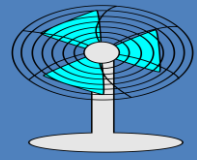


Healthy Tips for August/September



Keep your health care directives up to date



If you decide to change something in your living will or health care power of attorney, the best thing to do is create a new one. Once the new document is signed and dated in front of appropriate witnesses — and notarized, if necessary — it supersedes your old directive.

The American Bar Association Commission on Law and Aging suggests that you re-examine your health care wishes whenever any of the following "five d's" occurs:

1. Decade: When you start each new decade of your life.
2. Death: When you experience the death of a loved one.
3. Divorce: When you experience a divorce or other major family change. (In many states, a divorce automatically revokes the authority of a spouse who had been named as agent.)
4. Diagnosis: When you are diagnosed with a serious medical problem.
5. Decline: When you experience a significant decline or deterioration from an existing health condition, especially when it diminishes your ability to live independently.

Once your new document has been signed, make sure anyone with a copy of your old directive returns it to you so you can destroy it. Then distribute the new one. Take the time to discuss the changes with your doctor and your health care agent to be sure everyone is clear on what has changed. Make sure a copy of your revised advance directive gets filed in your medical records, especially if you're planning on entering an assisted living facility or nursing home. A growing number of states are creating medical registries in which you may record your directive so that it will be directly available to health care providers when needed.

If you move to another state, check that your advance directives are still valid. Although states may be legally required to honor any advance directive that clearly conveys your wishes, it's best to verify that your form meets the requirements specific to that state.

5 commonly held myths about end-of-life issues

Some people don't have a health care power of attorney or living will because they don't realize how important these documents are. Others worry that such documents mean they are signing their lives away. Not so.

These powerful documents make sure that you get the treatment you would want for yourself if you couldn't communicate your wishes. Here are a few myths that shouldn't get in the way of creating a health care power of attorney or living will:

Myth: More care is always better.

Truth: Not necessarily. Sometimes more care prolongs the dying process without respect for quality of life or comfort. It's important to know what interventions are truly important. It's often impossible to know that in advance. That's where the advice of a health care team is invaluable.

Myth: Refusing life support invalidates your life insurance, because you are committing suicide.

Truth: Refusing life support does not mean that you are committing suicide. Instead, the underlying medical problem is considered to be the cause of death.

Myth: If medical treatment is started, it cannot be stopped.

Truth: Not starting a medical treatment and stopping a treatment are the same in the eyes of the law. So you or your health care agent can approve a treatment for a trial period that you think may be helpful, without any fear that you can't change your mind later. However, be aware that stopping treatment can be more emotionally difficult than not starting it in the first place.

Myth: If you refuse life-extending treatments, you're refusing all treatments.

Truth: No matter what treatments you refuse, you should still expect to receive any other care you need or want — especially the pain and symptom management sometimes called intensive comfort care.

Myth: Stopping or refusing artificial nutrition and hydration causes pain for someone who is dying.

Truth: Unlike keeping food or water from a healthy person, for someone who is dying, declining artificial nutrition or intravenous hydration does not cause pain.