

Advance Health Care Directives in the Real World

Many people wait too long to create advance health directives and designate a health care surrogate, and the results can be tragic. A recent article, by a physician who is also a financial planner, illustrates a not-uncommon situation that nobody wants to find themselves in.

The story begins with a woman suddenly becoming acutely ill and unable to communicate. She's rushed to the emergency room by ambulance, while her partner scrambles to get to the hospital. The patient's condition quickly worsens. By the time her partner arrives, it has been determined that the patient will need to be placed on a ventilator, or she'll die. But her death appears to be inevitable, so this will only prolong her time in a hospital bed.

Who is going to make that decision?

The partner had been designated as the patient's health care surrogate, but in this case, couldn't remember how to find the documentation. The woman, unconscious in the hospital, had been adamant in her conversations about advance directives—which serve as a record of someone's health preferences—that if she had a serious health event that was going to kill her, she wanted to be kept comfortable and have as peaceful a death as possible. Her partner had participated in these meetings, had been named the health care surrogate, and had been involved in drawing up the advance directive.

Unable to find the documentation, the hospital would have had little choice but to put the patient on a ventilator. In this story, over the next few hours the condition worsened, and the doctors determined that the patient had contracted pneumonia that had spread to her bloodstream—causing her kidneys to fail. She could be kept alive, temporarily, with dialysis, but even then her prognosis was grim.

Fortunately, in this story, the financial planner was able to fax over a copy of the patient's advance directive and the documentation establishing the partner as the health care surrogate. Even then, it was a difficult choice for the partner to follow the directives and tell the hospital not to use the ventilator or dialysis treatment. A phone conversation with the financial planner helped give the partner the peace of mind to make the decision that the patient would have wanted, and the patient died peacefully with her family by her side.

Documenting a desired quality of life in the final days is not a medical conversation, so a doctor or health care professional is not required. People can have this conversation with their financial planner, who will contact an attorney to draw up the

paperwork, and who can provide the final documents while allowing the financial planner to keep a copy on file. The challenge is for people to be willing to have this difficult discussion while they're well. The incentive is that a thoughtful, well-documented advance directive conversation can alleviate a lot of the stress of painful decisions during a serious illness.

Sources:

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