



Care and Choice at the End of Life

Understanding Advance Planning in NY
Compassion & Choices

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Advance Healthcare Planning is a process that involves:

- Ongoing conversations with loved ones and doctors
- Reevaluation of goals and documents following change in health condition

Healthcare Decisions should be based on:

- Personal values and wishes
- What “living well” means for you
- Understanding of diagnosis, prognosis, benefits and burdens to possible treatments and interventions
- Goals of care, based on above three considerations

Basic healthcare planning includes:

- **Who** would make medical decisions for you? This is the healthcare agent(s)– person(s) appointed to make health care decisions for you if you can no longer make decisions for yourself
 - Someone you trust to speak on your behalf and knows your wishes
 - You can appoint one person and then alternates (not a group of people)
 - Does not have to be family member or someone nearby, just someone available if needed
- **What** medical care you would want if you had a sudden, unexpected event in which you did not know yourself or others, and were unlikely to recover?
 - Would you want life prolonging treatment to continue?
 - Would you want life prolonging treatment to stop?
 - How could you help your loved ones make this decision?
- **Reflecting** on religious, cultural or personal values that may influence your decisions
- **Conversations** with your loved ones and doctors about your wishes.
- **Putting your wishes in writing**: find resources at <https://www.compassionandchoices.org/what-we-do/advance-directive/>

What You Will Achieve by Planning Ahead for the Future:

- A better chance that your loved ones and physicians and health care providers will honor your wishes
- A gift of love for those who will need to make decisions for you

For adults in New York State who have life limiting or chronic conditions, they can consider the following:

Out of Hospital Do Not Resuscitate Order for New York State –

people living at home can request this doctor's order and keep it on the refrigerator. This and MOLST is the only way to ensure that EMS will not resuscitate if a person is found in their home in NY state. Speak with your doctor for more information.

Medical Order for Life Sustaining Treatment (MOLST form) –

this is similar to the living will in which people specify what interventions they will or will not want. The MOLST is a doctor's order most often used for people living in health care facilities or people who may die within a year. The MOLST is printed on hot pink paper, kept in the medical record and travels with the patient to different care facilities. Speak with your doctor for more information.

NEW YORK LAWS:

The Family Health Care Decisions Act (FHCDA) - Effective June 1, 2010.

The bill allows for the appointment of a surrogate to make decisions if no legal guardian or health care proxy is appointed, based on a prioritized surrogate list (spouse / domestic partner, adult child, parent, adult sibling, friend, doctor).

Palliative Care Information Act and Palliative Care Access Act - Effective February 9, 2011. Palliative Care is multi-disciplinary care focused on alleviating symptoms, comfort, and quality of life. Hospice is a type of palliative care offered when prognosis is six months or less. The bills require physicians and nurse practitioners to offer terminally-ill patients information and counseling concerning palliative care and end-of-life options, including:

- Prognosis;
- Range of options appropriate to the patient;
- Risks and benefits of various options;
- Patient's "legal rights to comprehensive pain and symptom management at the end of life."
- The information and counseling may be provided orally or in writing.
- Attending physician must find someone to have this conversation, or transfer patient to another physician
- If patient lacks mental capacity, this conversation will happen with their proxy
- Laws apply directly to health care facilities, home care agencies, and assisted living residences, as well as individual practitioners;
- It requires the physician to "facilitate access" to palliative and pain management services, including hospice if appropriate

**Questions? Need help with your advance healthcare planning?
Please call Pamela Edgar, End of Life Care Manager, 646-669-8787**