

# Definitions

## Allow Natural Death (AND)

This decision provides care and comfort measures for a terminally ill patient in place of aggressive life prolonging measures.

## Artificial Hydration and Nutrition

This refers to the method of delivering a chemically balanced mix of nutrients and fluids when a patient is not able to eat or drink. The patient may receive fluids through a tube inserted directly into his or her stomach, a tube put through the nose and throat to the stomach, or a needle in a vein.

## Cardiopulmonary Resuscitation (CPR)

CPR is a medical procedure that can include chest compressions, drugs and electric shock in an attempt to restore a heartbeat. It is generally not successful for a terminally ill person.

## Do Not Resuscitate (DNR)

DNR is a medical order to not perform CPR if a patient's heart stops beating and allow natural death.

## Hospice

A program of support for terminally ill patients and their family members. A team of specially trained professionals focus on pain and symptom management, spiritual issues, financial and legal issues, and other needs. Care may be provided at home, in the hospital, nursing home or other settings.

## Medical orders for scope of treatment (MOST)

MOST is a transportable medical order form executed by a patient who has been diagnosed with a terminal condition and the patient's medical provider, and entered in the patient's medical record. This form provides direction to health care providers about the patient's goals and preferences regarding the use of medical interventions, including cardiopulmonary resuscitation and other life-sustaining treatment.

## Think about this...

**You have the right to decide what treatment you do and do not want at end of life.**

**If you do not communicate your wishes and are not able to speak for yourself, then others will make decisions about your care and it may not be what you want.**

**Without an advance directive your health care provider will turn to your family for decisions.**

**Providers will start with your closest relatives which may result in someone you would never select making decisions about your care.**

## LifeCircle South Dakota Contributing Members

- Augustant University
- Avera Health
- Good Samaritan Society
- Nurse Practitioner Association of South Dakota
- Regional Health
- Sanford Health
- South Dakota Association of Healthcare Organizations
- South Dakota Emergency Medical Services
- South Dakota Health Care Association
- South Dakota State Medical Association
- South Dakota State University
- University of South Dakota
- Veterans Affairs

# Advance Directives & Medical Orders



It is easy to talk about sports  
or the weather...  
but have you ever discussed  
end of life care?

## What is an advance directive?

An advance directive is a legal document and mechanism for naming a durable power of attorney for healthcare (healthcare agent) and/or living will (providing treatment wishes).

- A **Durable Power of Attorney for Health Care** appoints someone to speak for you when you are no longer able to direct your care. This could include an illness, accident, or terminal condition. If you improve and are able to speak for yourself, then you resume the ability to direct your care.
- A **Living Will** directs what treatment to provide or withhold when you are terminally ill and death is imminent or if you are permanently unconscious. It only becomes effective when you are no longer able to speak for yourself.

### How do I start making an advance directive?

1. Obtain a form from your healthcare center, attorney or website.
2. Decide who will be your healthcare agent. It does not have to be a family member but should be someone you trust and feel will carry out your wishes.
3. Visit with your medical provider. If you have a progressive illness, ask about which options for care are most realistic for your condition. You will also want to discuss the completion of a MOST form, including hospice care, code status and artificial hydration and nutrition.

**These documents do not have to be completed by an attorney. However, they do need to be signed, witnessed, and possibly, notarized.**

## What is a medical order?

A medical order complements the patient's advance directive by translating the patient's wishes into actionable medical orders. **MOST** is a portable, actionable medical order sheet and **Comfort One** is a Do Not Resuscitate (DNR) order.

**MOST** is only for patients who have a terminal condition as defined by South Dakota law. A MOST is created through relationship and dialogue between you and your medical provider. It involves a discussion on your values, beliefs and goals for care. In order for a MOST to be valid, it must be signed by you and your medical provider. A MOST is voluntary and allows patients to make decisions consistent with the United States Conference of Catholic Bishops Ethical and Religious Directives for Catholic Health Care Services (ERDs).

**Comfort One** in South Dakota provides quick identification of patients who choose not to receive life-prolonging treatment (chest compressions, breathing tubes, shock and so on) by emergency personnel. Patients wear a special bracelet or have a document that states these requests and that the emergency team should only provide comfort measures. The Comfort One form must be signed by your physician, nurse practitioner or physician assistant.

<https://doh.sd.gov/providers/ruralhealth/ems/advanced-directives.aspx>

### Treatment Questions to Consider

Do you want aggressive treatment?  
How long would you want treatment to continue if you were unconscious and not expected to recover?  
When would care and comfort, with an emphasis on pain management, be your choice?  
What gives your life meaning?

When creating your advance directive, think about three possible situations:

- If you have a sudden illness.
- If you have a severe accident.
- If you become terminally ill.

### Checklist

- Write your requests clearly. If needed, use extra space to write about specific treatment you do or do not want (i.e. the use of CPR or breathing machines). You will also be asked about artificial hydration and nutrition.
- Make copies of your documents and share them with your family members, healthcare agent, attorney, medical provider, health care center and anyone else involved with your health care.
- Do not put originals in a safety deposit box or other secure place that cannot be accessed when they are needed.
- Revisit your directives as you age or your health status changes. Your care decisions may change. If you want to make changes, complete a new form and communicate your new wishes to everyone involved with your health care.
- Laws differ from state to state. If you are traveling or moving, you may need to adjust your information.
- Emergency teams (EMS, ambulance crews) cannot honor advance directives unless a Comfort One form or MOST form is in place.