the conversation project
in boulder county
a program of TRU | CommunityCare

ADVANCE CARE PLANNING: WHICH DOCUMENTS DO YOU NEED?

Document	Definition	Pros	Cons	Comments
Medical Durable Power of Attorney (MDPOA)	MDPOA form designates healthcare agent assigned by person to make decisions when person lacks capacity, temporarily or permanently.	Healthcare agent has broad range of authority to respond to situation at hand according to person's values.	Most effective if person has shared values with agent. Appointment is only for healthcare decisions.	Most important way for person's wishes to be expressed. Person can replace agent. *Notarizing recommended, not required.*
Proxy decisionmaker for health care	Name given to person chosen from among "interested persons" when patient lacks decisional capacity and has no healthcare agent. Provides consent or refusal for interventions on behalf of person.	If person has not assigned a healthcare agent, process allows surrogate/proxy to be chosen as the one who can best represent the person's wishes/best interest.	Family and friends may disagree, causing significant stress in selection.	Not a form. Less freedom than healthcare agent appointed by person for medical decisions. (Proxy cannot withhold artificial hydration, nutrition in most instances.)
CPR Directive	Form documenting refusal of resuscitation attempts in the event person's heart or breathing stops.	To be honored by all EMS, facilities, hospital personnel. Useful if patient not appropriate for MOST form (i.e. not close to expected end of life).	Does not instruct on level of intervention for other pre-death care: dialysis, transfusions, intubation for trouble breathing, etc.	Order to be honored across settings; only in effect if heart or breathing stops. *Physician signature required.*
Living Will (LW)	Person directs kind/extent of care they do or don't want, including withdrawal of life-sustaining treatments when they lack capacity and in terminal or persistent vegetative state.	Must be honored IF applicable unless healthcare agent is given express authority to override.	Colorado form: Only in effect when patient lacks DMC and in limited situation of terminal condition or persistent vegetative state as determined by two doctors.	Common meaning of "advance directive." State form only useful in very narrow situations; inflexible. (Other LW forms may express more alternatives for wide variety of critical illness situations.)
Medical Orders for Scope of Treatment	Orders (not directives) signed by patient (or legal representative) *and health care provider* to determine treatment wishes near end of life.	Orders are to be fully honored by all providers in all settings in Colorado. "Legal representative" = agent, guardian or proxy.	Intended only for patients with chronic, serious or advanced illness.	Broader scope than CPR directives. Wide range of treatment wishes and choices can be expressed. Based on current health status.

Notes:
Healthcare agent = Agent with MDPOA = MDPOA (for short).
Medical decision-making not allowed by General Power of Attorney or Financial Power of Attorney – must have specific MDPOA.
MOST form in Colorado has different name in different states. General term: Portable Medical Orders or "POLST."
None of these documents require lawyer. Colorado Hospital Assn. booklet has good versions (MDPA, LW, CPR directive) via "Your Right to Make Health Care Decisions."
https://cha.com/wp-content/uploads/2017/03/medicaldecisions_2011-02.pdf
Based on https://coloradocareplanning.org/

Some tools for assessing and sharing "what matters to you" --

Starter Guide from The Conversation Project	Worksheet to facilitate conversations about "what matters most" at present time.	Focus on values, not on procedures that may /may not be useful later and are difficult to evaluate in the abstract.	Not a legal form, but rather guide to help others make decisions. Discussions need to be ongoing.	Helpful to healthcare agent and care team in understanding how to evaluate medical choices in unknowable future situations.
Prepare for Your Care (combined planning document)	Web-based free user-friendly workbook with most important information to help make and convey decisions to providers and loved ones.	Videos to help with decisions, available in several languages. Long but able to do over time, with outline print-out to share with provider.	Must be computer-literate to download or complete online.	Legal in Colorado, as well as all 50 states. Links to state-specific forms; includes LW, values and healthcare agent assignment.
Five Wishes (combined planning document)	Privately produced document including LW, healthcare agent assignment forms and values -- to express preferences for medical treatments, pre & post-death wishes.	Combines most important information in planning: choosing your decision maker and expressing your care choices into one document.	Primarily procedure-based medical wishes; details of care choices less useful than with other forms; document too large for medical records. More recent tools available.	Wishes are intended to be followed; proxies or healthcare agents may override. Legally accepted in some states only. Privately produced document; charge to use.

Some tools for conveying wishes if you develop dementia:

Dementia Directives are a supplement to your standard advance care planning documents. They are designed to address the gradual loss of decision-making ability which typically occurs in dementia, and which may not be specifically addressed in a standard advance care planning document. Dementia Directives are not legally binding, but they can help your care team understand what makes life worth living for you as well as your medical preferences if or when you reach a point when you are no longer living in a way that is acceptable with you.

https://dementia-directive.org (A form for documenting your wishes for mild, moderate or advanced dementia).

https://www.compassionandchoices.org/dementia-values-tool (form from Compassion and Choices)

https://deathjewel.com/resources/dementia/katy-butlers-dementia-directive/ Katy Butler's one-page Dementia Letter to her medical advocate.

https://endoflifewa.org/wp-content/uploads/2023/07/Alzheimers.Dementia.Directive-July-2023.pdf (directive form suggested by Washington State – 12 pages, instructions also available)

https://bpb-us-e1.wpmucdn.com/sites.dartmouth.edu/dist/6/2066/files/2022/11/DDD-V39-11-25-2022-1.pdf Dementia directives from Dartmouth.

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