

# Advance Directives



**BEACON**  
Specialized Living

# What is an Advance Directive?

**It is a written document by someone who is:**

- **18 Years or Older**
- **Deemed Competent to Make Decisions (and does not have a legal guardian)**

**They are voluntary.**

**Services and supports cannot be predicated on an individual electing or not electing to have Advance Directives in place.**

**They are guidelines to direct:**

- 1. Who will make medical and/or mental health decisions if the individual cannot speak for themselves.**
- 2. Decisions about future desired – and not desired - medical and/or mental health care.**

# Why are Advance Directives Important?



**We all have individual values and goals.**



**Directives can and do make personal medical/mental health care decisions known to family and care providers.**



**Having a Directive in place may prevent the need for Probate Court-appointed legal guardian.**



**Directives can and do protect the rights of individuals to have their medical/mental health care wishes carried out.**

# Legal Basis for Advance Directives

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- In 1990 Congress enacted the Patient Self-Determination Act (PSDA) as part of the Omnibus Budget Reconciliation Act of 1990 (PL 101-508). This legislation was intended to “reinforce individuals’ constitutional right to determine their final health care”.
- In Michigan, Advance Directives are covered in the Estates and Protected Individuals Code, PA 1998 No. 386, as amended by PA 2008 No. 41, effective March 17, 2008. The statutory citation is MCL 700.5506 et seq.

# Types of Advance Directives

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- **Durable Power of Attorney for Healthcare (DPOA)**
  - Can identify medical care and mental health care that is or is not desired.
  - Designates a Patient Advocate.
- **Living Will**
- **Do-Not-Resuscitate Declaration (DNR)**
- **Anatomical Gift (directing donation of body or body parts)**



## When/How is an Advance Directive developed?

When any Individual is well and not struggling with symptoms of their physical and/or mental illness.

Topics explored include health care procedures and treatments that the Individual has strong feelings about – like certain medications, feeding tubes, etc.

When being developed, Individuals discuss their desires with family, friends, spiritual leader(s), physicians, and others who offer valued support and input.

# Durable Power of Attorney (DPOA)

- Appoints another person (**Patient Advocate**) to make medical decisions for when an individual is unable to do so because of incapacity.
- Legally binding in Michigan when:
  - Individual creating the Directive is 18 years of age or older.
  - Individual is considered competent (and has no legal guardian) when the DPOA is written.
    - And the Advocate agrees to the arrangement in writing by signing “acceptance” of the Patient Advocate designation.
    - And 2 witnesses sign the document. The witnesses cannot be family, a service provider to the individual making the DPOA, or anyone else who could possibly benefit from the death of the individual.
  - Directive must be filed in the medical/mental health records.



# Powers of DPOA/Patient Advocate

Depending on the medical and/or mental health care and treatments indicated within the documentation, a Patient Advocate can:

- Make personal decisions.
- Consent to or refuse medical and/or mental health treatment.
- Arrange for home health care, adult daycare, or admission to a hospital or nursing home.
- Donate a human body or organs upon the individual's death.

# When does a Patient Advocate Act?

- **As stated in law, a patient advocate can make decisions when the individual loses the ability to give “informed consent” and is considered incapacitated. This means a loss of:**
  - Understanding the condition needing treatment.
  - Understanding treatment options pros and cons.
  - Ability to make reasonable choice(s).
- **Medical Decisions**
  - Attending physician and another physician will determine the ability to give informed consent.
- **Mental Health Decisions**
  - Physician and mental health professionals must each make the determination.
- **An individual can specify in their DPOA the physician and mental health professional they want to make the determination.**

# Living Will

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**Another form of Advance Directive. Living Wills do not require a Patient Advocate to be appointed. Living Wills are not legally binding in Michigan but can be valuable in letting providers know medical desires.**

## **Is limited to care during:**

- Terminal Illness
- Permanent Unconsciousness

**Can state what type of treatment is desired and what is not desired. For example, transfusions and IV lines can be requested, and ventilator care can be refused.**

# Do Not Resuscitate (DNR) Declaration

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**A written Advance Directive stating that – if and when heart function and breathing cease, an Individual does not want to be resuscitated/saved/or”brought back”.**

**Staff at Beacon will not execute a Do Not Resuscitate order with an individual in our care.**

**Regulations require that we institute life-saving procedures for all residents.**

# Anatomical Gifts

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**Any bequest to donate a human body or organs should be recorded in an Advance Directive to provide clear direction about the wishes of the recently deceased.**

# What is your role?

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## Residents should be offered information regarding choices for:

- Medical Care Advance Directives
- Psychiatric Advance Directives

## Basic staff responsibilities for Beacon staff for residents.

- Ask residents if they have a Patient Advocate and completed Advance Directives at intake and annually. Their responses must be documented in the clinical record.
- Provide written information about their rights regarding Advance Directives.
- To request a copy of all current Advance Directives in place from the resident/patient advocate.
- Encourage residents to share their directives with family members or trusted friends who could help doctors and Beacon providers to make choices if they cannot make those choices.

# What is your role?

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- Provide a copy of any Advanced Directive(s) to the EMT personnel, physician, or hospital caring for the Resident.

## Hospice:

When a Resident has entered hospice care for end-of-life treatment, we will comply with ALL Hospice guidelines regarding treatment decisions.

Licensing will be notified when hospice care is initiated and informed of treatment recommendations. They will also be notified at the time the resident expires.

# References

Beacon Policy [CTS-017] Advance Directives

Beacon Policy [MM-0560 Hospice

For more information on Advance Directives, you can contact via phone or email:

Beacon's Compliance Department

Local Agency's Customer Services or Appeals Staff

Local Agency's Recipient Rights Office



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