

Life Planning *Myth or Fact?*

Less than 30% of people talk about their wishes for end-of-life care with their loved ones.

Fact. According to a national survey by The Conversation Project, more than 90% of people think it's important to talk about their wishes for end-of-life care; however, less than 30% of people discuss it.

Only people at retirement age need to complete an advance care plan.

Myth. An advance directive is vital for everyone over the age of 18. It is especially important for younger adults to complete an advance care plan because medical technology could keep them alive in a vegetative state following an accident or sudden illness.

Advance care planning refers to a legal document that informs people what to do in the event of a medical emergency.

Myth. Advance care planning is more than a legal document. It is a process and ongoing plan that incorporates an individual's medical conditions, healthcare goals, and hopes for care. Documents completed through advance care planning may include a living will, medical power of attorney, and/or financial power of attorney.

Once advance care planning is completed, people should discuss their wishes with their loved ones, their physician, attorney, and power of attorney (POA).

Fact. Discussing wishes for end-of-life care will provide peace of mind and protection for those who could find themselves making important decisions on behalf of a loved one. Without the conversation, there can be confusion, conflict, and guilt in a situation that's already very stressful. With a plan in place, people can focus on the things that matter. An advance care plan is a gift people can leave their family.

Your completed advance directive documents should be kept in a secure place like a safe deposit box at a bank.

Myth. It is important to discuss your wishes for end-of-life care with your loved ones and be sure they know where to find the documents, which should be kept in an easily accessible location.

You must complete advance care planning documents through a lawyer who must keep them on file in a law office for them to be valid.

Myth. Advance directives do not need to be completed through a lawyer or even notarized in the state of Pennsylvania. Your advance directive becomes legally valid as soon as you sign it in front of witnesses.

Advance care planning documents must be followed immediately by all medical personnel in PA.

Myth. Emergency personnel and first responders cannot follow advance directives, living wills, or medical powers of attorney. They may honor POLST (Pennsylvania Orders for Life Sustaining Treatment) and DNR (do-not-resuscitate) orders. Without those documents, once emergency personnel has been called, they must do what is necessary to stabilize a person for transfer to a hospital. After a physician evaluates the person's condition, advance directives can be implemented.

Advance directives do not expire.

Fact. An advance directive remains valid until you make changes. It is recommended that advance directives be reviewed whenever any of the Five D's occurs: death of a loved one, divorce, every decade, with a new diagnosis, and in the event of a decline in your medical condition. If you complete a new advance directive, the previous version is no longer valid. Advance directives should be reviewed periodically to ensure that they still reflect your current wishes. If you wish to make changes, you should complete a new document.

If I name a health care agent in my Advance Directive, I give up the right to make my own decisions.

Myth. Naming a health care agent does not take away any of your authority. You always have the right, while you are still competent, to override the decision of your agent or revoke the directive.

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