

Living wills, do-not-resuscitate orders differ

In almost every estate plan it is a good idea to create advance directives to plan for the day in which you may be unable to make medical decisions for yourself. Advance directives include medical powers of attorney, living wills (also known as directives to physicians) and do-not-resuscitate orders. Most people understand what a medical power of attorney accomplishes-it names an agent to make health care decisions in the event you can no longer communicate your own wishes. However, there is much confusion about the difference between a living will and a do-not-resuscitate order. Although both of these documents are advance directives, they serve very different purposes.

A do-not-resuscitate order also known as a DNR is not the same as a living will. A DNR is an order signed by a physician which indicates that the patient should not be resuscitated under any circumstances. The DNR order has to be signed by both the doctor and the patient. It can also be signed by the patient's agent under medical power of attorney or guardian appointed by the court. In layman's terms, a DNR states that if your heart stops beating or your pulmonary function ceases, then medical professionals should not attempt to revive you. If a DNR is in place the following five treatments cannot be started or continued: CPR, advanced airway management, artificial ventilation, defibrillation, and transcutaneous cardiac pacing.

A living will is a legal document that alerts doctors, family and the world of an individual's end-of-life decisions in case they become unable to communicate. It allows a person to state whether they wish to be kept alive by artificial means if they are terminally ill or in a persistent vegetative state and are unable to communicate. The living will is only in effect when you are incapacitated. In simple terms, a living will is a statement of your wishes in regard to life support. In the document there are choices to be made, such as whether you wish to have artificial nutrition and hydration administered if you are in a vegetative state with no hope for recovery. You can also make a choice in regard to being put on a ventilator or having antibiotics prescribed for you if you are at the end of your life. Additionally, you can direct that pain medications be administered and not withheld to make you more comfortable.

While a DNR order is medical order put into place by your physician, a living will is a document that is often prepared by an attorney well in advance of a medical emergency. Another difference is that DNR orders are most often implemented in a hospital setting. If the patient makes a full recovery and leaves the hospital, then the DNR is typically revoked. If there is a subsequent hospitalization, then a new DNR would need to be implemented. In some situations, the patient, or their medical agent, desires to have the DNR to be in effect or continue to be in effect outside of a hospital setting. If this is the case, then an out-of-hospital DNR must be put into place. Both the living will and the DNR order are easy to revoke by orally stating to your physician that you wish to revoke the directive.

Although an unpleasant topic and one that no one enjoys facing, it is important to make your wishes known ahead of time. It is also important to know the difference between these two documents that so many people often confuse. Almost everyone can benefit from having a living will. Do-not-resuscitate orders are more appropriate when chronically ill or elderly frail patients have a clear feeling that do not wish to be resuscitated under any circumstances.

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