



MEDICAL IN TOUCH

A PUBLICATION OF HOSPICE OF THE VALLEY FOR THE MEDICAL COMMUNITY

WINTER 2012

How do your patients want to be cared for at the end of life?

The best time to plan for that is now—before a crisis.

Advance care planning involves thinking, talking and writing about what medical care your patients would want—or not want—if they are so ill they cannot communicate their wishes.

Planning and recording one’s wishes in advance takes the burden off family members who may not know their loved ones’ wishes if called upon to make decisions.

Healthcare providers may find it helpful to use the advance directive reference guide below in discussions with patients. The guide can be copied and shared. Living will forms can be downloaded for free from Hospice of the Valley’s website: hov.org/health_care_decisions.aspx.

Hospice of the Valley’s Health Care Decisions program staff can answer questions, provide additional information, provide consultations or come speak to your office or group. Call 602.222.2229.

HCD Reference Guide
Tear Here

HEALTH CARE DECISIONS REFERENCE GUIDE

If a patient can make his/her own decisions, the patient should be asked and his/her decisions must be honored.

When you have a medical decision to be made, and your patient cannot tell you what they want, who decides?

According to Arizona law, the order of people authorized to make health care decisions is:

1. Guardian
2. Health Care (Medical) Power of Attorney
3. Surrogate
 - a. The patient’s spouse, unless legally separated
 - b. An adult child of the patient, or a majority of adult children
 - c. A parent of the patient
 - d. The patient’s domestic partner if the patient is unmarried
 - e. A brother or sister of the patient
 - f. A close friend of the patient
 - g. If none of the above can be located, the attending physician, after consulting with an ethics committee. If unavailable, the physician may make these decisions after consulting a second physician.

EXCEPTION:

Only the patient, a guardian, or a medical power of attorney can make the decision to withdraw the artificial administration of food or fluid.

All other medical treatment decisions (including the withdrawal of ventilator, dialysis and other life support measures) can be made by the appropriate decision-maker listed above.



Health Care Decisions is a program of Hospice of the Valley that provides education on advance directives and facilitates the honoring of those decisions by the health care system.

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Questions?
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What is the best way for a health care professional to approach the patient/family?

When broaching difficult decisions (whether or not to do CPR, place a feeding tube, initiate dialysis, etc.), begin by asking what are the **patient's goals**.

To be comfortable? To prolong life with all means available?
Something in between?

Then fit the intervention to the goal. It is easier for a family to focus first on the patient's goals and say, for example, "She would not want her life prolonged when she is this ill," than it is for them to focus first on a specific medical treatment, such as a feeding tube or resuscitation.

How does Arizona law guide families in making decisions?

Arizona law requires that surrogate decision-makers decide what the person would have wanted. (This is using the "substituted judgment" standard.)

They should never base their decision on what they want for the patient. ("I just want mom alive no matter what.")

Knowing that their decision must be based on what the patient wants can ease decision-making and decrease guilt.

Ask your patient's family: "What would he/she want?"



HOSPICE
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Health Care Decisions
offers free staff training, public education,
advance directive forms and consultations.

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