Dialed In: Helping Veterans Take Control of Their Health Care
What’s An Advance Directive, and Why Should I Complete One?

Narrator: Hi, and welcome to Dialed In: Helping Veterans Take Control of Their Health Care. I’m Beth Doyle, a Veteran of the U.S. Air Force and an education specialist with the VA National Center for Ethics in Health Care. As a VA patient, you have the right to make your own decisions about your health care. You can accept or refuse any treatment or procedure, no matter what the outcome might be. But what if you’re too ill to decide about your treatment? Who would you want to make those decisions for you? Fortunately, VA has a form you can fill out that covers that situation. It’s called an advance directive. An advance directive tells your doctors, your loved ones and anyone else you care to name what your preferences are for health care, in case you can’t make those decisions for yourself. Lucy Potter is an ethics policy specialist with the National Center for Ethics in Health Care and a licensed social worker who has helped Veterans complete advance directives.

Potter: In the future, if something happens to you and you can’t make decisions for yourself – maybe you’re unconscious or too ill – your doctors can look at your advance directive to help them understand what kind of care you would or wouldn’t want, and also which person you would want to make your health care decisions for you.

Narrator: The VA advance directive has two parts: Durable Power of Attorney for Health Care and Living Will. Lucy Potter describes the durable power of attorney section.

Potter: If a time does come when you can’t make your own health care decisions, you might want your wife or son or best friend, or someone else that you really trust, to make those decisions for you. When you decide who that person is, the first thing to do is have a conversation with them. Make sure they know what kind of care you would want, and make sure they are okay with being your decision maker. Then, you can name them in the section called Durable Power of Attorney for Health Care. That way, when and if the time comes, your doctors will know who to call. Your doctor or social worker may refer to this person as a health care agent, surrogate or proxy.

Narrator: If you don’t choose someone to make health care decisions for you, and a time comes when you can’t make your own, then it’s up to your doctor to name your surrogate decision maker. Your doctor will go by a standard list used in VA and other health care systems. If the person at the top of the list isn’t available, then your doctor will talk with the next person on the list, and so on, until they find someone who can act as your decision maker. So if you do have a specific person in mind to make your health care decisions for you, it’s important that you name them in the Durable Power of Attorney for Health Care.

Potter: For example, if you really want your sister to be the one who makes decisions about your care, be sure to name her in your advance directive. That way, if you are unable to speak for yourself, your doctor will contact your sister when they have questions about your care.
Narrator: Paul Tompkins is a U.S. Air Force Veteran and a program analyst with the National Center for Ethics in Health Care.

Tompkins: You know, I’ve had lots of friends and family members and parishioners from church that I attend who have lost decision-making capacity, and didn’t have a living will or an advance directive filled out, and it created a lot of pain and suffering in the minds of those people who had to make those tough decisions about things that had not been discussed. I think it’s important to identify your health care surrogate and let them know who they are, who you want to do it, and then talk about it with them. Don’t just fill out a form, but go ahead and actually talk to them about what your desires are, and then let them see the final document. I think that would be very beneficial.

Narrator: Besides naming a health care agent, you can use the VA advance directive to tell your doctors and loved ones what kind of medical and mental health treatments you might or might not want, in case you can’t tell them yourself. You do that in the section called Living Will.

Potter: Before you complete the Living Will section, you’ll want to think about what you’d want – or wouldn’t want – if you were in a serious condition that might call for treatments such as a breathing machine, kidney dialysis or a feeding tube. I know it’s hard to imagine even being in that kind of situation, let alone what kind of treatment you might want. But that’s why it can be helpful to talk these things over seriously with your doctor, with your family and your friends. Then, when you’re ready, you can list your preferences in the Living Will section of the advance directive.

Narrator: Paul Tompkins.

Tompkins: How did I feel about creating a living will? I felt good about it, because I wanted to make it as easy as possible for my wife in the event that I lose decision-making capacity, and not put those hard decisions on her alone. I know she’ll have to make those decisions, but having my input and my desires documented will make it easier for her. And after it was done, I felt very relieved.

Narrator: Lucy Potter.

Potter: People sometimes ask me, do my doctors have to follow my living will? And the answer is yes -- unless you’ve given conflicting information about your wishes, or it’s somehow unclear how to apply those wishes. If something happens to you and you can’t make decisions for yourself, your doctor will talk with the person you named to make decisions for you. Say you listed your son. Your doctor would review your advance directive and talk with your son about your care. Now, realistically, it’s just about impossible for you to have imagined every situation that could occur. So if your advance directive doesn’t say exactly what kind of care you would or wouldn’t want in a particular circumstance, your son will be asked to make those decisions based on conversations you’ve had with him, and on what kind of care he thinks you would want.

Narrator: Dr. Robert Pearlman is a physician with the National Center for Ethics in Health Care who has helped many Veterans complete advance directives.
**Pearlman:** I often advise surrogates that they need to have these conversations with the patients, and try to understand their reasoning and their values. And if in fact there’s ever the need to step into the role of surrogate decision maker, then they have to represent the patient to the best of their ability.

**Potter:** If you’re interested in completing a VA advance directive, talk with your primary care provider, mental health provider or social worker, and they’ll give you one to fill out and provide you assistance if you need it. When you’ve completed it, make several copies, and be sure to give one to your doctor or your social worker. And also, give one to the person you named to make decisions for you, and to anyone else who might be involved in deciding about your care in the future.

**Narrator:** Of course, you can make changes to your advance directive at any time. In fact, it’s a good idea to review it regularly to make sure it’s up to date, especially if there is a change in your health.

**Potter:** If you do make changes, just remember to let your doctors and loved ones know.

**Narrator:** To learn more about advance directives, or to download a VA advance directive, visit www.ethics.va/gov/for_veterans.asp. Dialed In is produced by the Department of Veterans Affairs National Center for Ethics in Health Care.

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