

**Advance Care Planning &  
Advance Directives in Colorado**

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**A Few Preliminaries**

- "Advance" care planning/directives: decisions, choices, preferences made ahead of time with persistent applicability to future events/circs.
- Assumes competent adult/adult with capacity
- Right to refuse any treatment at any time for any reason
- Right to determine/document, while competent, decisions affecting treatment when incompetent
- Rights may be exercised by authorized surrogates

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**The Living Will**

- *What does it do?*  
Directs withdrawal of life-sustaining treatment  
May be used to authorize removal of AN
- *Who can/must sign?*  
"Declarant" of sound mind & 18 years old
- *How is it executed?*  
Sign when competent; 2 witnesses; notary opt  
Cannot be executed or overridden by surrogate

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## The Living Will (cont.)

- *Why/When?*  
Very specific circumstances  
Effective within 48 hours of certification of terminal illness
- *How does it work?*  
Produced by family member, advocate  
Entered into medical chart
- *What can go wrong?*  
Well-kept secret; document not available  
Docs resist "terminal" dx; family resists  
Problem with "only" tx; exclusion of AH

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## Medical Durable Power of Atty

- *What is it?*  
Designation of surrogate decision-maker with same authority as principal
- *Who can/must sign it?*  
Declarant of sound mind & 18 years
- *How is it executed?*  
Signed when competent; 2 witnesses &/or notary opt

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## MDPOA (cont.)

- *Why/When?*  
Difficult to anticipate circumstances  
Effective right away or "on incapacity"
- *How does it work?*  
Produced by agent; provides guidance  
Entered into medical chart  
Cannot override Living Will/CPR directive
- *What can go wrong?*  
Agent not informed; document not available  
Insufficient instruction  
HIPPA blockades; family disputes

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### CPR Directive

- *What is it?*  
Statement of refusal of CPR
- *Who must/can sign it?*  
Declarant of sound mind & 18 yrs  
Elderly, dx serious or terminal condition  
"Blue form" requires physician signature
- *How is it executed?*  
*At min:* statement of refusal, signature  
Does NOT require specific form, original  
Agents, DBs, proxies, guardians may not  
override CPR directive executed by principal

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### CPR Directive (cont.)

- *Why?/When?*  
Consent to CPR assumed  
Can do more harm than good
- *How does it work?*  
Posted, carried, presented to EMTs  
Entered into medical chart (DNR)  
MedicAlert bracelet, wallet card
- *What can go wrong?*  
Not "apparent and immediately available"  
Not recognized as valid by EMTs  
Overridden (inapprop.) by bystanders

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### Five Wishes

- Proprietary "omnibus" AD
- User-friendly, process-oriented
- Includes provisions in Living Will, MDPOA;  
not CPR
- Also includes "care" instructions, funeral  
plans, legacy
- Much loved by hospice; docs, attys NOT

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## Health Care Proxy Process

- Process to use in absence of AD
- No set hierarchy of surrogates in CO
- "Interested parties" must reach consensus, appoint "proxy"
- Principal must be informed; may object
- Limitations on powers
- Good news/bad news
- Not well known, followed; bulky

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## Designated Beneficiary

- *What is it?*  
Agmt btw nonmarried adults; confers cert rights, esp of inheritance, medical partic.
- *Who can/must sign it?*  
Two adults, not married; County clerk & recorder
- *How is it executed?*  
Recorded by Cty Clerk; presented to medical professionals; confers status of proxy by statute

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## Designated Beneficiary (cont.)

- *Why/When?*  
To ensure "standing" of DB  
Any occasion medical surrogate needed
- *How does it work?*  
Presented to medical professionals; other interested persons
- *What can go wrong?*  
Medical professionals do not recognize  
Document not available  
Ambiguous authority

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## Gaps and Clashes

- Complicated interactions
- Prehospital challenges
- Inadequate provision for "unbefriended" or "never competent"
- Negative choices
- Too much in advance
- Underutilized
- Needed: simplification/reconciliation, education, timely utilization

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