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Marc A. Hebert's 'Money \$ense': Incapacity and advance medical directives

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LOSING the ability to make your own health care decisions could happen to you. Whether it is by becoming ill or having an accident, there is a chance you may not be able to decide your course of medical care for yourself.

Without any directions, medical providers will generally try to keep you alive. This may not be what you want. In order to have your wishes for care known, you need to consider having an advance medical directive. It is a critical part of the planning process and one that applies to the young as well as the old.



What you are able to do in this regard depends on state law.

The law could allow these types of directives:

- Living will
- Durable power of attorney for health care
- Do-not-resuscitate order

These have different characteristics and uses. You might have only one or all three.

The living will is a legal document. It details what medical treatment you want and do not want under certain circumstances. Generally, a living will takes effect in the event of terminal illness or when one is injured. A living will can be used to decline medical intervention that only delays the time of death.

The next type of directive is a durable power of attorney for health care (DPAHC). You could also see this called a health care proxy. This is also a legal document. It allows you to choose a representative to make medical decisions on your behalf.

If you are not able to make medical decisions or cannot communicate them, this document will give someone the authority to do so. The representative should understand your values and goals – their job is to help execute your preferences for your care.

It should be noted that your representative needs to be able to act, so you might want to choose someone living close to you in the event that this type of directive comes into play.

The last document noted here is the do-not-resuscitate (DNR) order. It is signed by you and your physician and is legally binding. A DNR order directs medical personnel not to perform cardiopulmonary resuscitation (CPR) or other invasive measures if you stop breathing.

This directive is for medical emergencies. It could be in effect only while you are hospitalized or you could have one for outside the hospital.

Since advance directives and the laws that apply to them vary from state to state, it is important to have documents effective for the state in which you reside. If you spend time in more than one state, you might want to see if your documents will work for both. Or, you could examine whether you need specific versions for each state. You will want your instructions to be consistent between all of your documents to avoid confusion.

Keep in mind that drafting these documents is not a one-and-done proposition. You will want to review your advance directive periodically to be sure that your wishes are still the same.

You will also want to talk with your doctor, DPAHC representative, family members, and other appropriate people about your medical directive. Your situation can change over time and these people will want to know your wishes and understand how to follow them.

This is just an outline of a handful of important documents. You will want to discuss these and other estate planning needs with an estate planning attorney or a certified financial planner.

Carefully drafted documents while you are competent will be more likely to be enforced. These could provide you and your family with much needed peace of mind.

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