

November 12, 2003

Dear Social Worker:

We are writing to call to your attention a bad outcome that resulted from an attachment to an advance directive. We have seen this attachment occasionally, and we advise you NOT to use it. Here's the bad outcome. An elderly nursing home resident was admitted to a West Virginia hospital and had a feeding tube inserted. When the social worker from the nursing home heard of it, she became upset and alerted us to the problem. A year earlier, when the patient had decision-making capacity, the social worker had helped him complete a combined Medical Power of Attorney (MPOA) and Living Will. The social worker knew that the resident did not want a feeding tube under any circumstances. She added the "Special Directive" to his advance directive with the box checked "I do not want feeding tubes." Please see the enclosure.

The problem arose from this attachment. It was not the checklist that created a problem; it was the language in the paragraph above the boxes. The attending physician at the hospital felt that there was a chance for "foreseeable improvement." He consulted with the hospital's attorney who felt the language in the attachment was vague and counseled the physician to insert a feeding tube. The patient's MPOA, his son, had never discussed feeding tubes with his father, and the son consented to the procedure since his father lacked capacity.

The point is that despite having an advance directive, the patient's wishes were not respected. There are three steps that can be taken to avoid this type of bad outcome.

- 1) Do not use the enclosed "Special Directive" form. Though the checklist seems cut and dry, the language in the paragraph is unclear and open to interpretation.
- 2) Encourage patients to talk to their loved ones about their preferences and give their loved ones a copy of their advance directive.
- 3) When appropriate, complete a POST form. If this patient had come into the hospital with a POST form, his desire not to have a feeding tube would have been a physician order that would not have been subject to interpretation by another physician.

Please feel free to contact us at 1-877-209-8086 with questions about this matter or to order POST forms. You may also order them online at www.wvendoflife.org.

Sincerely,

Alvin H. Moss, MD
Director

Angela R. Demanelis, MPA
Sr. Program Administrator

Enclosure (1)

ATTACHMENT TO ADVANCE DIRECTIVE OF: _____

It is my wish and intent that the following Special Directive be inserted into and read with my Advance Directive executed on: _____

SPECIAL DIRECTIVE

I do not wish to become permanently dependent on life-sustaining technologies. I do not wish to receive futile medical treatment which I define as treatment that will provide no real benefits to me and will only prolong my inevitable death or my being in an irreversible coma or in a irreversible vegetative state. In short, I do not wish to live in a condition of perpetual debilitation unless I can still enjoy the company of my loved ones and the stimulation of my environment. I view the administration of food and fluids other than by mouth as a significant invasion of my body and a life-sustaining procedure. I expressly direct that I receive food and fluids only by mouth and not by a feeding tube neither into my digestive tract nor by any tube into my blood stream, unless the likely outcome of such treatment is not only my survival but also a foreseeable improvement of my ability to enjoy the life I describe here. If food and fluids other than by mouth are being administered; and it later appears that there will be no foreseeable improvement of my ability to enjoy the life I describe here, then I direct that the administration of food and fluids other than by mouth be discontinued. I direct that I be kept clean and comfortable and what pain medication be mercifully administered to me to alleviate suffering even though this may hasten the moment of death. I wish to receive terminal care in the least restrictive institutional setting possible (preferably at home or at a hospice center), consistent with the ability and well being of my family and loved ones to care for me.

To that end, I have indicated my wishes to the following forms of treatment:

I wish to be an organ donor and therefore consent to any treatments outlined below which are necessary for organ donation.

I do not wish to be an organ donor and request my wishes for treatment outlined below be honored.

- | | | |
|------------------------------------|--|-------------------------|
| <input type="checkbox"/> I do want | <input type="checkbox"/> I do not want | Cardiac Resuscitation |
| <input type="checkbox"/> I do want | <input type="checkbox"/> I do not want | Mechanical Respiration |
| <input type="checkbox"/> I do want | <input type="checkbox"/> I do not want | Feeding Tubes |
| <input type="checkbox"/> I do want | <input type="checkbox"/> I do not want | Kidney Dialysis |
| <input type="checkbox"/> I do want | <input type="checkbox"/> I do not want | Chemotherapy |
| <input type="checkbox"/> I do want | <input type="checkbox"/> I do not want | Antibiotics |
| <input type="checkbox"/> I do want | <input type="checkbox"/> I do not want | Intravenous Fluids |
| <input type="checkbox"/> I do want | <input type="checkbox"/> I do not want | Blood or Blood Products |

I have signed this page at the same time that I signed my Advance Directive, and I have asked my witnesses to sign this page at the same time as they witness my Advance Directive.

Signature

Date

Witness Signature

Date