

Advance Care Planning Myths

Advance Directives are only for people who do not want life-sustaining treatment.

- **False.** An Advance Directive can list both what you want or what you do not want.

Advance Directives are only for old people.

- **False.** While more older than younger people may use an Advance Directive, everyone could benefit from having one.
 - It is not possible to know when a life-threatening event may occur (For example: a motor vehicle accident). Therefore, it is important to at least appoint someone (patient advocate) who you would want to make decisions for you.

If I name someone to make decisions for me, I give up my right to make my own decisions.

- **False.** Your Patient Advocate cannot make decisions for you while you are still able to do so. In Michigan, two physicians or one physician and a psychologist must have determined you lack the ability to make your own decisions (decision making capacity).

Advance Directives must be completed by a lawyer and notarized.

- **False.** In Michigan an Advance Directive requires the following:
 - Signature of person completing the form (Patient)
 - Two witnesses to the Patient's signature
 - Patient Advocate(s) signature of acceptance

Advance Directives are legally binding, so the health care team must follow them.

- **False.** Advance Directives are legally recognized documents and health care providers must respect your wishes, unless they consider your wishes to be medically inappropriate. Health providers also have the right to refuse to comply with your wishes if they have an objection of conscience. In that case, they have the obligation to transfer care to another health care provider who will comply with your wishes.

If I am living at home and my Advance Directive states that I do not want CPR, I will not be resuscitated by EMS responders.

- **False.** Your Advance Directive cannot usually be followed in this situation. When 911 is called, EMS must provide all life-sustaining treatment, UNLESS you have an Out-of-Hospital Do-Not-Resuscitate (DNR) order.
- Currently the process for obtaining an Out-of-Hospital Do-Not-Resuscitate (DNR) order in the state of Michigan varies from county to county. Discuss available resources with your physician.

Once I complete an Advance Directive, it is good for the rest of my life.

- **Somewhat true.** Advance Directives do not “expire.” However, it is beneficial to review your Advance Directive periodically as our choices for treatment or who we select for a patient advocate may need to be updated. It is recommended to review your wishes whenever any of the Five D’s occurs:
 - **Death** of a loved one
 - You **Divorce**
 - **Decade** (30, 40, 50 years of age and so on)
 - New **Diagnosis** of a significant illness or injury
 - **Decline** in your medical condition

I should wait until I am positive on what treatments I may want before completing an Advance Directive.

- **False.** It is next to impossible to foresee all possible scenarios in which your wishes may be different.
 - Often completing an Advance Directive is more about choosing someone who would best be able to make the decisions you would want for yourself in various situations, rather than making statements such as “I do not want to be on a breathing machine” or “I do not want to be fed by a tube.”
 - Many times Patient Advocates state they agreed to be a patient advocate, but did not discuss what a patient really wanted. Discussing your values and beliefs on quality of life with your Patient Advocate will help them make decisions in line with your wishes.

I must have an Advance Directive in order for my family to stop treatment that is only prolonging my death.

- **False.** Treatment which is no longer helping improve your health can be stopped without an Advance Directive. When a patient does not have a designated Patient Advocate, physicians will consult with your close family members if you can no longer make your own decisions. The goal is to reach a decision that would meet your wishes and agreed upon by your family members and physicians.
- Having an Advance Directive makes the decision making easier and helps avoid family disagreements.

My doctor is the only one who needs a copy of my Advance Directive.

- **False.** It is important to have your Advance Directive available when needed in an emergency. For this reason, the following people and places are recommended for having a copy of your Advance Directive.
 - Physician
 - Hospital(s) most likely to treat you
 - Each of your Patient Advocates
 - Family members close to you

- Your lawyer
- Keep a copy in your glovebox of your vehicle
- Keep a copy in your home where it can be easily found

If my Advance Directive states that I want a DNR order and I have provided a copy of my Advance Directive to the hospital I am admitted to, my healthcare team will know my wishes and will not initiate CPR if my heart or breathing stops.

- **False.** Each time you are admitted to the hospital you (or your Patient Advocate) must share your wishes verbally to your physician so an order can be written.