

Advance Directives: Living Wills and Health Care Proxies



The importance of being prepared, no matter the situation, cannot be overstated. Preparedness helps avoid confusion, split-second decision making, and “what if” scenarios. It is especially important to be prepared when it comes to your health and any medical emergencies that may arise. Because you could experience a medical crisis at any age, it’s crucial that you plan for your future health care while you are of sound mind and body – it is the closest you will get to being able to speak for yourself if the time comes when you can no longer make your own decisions.

Fortunately, there are systems in place that allow you to make future decisions now, by creating legal documents, called advance directives, that are written to provide guidance about your medical care in the future. Note that advance directives come directly from you, the patient. They are not medical orders.

That said, before putting anything into writing, talk to your doctor about the types of care that may become necessary in an emergency situation so that you understand what procedures you would or would not want to undergo. While some people may be willing to accept a blood transfusion or dialysis, for example, others may want to specify that they *do not* want those types of procedures performed. A conversation with your doctor can bring to light scenarios you may not have considered or common procedures you did not know existed so that you can make informed decisions about your own care.

There are two advance directives that you can put into place to provide direction and prevent confusion during a medical situation in which you can no longer make decisions for yourself.

Note: These advance directives provide direction *only* in medical events; you will need separate documentation for financial directives.

1. Living Will

A living will is a written document that specifies what types of medical treatment you would and would not desire if a time arises when you cannot speak for yourself. A living will may get as specific as

indicating your desire for pain relievers, antibiotics, IV hydration, and feeding tubes, or it may only state whether you would like CPR or ventilation if your heart stops or you cannot breathe on your own. It may state that you would like comfort care only, or that you would like all measures to be taken to preserve and prolong your life. It may also get into details about organ donation after death. What you include in your living will is up to you.

Often, an individual will state that if they have an incurable and irreversible condition and a physician determines that the condition will result in death then they would like for life-sustaining measures to be withheld.

A living will only comes into play when a patient is unable to make decisions, e.g., if they are in a coma and perpetually unconscious. Two different physicians must determine that the patient cannot make decisions on their own before turning to the living will.

2. Health Care Proxy

Also called a durable power of attorney for health care, a health care proxy is a legal document in which you can designate whom you would like to make health care decisions on your behalf if you are rendered incapable of doing so. This may be a spouse or other family member, but it could also be a trusted friend or a spiritual leader.

Regardless of whom you choose, it should be someone that you know well and who you trust to follow your direction if you can no longer speak for yourself. Your health care proxy should also be comfortable talking to health care workers and advocating for your wishes – someone who struggles to make decisions or might be overwrought by your condition may not be the right choice.

When choosing your health care proxy, have a conversation with the individual you are considering. Make sure that they are okay with the responsibility and understand your wishes. It may be wise to name an alternate as well – in the event that your first choice is not available.

Other Things to Consider:

- **Do not resuscitate (DNR) and do not intubate (DNI) orders:** A DNR states that you do not want health care workers to perform CPR if your heart stops or you stop breathing. A DNI states that you do not want to be given a breathing tube, but you are willing to undergo chest compressions or be given cardiac drugs if your heart stops. You can have a DNR and/or a DNI outside of your living will. A doctor can write these orders at any time and include them in your medical record.
- **Allow natural death (AND) orders:** Unlike a DNR, which states that no attempts should be made to restart the heart or breathing of an individual in cardiac or respiratory arrest, an AND states that there should be no life-sustaining treatments given and that only comfort care should be provided. This means that IV hydration, feeding tubes, and other life-sustaining measures should be withdrawn and only pain management and treatments meant to discontinue suffering should be given at the end of one's life. You can have an AND outside of your advance directives.
- **Physician's Orders for Life-Sustaining Treatment (POLST) or Medical Orders for Life-Sustaining Treatment (MOLST):** These orders are intended for people who have *already been diagnosed with a terminal illness*. They do not replace other advance directives, though they may cover some of the same information. A POLST or MOLST serves as a set of doctor-ordered instructions for other medical facilities to ensure that you receive the



treatment you prefer at the end of your life. If you are hospitalized or in a nursing facility, your POLST or MOLST will stay at your bedside to provide health care workers with direction should your condition change. Basically, these documents reflect what you have discussed with your doctor and what is listed in the advance directives; you do not need to be unable to make medical decisions for a POLST or MOLST to be effective.

When you are ready to write your advance directives, look up the laws in your state about how to do so. Some states only require that your advance directives be witnessed, while others may require notarization. If you are active duty or retired military – or a family member – you have access to [legal personnel on base](#), and they will be able to help you draft your documents at no cost. The American Bar Association also maintains [a directory of legal programs](#) that are available to military families in each state.

Once your paperwork is drafted and in force, make sure that your health care proxy (and their alternate) has copies of all advance directives and give your doctor a copy for your medical records. Additionally, make extra copies so that you can provide your advance directives to health care personnel each time you are admitted to a new medical facility. Talk to your assigned physician if you require a DNR, DNI, or AND.

Keep your advance directives up to date by reviewing them every time you have a life change (e.g., get married or divorced) or obtain a new diagnosis. Because people's views on death may change as they age, it's important to review your advance directives as you get older so that they reflect your current philosophy. You can change your advance directives (and withdraw or enact a DNR/DNI/AND) at any time. Collect and destroy all copies of your old paperwork and provide the entities that require them the new ones.

At Navy Mutual, our Members are our family. We know that sometimes you have to make tough decisions, and we're here to help. If you have recently lost a loved one who had life insurance through us, our [Beneficiary Services team](#) can help you through the process of filing a life insurance claim. If your loved one was a servicemember or veteran, our [Veterans Services team](#) can help you secure any federal benefits to which you may be entitled at no charge. We promise you only have one call to make.