

Medical Directives and Some Misunderstandings

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Medical directives are documents that give direction in health care decision making in anticipation of the possibility that the patient will be unable to do so in the future due to illness (coma, Alzheimer's, etc.). There are two kinds of medical directives: the Living Will and the Durable Power of Attorney for Health Care. Although states vary in what is permitted in decision making (for example, some states do not allow the withholding of food and water and others do), there are some general things that are true of all. Since medical directives are sometime misrepresented it is important to know the truth. For example, no hospital may require a medical directive for admission. They are required to ask if the patient has one and to offer one if he does not, but federal law specifically forbids coercion in this matter. In spite of the publicity for nearly thirty years (Living Will 1971, Durable Power 1991), many patient's entering the hospital do not have or want a medical directive and decline the offer of one. It is helpful to know the difference between directives. Hospitals are required to provide medical directive forms free for the asking. Pro-life organizations also provide a free medical directive that is compatible with a pro-life position.

A **Living Will** is a document signed by the patient indicating in advanced what the patient wants or does not want done. There are certain conditions under which the Living Will goes into effect such as being terminally ill, about to die, in a coma, etc. The difficulty is knowing what you would want in the future without knowing the exact circumstances. It is not an effective medical directive and is only used by approximately 10 to 15 % of the population.

The **Durable Power of Attorney for Health Care** is a document assigning authority to an person (agent) to make decisions for you if you are unable to do so yourself. The agent is not limited to expressing your wishes, although you would probably select someone who has a view compatible with your own on life support and, perhaps, your faith perspective. The important thing is that the agent is not necessarily bound by your wishes and can act to continue treatment if the situation warrants it or if withdrawing it would be considered by the agent to be morally wrong.

There are varying combinations of medical directives that combine the agent with the Living Will. In such a case, the agent merely speaks the patient's will for the patient as previously directed. But this is not the original intent of the Durable Power. He was not intended to "enforce" the patient's will and the agent cannot be coerced to do so. The advantage in this is that the agent is free to consider the circumstances whereas the enforced Living Will merely acts blind to circumstances.

For Christians, the bottom line is that no one should act in such a way that causes death, but death may be permitted where life is irretrievable. See other issues of Tentatio for guidelines.

A Guide for Families Making Ethical Decisions at Life's End

A family member waiting for word about the condition of a patient may be approached by the physician for input on whether to initiate or continue life support measures. The following guidelines may be helpful in making decisions compatible with the Christian decision-maker's faith:

Always ask to speak with the physician directly if request for a decision is made through a nurse or other staff person.

1. Ask the doctor: **"What is the medical condition of the patient at this time?"**
(You are asking for an objective medical evaluation, not a philosophical opinion, of the patient's condition.)
2. Ask the doctor: **"What is the prognosis?"**
(You are asking whether the patient is expected to recover or not.)
3. Ask the doctor: **"Is the patient dying at this time?"**
(If the patient is not dying it would be morally wrong to aim at causing the death of the patient.)
4. Ask the doctor: **"Is the patient awake?"**
(If so, you will want to be supportive by discussing with the patient his condition and by praying with him for guidance before a decision is made.)
5. Ask the doctor: **"Is the patient in any pain at this time?"**
(You are asking whether pain gives urgency to your decision.)
6. If a decision is needed immediately, **err on the side of life, not death.** If a decision is not needed momentarily, say, "I need time to talk with my family and/or pastor and I will call you within _____ length of time."
(You are saying you need the input of others concerned for the patient.)
7. If the situation allows, leave the hospital and meet with your family and pastor at church in a prayerful environment. This distance from the hospital environment sometimes helps you think more clearly. Tell the nurse you are leaving.