**
- **Medical Orders for Life-Sustaining Treatment (MOLST)**
- **Comfort Care/Do Not Resuscitate Order (CC/DNR)**

### **1. Health Care Proxy**

A copy of your Health Care Proxy is kept in your medical record at the Clinic. If you have a primary care physician outside CWV, you should also give that office a copy to place in your medical record.

### **2. Personal Directive or Living Will**

This document is a place to spell out the individual care you want. Honoring Choices website has a particularly well-thought out version of this document. Another similar tool you may have heard of is called **Five Wishes**.



These documents are not legally binding, but can provide invaluable guidance about your wishes to your Health Care Proxy. Both documents are available in the Clinic

### **3. Durable Power of Attorney**

This is a legally binding document in which you appoint someone you trust to manage your financial, property and business affairs. It is recommended that you ask an attorney to draft this document so it can be tailored specifically to your situation.

### **4. Medical Orders for Life Sustaining Treatment (MOLST)**

This form is a medical order that communicates a patient's preferences for life-sustaining treatment and is intended for adults with serious advancing illness. A health care provider (physician, nurse practitioner or physician's assistant), and a patient (or the patient's advocate) can discuss, complete and sign the form.

### **5. Comfort Care/Do Not Resuscitate Order (CC/DNR)**

This is a medical document that directs medical personnel not to restart your heart beat and breathing if your heart beat and breathing have stopped, but to provide comfort care measures. Competent adults (their Health Care Agents & Guardians) can create a CC/DNR form with a clinician. The newer MOLST form will eventually replace this form but any CC/DNR forms on record are still valid.

In addition to making these documents available and explaining them, Honoring Choices MA has created a Health Care Proxy Tool Kit to offer clear, manageable steps about how to start the conversation with your Health Care Proxy and medical team. Their Personal Directive asks questions that will help you think about and discern what you would or wouldn't want.



Think of this as a gift you can give your loved ones into the future. If Gen had known she was carrying out Ed's wishes instead of having to imagine what he would have wanted, chances are she may have felt more at peace with her decision. It is never easy to make life or death choices for another person, but steps taken now can make those decisions clearer for your loved ones and help you receive the best possible health care that honors your choices.



## **Health Education** **Lecture**

**Wednesday, January 11, 2017**  
**10:30 am – 11:30 am**  
**Center Auditorium**

**Judy Curless, Physical Therapist,**  
**will be here to present:**

**“For Women Only...**

**Bladder Control & Pelvic Health”**

**Join us to learn about ways to help leaky bladders, incontinence, pelvic pain and constipation.**

**For more information regarding pelvic health and the series of classes being held in January, please contact Deb McNiven in Fitness.**