

Types of Advance Directives for Massachusetts

ADVANCE DIRECTIVES

- Legal documents that allow you to convey your decision about end-of-life care ahead of time, should you lose the capacity to do so later on.
- Provide a way to communicate your wishes to family, friends, and health care professionals to avoid confusion later on.
- Not required but are instrumental in helping to ensure a person's wishes are known and followed.
- Providers must comply with the wishes in Advance Directives.

TYPES OF ADVANCE DIRECTIVES IN MASSACHUSETTS

Healthcare Proxy

A healthcare proxy is a document allowing you to designate an individual, known as a healthcare agent, to make healthcare decisions on your behalf in the event that you are unable to make or communicate your own decisions. The agent may be a trusted family member, friend, attorney, or other designated person of your choice. It is also a good idea to identify an alternate agent to serve if the original appointee is unavailable.

- The role of this agent is to make decisions based on what they believe you would want or, if this is unknown, to decide based on your medical best interest. This agent may make healthcare decisions in any situation where you are unable to make or communicate your wishes, not just in end of life situations. You may also place specific limitations on the agent's decision-making power.
- Before signing a healthcare proxy, it is important to talk to your agent to make sure they are willing to take on this important role. Choosing an agent is an important decision. Select someone who knows you and is comfortable honoring your specific wishes. When you choose an agent there are some exclusions you need to be aware of. The agent cannot be an "operator, administrator, or employee of a hospital, nursing home, rest home, etc. ... where the principal is presently a patient." Discuss your wishes candidly and in detail so that your agent can represent you well. Having this conversation is important so that your agent will know what you would want. In Massachusetts, in order for a healthcare proxy to be legal, two witnesses must sign the proxy document.

Living Will

A living will is a written statement of your wishes for medical treatment and end of life care in the event that you are unable to make healthcare decisions or communicate them directly. It may include provisions instructing physicians of the circumstances in which you wish treatment to be withheld or withdrawn, including situations in which you do not want drastic life-saving steps taken.

- There is no Massachusetts law specifically governing or recognizing living wills. However, if you have appointed a healthcare proxy, living will instructions are recognized as evidence of your wishes.

ADVANCE DIRECTIVE FORMS

Healthcare Proxy Form

There is no specific healthcare proxy form required in Massachusetts. However, easy-to-use sample forms that comply with Massachusetts law are available at the Massachusetts Medical Society website (www.massmed.org), the Hospice and Palliative Care Federation of MA website (www.hospicefed.org), and the Central Massachusetts Partnership to Improve Care at the End of Life website (www.betterending.org).

Other Forms

- Five Wishes – a form developed by Aging with Dignity which combines a healthcare proxy and many parts of a typical living will is available at www.agingwithdignity.org.
- Personal Wishes Statement – a form developed by the Central Massachusetts Partnership to Improve Care at the End of Life for documenting personal wishes is available at www.betterending.org.

Advance Directives in Emergency Situations: The Massachusetts Medical Orders for Life Sustaining Treatment (MOLST) and Comfort Care/Do Not Resuscitate (DNR) Verification Protocol

Standard of Care

The law requires emergency medical technicians and first responders (collectively called “EMS personnel”) to treat and transport individuals experiencing a medical crisis; thus the standard of care for EMS personnel is to resuscitate aggressively unless a doctor at the scene directs otherwise. Living wills and durable powers of attorney are not effective to stop that response if a friend or family member calls 911 during a medical crisis outside a hospital. When 911 is called, the patient will be treated and transported to a hospital. If that is not what the family or loved one wants, 911 should not be called.

Massachusetts is one of 42 states that has (as of September 1999) adopted protocols to address the possibility of unwanted medical encounters with EMS personnel. These protocols permit the creation and recognition of Do Not Resuscitate (DNR) and Medical Orders for Life Sustaining Treatment (MOLST) orders that are effective in non-hospital settings and are appropriate for seriously ill people living in the community when death is expected or when medical intervention is expected to be ineffective.

Requirements of the Massachusetts Comfort Care Protocols

EMS personnel at all levels are required to provide emergency care and transport patients to appropriate health care facilities. However, more and more patients, where it is medically appropriate, are opting for limitations on life-sustaining treatments, such as CPR, in the event of cardiac arrest. Thus, EMS personnel may encounter a patient who has chosen such options and has either a Massachusetts Medical Order for Life Sustaining Treatments (MOLST) or the Comfort Care/DNR Order Verification Form or bracelet (CC/DNR). These documents provide for a statewide, standardized form, approved by the Massachusetts Department of Public Health (DPH), Office of Emergency Medical Services (OEMS), that EMS personnel can instantly recognize as an actionable order (MOLST) or verification of such an order (CC/DNR) regarding the use of life sustaining treatments. This protocol governs EMS personnel response to a patient with a MOLST or CC/DNR form.

EMS personnel will:

- Verify the identity of the individual with a MOLST or CC/DNR form. A medical bracelet can also be used to indicate CC/DNR.
- Verify the validity of the document, and all required sections are completed.
- If the form is not valid, EMS will continue to resuscitate the individual.
- If the form is valid:
 - If the individual is in full respiratory or cardiac arrest, EMS will not resuscitate, which means EMS:
 - Will not initiate CPR
 - Will not insert an oropharyngeal airway (OPA)
 - Will not provide ventilator assistance
 - Will not artificially ventilate the patient (e.g., mouth-to-mouth, bag valve mask)

- Will not administer chest compressions
- Will not initiate advanced airway measures
- Will not administer cardiac resuscitation drugs
- Will not defibrillate
- If the individual is not in full respiratory or cardiac arrest, but the individual's heartbeat or breathing is inadequate, EMS will not resuscitate, but will provide full palliative care and transport, as appropriate, including:
 - Additional interventions a patient has indicated be given on the MOLST form, including intubation with ventilation or non-invasive ventilation, such as CPAP
 - Emotional support
 - Suction airway
 - Administer oxygen
 - Application of cardiac monitor
 - Control bleeding
 - Splint
 - Position for comfort
 - Initiate IV line
 - Contact Medical Control, if appropriate for further orders, including necessary medications
- If the individual is not in respiratory or cardiac arrest, and the individual's heart beat and breathing are adequate, but there is some other emergency illness or injury, EMS shall provide full treatment and transport, as appropriate.
- If there is a question about the form, and the individual is not able to provide guidance, EMS will provide full treatment and transport or contact Medical Control for further orders.
- If CPR was initiated prior to EMS confirmation of a valid form, EMS shall discontinue CPR, cardiac medications, and advanced airway measures.
- EMS must document the existence and validity of the MOLST or CC/DNR, as well as any care provided to the individual, including palliative measures.
- The MOLST or CC/DNR may be revoked by the individual at any time. EMS witnessing or verifying a revocation shall communicate that revocation in writing to the hospital, and document in their trip record.