



# Advance Directives

## Frequently Asked Questions (FAQ)

### **Q. What are advance directives?**

**A.** Advance directives are documents that outline what healthcare and treatment decisions should be made if you are unable to communicate these wishes. In Arizona, there are four types of documents that fall under this category:

1. Living Will
2. Health Care Power of Attorney
3. Mental Health Care Power of Attorney
4. Pre-hospital Medical Care Directive – Do Not Resuscitate (DNR)

### **Q. What is a living will?**

**A.** A living will is a document that outlines in writing your wishes regarding medical treatment in the event you are not able to communicate this directly with your healthcare providers. Your living will can also help guide your designated health care power of attorney (if you have elected one).

### **Q. I do not have a mental illness, so why would I need a mental health care power of attorney?**

**A.** A mental health care power of attorney (MPOA) in Arizona will allow your chosen agent to make decisions for you regarding behavioral health placement and mental health treatment if you no longer have capacity to do so due to mental or physical illness. This can occur for reasons outside a mental illness, such as dementia, Alzheimer's disease or even a medication interaction. It is an important document to consider as part of your advance care planning.

### **Q. What can my health care power of attorney (HCPOA) do?**

**A.** Your HCPOA can make medical decisions if you are not able to make them for yourself. The HCPOA can discuss treatment options with your doctor and decide on the course of treatment. Your HCPOA only goes into effect when your physician states that you are incapacitated, or you are unable to speak for yourself. Additionally, you can revoke or change your document at any time prior.

**Q. Who should I choose for my agent/proxy?**

- A.** It is imperative to choose someone you trust (who is over the age of 18), and feel will be comfortable carrying out and communicating your wishes. Another factor to consider is how available this person will be to your healthcare team. It is crucial you have a conversation with the individual you are choosing, before finalizing the documents, so together you can discuss his/her role as your agent, along with your treatment and care choices.

If you have not documented your choice for a healthcare agent, in an emergency the healthcare team will turn to your legal next of kin (AZ Surrogate Decision Maker Law), who may not be the person you would have wanted to represent you. Your closest friend or significant other will not be among your legal next of kin and would not have any say in your care unless they are designated on the legal health care power of attorney document.

**Q. Isn't it better to have more than one healthcare agent/proxy?**

- A.** Experts recommend you name one person to make the decisions and then have an alternate if that person cannot communicate your healthcare decisions. If you name two people, they may disagree, which can make them ineffective advocates for your choices and confuse or slow down the process, making it possible that your decisions are not honored.

**Q. Advance care planning is only for sick or elderly people, right?**

- A.** You cannot predict how and when you will become seriously ill or injured. COVID-19 has been a difficult reminder that young, healthy people can have their health circumstances change in an instant. While your health care and power of attorney choices will likely change over time, you can amend your documents as often as you wish. All people over the age of 18 should complete some advance care planning.

**Q. What if I change my mind?**

- A.** We all experience changes throughout our lifetime. Changes in relationships, where we live and changes in our health status. Consider reviewing and updating your advance care planning documents regularly to be sure they still reflect your wishes. People should use the “5 Ds” to remind us when to review our advance directives: Death, Divorce (or change in relationship status), Decline, Diagnosis and Decade. After updating your documents, destroy all previous copies. Notify your health care power of attorney, family and healthcare team of the changes and provide them with the updated forms. To keep track of who has these documents, you can list who has a copy on the back of your original document.

**Q. Do I need an attorney to complete an advance directive?**

**A.** No, you do not need an attorney to complete your advance directives in Arizona. The forms are available for free on several websites and many resources exist to assist you should you have questions. You can speak with your healthcare team, social service case manager or a member of the clergy in your faith community about completing advance directive. If you are working with an attorney to complete an estate plan, they can also assist you with completing these documents.

**Q. My family knows my wishes, so why do I have to write them down?**

**A.** While thinking about and planning for what you would want when your health status becomes critical can be difficult, documenting these wishes can ensure that your choices are honored if you are not able to communicate them. Putting them in writing provides clear instructions and gives your family peace of mind that they are representing your choices accurately. These documents also minimize the chance that family members will disagree about what choices to make, which can have a future impact on relationships.

**Q. What is a POLST?**

**A.** POLST is a portable medical order that helps people who are seriously ill or frail receive treatments they want and avoid treatments they do not want to receive. POLST is part of advance care planning but is different than an advance directive. POLST is only for people who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty, for whom their health care professional wouldn't be surprised if they died within 1-2 years.

Before the healthcare provider can complete the POLST form, they must have a conversation with the person about their medical condition, what is likely to happen in the future, their goals of care and treatment options they want or don't want. POLST forms tell other providers what care and treatments the person wants. During a medical emergency, if the person can talk, healthcare providers will talk to them about the care they want. POLST forms are used only when the person cannot communicate and need medical care. POLST is always voluntary, and the seriously ill person must sign the POLST form with the healthcare provider for it to be valid. ([azhha.org/Arizona\\_polst](http://azhha.org/Arizona_polst))

**Q. What is a pre-hospital medical care directive (DNR - Do Not Resuscitate)?**

**A.** A pre-hospital medical care directive is a document signed by you and your licensed healthcare provider that informs emergency personnel not to use means to resuscitate you. Sometimes this is called a DNR – Do Not Resuscitate. If you have this form, emergency medical technicians (EMTs), hospital or other

emergency personnel will not use equipment, drugs or devices to restart your heart or breathing, but they will not withhold other medical interventions that are necessary to provide comfort care or to alleviate pain.

**Q. Do advance directives documents need to be notarized?**

- A.** The living will, durable health care power of attorney and durable mental health care power of attorney must be signed by EITHER a witness OR a notary. Please note that the witness must be at least 18 years of age, cannot be family (related by blood, adoption or marriage), cannot be in your will to receive part of your estate, cannot be appointed as your representative and cannot be one of your healthcare providers.