

15 FACTS TO KNOW ABOUT A COLORADO “DECLARATION AS TO MEDICAL OR SUGICAL TREATMENT”
COMMONLY REFERRED TO AS A LIVING WILL

Advance directives are written instruction for FUTURE medical care/treatment. A Living Will is one of 5 advance directives in Colorado, including a MDPOA, Living Will, CPR Directive, Colorado Disposition of Last Remains and Organ Donation.

A Living Will allows you to document your wishes and preferences so your family and medical professionals have clarification regarding life-prolonging treatments in a worst case scenario. What treatments would you want administered to prolong life and when should they be withheld or withdrawn?

1. WHAT IS THE PURPOSE OF THE LIVING WILL?

A living will gives guidance to family and doctors in deciding about the use of medical treatments for you at the end of life when you are unable to communicate such decisions on your own.

2. WHEN DOES THE LIVING WILL TAKE EFFECT?

A living will is legally valid once it is signed by you and two uninterested witnesses. It comes into effect ONLY when :

a) you are no longer able to make medical decisions AND

b) you have either an

i) irreversible, incurable Terminal Condition or

ii) you have entered into a Persistent Vegetative State (PVS).

3. WHAT INTERVENTIONS DOES IT COVER?

Life-sustaining procedure is any medical procedure or intervention that if administered to a qualified patient, would serve only to prolong the dying process. It includes CPR, certain surgeries, dialysis, intubation/ventilator, blood transfusion. The living will also allows for choices to be made regarding artificial nutrition and hydration (tube feeding).

4. WHEN IS IT NOT TRIGGERED INTO EFFECT?

If you are able to communicate for yourself, emergency personnel will not consider your living will and are required to do what is necessary to stabilize you and transfer you to the nearest hospital. A living will is implemented, if at all, only after a physician has evaluated the situation and underlying conditions. If there is a high probability of saving life and a good chance of recovery, the living will is not considered.

5. WHAT HAPPENS FIRST?

Before a living will is considered, two physicians are to certify in writing that the person is unable to make medical decisions and has either a “terminal condition” or “persistent vegetative state”.

6. WHAT IS CONSIDERED “TERMINAL CONDITION” OR “PERSISTENT VEGETATIVE STATE (PVS)”?

A terminal condition is an incurable or irreversible condition for which the administration of life-sustaining procedures will serve only to postpone the moment of death.

A PVS results from a severe brain injury and generally means the person can no longer think, feel anything, knowingly move, or be aware of being alive. The physicians must agree this

condition will last indefinitely without hope for improvement and they must have monitored the patient long enough to make that decision.

7. WHAT IS THE BENEFIT OF DOING A LIVING WILL?

The decision to continue or discontinue medical interventions is a difficult one for family members. A living will can provide peace of mind for all knowing your wishes will be carried out and your family does not have to guess. Discussing your living will ahead of time can ensure it is used properly, wishes are honored and the family is relieved from uncertainty. It may also help to avoid disagreements and conflict. In the event your health care agents are unavailable, the living will can provide guidance to your medical providers.

8. WHAT IF I CHANGE MY MIND?

Any advance directive can be amended or revoked by YOU at any time so long as you have the capacity to do so.

9. CAN MY HEALTH CARE AGENT UNDER MY MDPOA CHANGE MY LIVING WILL CHOICES?

No, unless you give them express written permission in your MDPOA or Living Will to override your choices.

10. WHY SHOULD YOUNG PEOPLE CARE?

Accidents, injury and illness do not discriminate. In fact the well-known cases arose from experiences of young people involved in a tragic illness or car accident and maintained on life support for extensive periods of time (Karen Ann Quinlan, Nancy Cruzan and Terry Shiavo).

11. DOES A LIVING WILL HAVE TO BE FOLLOWED?

Doctors that refuse to comply with the wishes in a living will are required to transfer the patient to another physician or advance practice nurse who is willing to comply.

12. IS THIS THE “DO NOT TREAT” OR “PULL THE PLUG” DOCUMENT?

The document allows you to communicate what you want as well as what you do not want. You can set goals of care and if the form does not convey all the preferences you wish to address, you may add further instructions to cover other situations you feel strongly about. Regardless of the choices you make, you will always receive comfort care and be kept as pain free as possible, unless you state otherwise.

13. WHAT IS THE DIFFERENCE BETWEEN MY “WILL” OR A “LIVING TRUST” AND A LIVING WILL?

A will or last will and testament, and a living trust are both financial documents allowing you to make decisions on the distribution of your assets and property. A living will allows you to dictate your medical preferences while you are alive if you have lost the ability to do so yourself. Living wills and MDPOA's expire at death or if revoked.

14. IS THE LIVING WILL THE SAME AS A CPR DIRECTIVE?

No. A CPR Directive or “out-of-the-hospital Do Not Resuscitate (DNR) order” is a separate advance directive requiring the patient and their doctor to sign. This instructs emergency personnel NOT to perform CPR if the patient's heart has stopped or they have stopped breathing. Unlike a living will, this document does not require two physicians to certify the patient has a terminal condition or has entered a PVS.

15. ARE MY ADVANCE DIRECTIVES VALID IN OTHER STATES? See Portability article provided in Week 3.