

Advance Care Planning (ACP)

ACP is a broad term that encompasses:

1. Advance Directive
 - Legally operative when patient lacks decision-making capacity
 - Hundreds of different templates
 - E.g., “Jewish Medical Directive” “Christian Scientist Medical Directive”
2. Living Will (LW)
 - Often state-specific (as in Pennsylvania)
 - Legally operative when patient lacks capacity AND is either in an end-stage condition OR permanently unconscious
 - Pennsylvania Act 169 provides legal immunity for providers when they follow a legally operative LW
 - Often patients are incapacitated but not end-stage/ permanently unconscious. In this setting, the LW is still ethically applicable but the provider does not benefit from the legal protection described above
3. Durable Power of Attorney for Healthcare (DPOA)
 - Appoints a decision-maker for when the patient is incapacitated
 - There are many types of DPOAs (e.g, for finances) and being a financial DPOA does not grant the person any power of medical decision-making ***(Continued on back)***



3. Continued:
 - Often referred to as ‘proxy’ or ‘surrogate’
4. Informal conversations
 - E.g., front porch conversation with spouse
 - E.g., bedside conversation with physician
5. Informal documentations
 - E.g., notes on a napkin

From a **legal perspective**, informal conversations and documentations hold less clout than appropriately executed advance directives, LWs or DPOAs.

From an **ethics perspective**, judgment is needed when evaluating informal conversations or documentations (e.g., was the porch conversation with the spouse an ongoing conversation over three years?)

There are hundreds of advance directive and living will forms. Each document will be a little different, and it is critical to **read the entire document**.

Want more information?

Check HMC Policy: Guide to Advance Directives, PC-13 HAM. Search “Advance Care Planning 2.191” at www.ama-assn.org/ to see Code of Medical Ethics of the American Medical Association policy 2.191.

Questions?

Call the operator (ext. 8521) and ask for the ethicist on-call.