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How Can Patients Communicate Their Wishes about Life-Sustaining Treatment?

The protracted legal battle in the Terri Schiavo case has garnered national attention. The public controversy over the removal of her feeding tube has caused many people to think about what they would want in similar circumstances and how best to convey their wishes. VA policy on advance health care planning encourages people to specify their wishes in writing and/or to designate someone to make health care decisions on their behalf.¹

Writing a Living Will

In a *living will* individuals express their wishes about what sort of care they would want to receive if, in the future, they become unable to make decisions for themselves.² This type of advance directive is often used to state a desire to limit treatment. A *living will* can also specify individuals' preference to undergo medical interventions, even when their chance of recovery is slim. Advance directives do not take effect until after the person has lost decision-making capacity and they require interpretation to determine both how they apply to the current clinical situation and what the individual would want in these circumstances. To assure that their living wills represent their wishes as clearly as possible, individuals should think carefully about different scenarios. They should seek assistance from qualified professionals and/or make use of educational resources and tools.³

Designating a Health Care Agent

Regardless of whether they have a living will, individuals are encouraged to appoint a health care agent who will make decisions on their behalf. Under VA policy a health care agent can make any treatment decision on behalf of the patient, including decisions to withdraw artificially administered nutrition and hydration. Ideally, the person appointed in a *durable power of attorney for health care* should be familiar with the patient's beliefs and values and willing to make decisions on the basis of what the patient would have wanted. Individuals can either designate a health care agent without specifying their wishes in a *living will* or stipulate that their health care agent and doctors follow the instructions detailed in their *living will*.

Advance directives are voluntary and patients can choose whether to complete one. Even when they do not execute an advance directive, individuals should talk with their family and doctors about their wishes. If a patient lacks decision-making capacity and does not have a designated health care agent, practitioners must identify the appropriate surrogate to give informed consent. See VHA Handbook 1004.1 for a list and priority of persons authorized to act as surrogate on the patient's behalf.⁴

Notes

1. VHA Handbook 1004.2, [Advance Health Care Planning \(Advance Directives\)](#).
2. VA Form 10-0137, [VA Advanced Directive: Living Will and Durable Power of Attorney for Health Care](#).
3. National Ethics Teleconference, [Strategies to Make Advance Health Care Planning More Effective: Best Practices](#). March 26, 2003. See also, Pearlman RA, Starks H, Cain K, et al., [Your Life, Your Choices](#); and American Bar Association, [Consumer's Toolkit for Health Care Advance Planning](#).
4. VHA Handbook 1004.1, [Informed Consent for Clinical Treatments and Procedures](#).

If you have questions or comments, please contact the Ethics Center at vhaethics@va.gov