

**Maryland
Attorney General's Office**

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**Instructions on Current Life-Sustaining
Treatment Options**

**Explanatory Guide
for Health Care Proxies**

April 2008

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I. Purpose of the Form

A form called "Instructions on Current Life-Sustaining Treatment Options" (LST Options) form, is meant to help seriously ill patients receive the kind of health care that they want or that serves their best interests. This Guide talks about the purpose and use of the form.

When someone is seriously ill or medically unstable, decisions often have to be made about the use of medical technology that tries to keep important body functions going. The law calls this technology "life-sustaining treatments," so that is the phrase this Guide will use.

If a patient cannot make the necessary decisions personally, someone else must act as decision maker. Top priority goes to someone previously picked by the patient, called a health care agent or durable power of attorney for health care. If the patient did not choose someone, Maryland law says which family member or friend gets to decide; this person (or sometimes more than one) is called a surrogate decision maker. As a last resort, a court-appointed guardian may become the decision maker. In this Guide, we use the term "health care proxy" to refer to whoever is making health care decisions on behalf of the patient.

The LST Options form can be used by a health care proxy to let health care providers know about treatment preferences if one of the patient's important body functions fails. If you are the health care proxy, the patient's doctor or another health care professional will talk with you about the decisions you need to make now. Remember, though: A health care proxy must follow existing laws when filling out an LST Options form. For example, if a surrogate decision maker is using the LST Options form to withhold or withdraw a life-sustaining medical treatment, the patient must have been certified by two doctors to be in a terminal condition, end-stage condition, or a persistent vegetative state.

II. Relationship to "Living Will" Type of Advance Directives

The LST Options form is not the same as a living will. A living will, which is one type of advance directive, is used to say what a person wants done about life-sustaining treatments if, at some point, the person becomes seriously ill and no longer can make decisions. A living will typically talks in a general way. It is usually not linked to current, specific end-of-life decisions. In contrast, the LST Options form *only* speaks to current decisions.

What if the patient already has given treatment-related instructions in an existing advance directive? The decisions that you make on the LST Options form must be consistent with the advance directive. You do not have authority to revoke or disregard the instructions contained in the patient's advance directive. Instead, you use the LST Options form to carry out the patient's known wishes, including those in an advance directive.

Take the common example of someone who made a living will, which says that the person does not want life-sustaining treatments used in the event of terminal condition but instead wants to be kept as comfortable as possible. Now suppose this person can no longer make medical decisions, and the doctors determine that the person is in a terminal condition. The health care proxy would use the LST Options form to apply the living will to the specific medical procedures that are to be decided now, trying to achieve the patient's goal of maximum comfort.

The following table summarizes how the LST Options form may be used, in relation to a living will kind of advance directive:

<i>Patient's Clinical Condition</i>	<i>Advance Directive (AD) with Instructions Exists</i>	<i>No AD with Instructions</i>
End-of-life.	- Use LST Options form to state preferences about current or foreseeable life-sustaining treatment issues; must be consistent with AD instructions.	- Use LST Options form to state preferences about current or foreseeable life-sustaining treatment issues, based on patient's known wishes or best interests.
Not end-of-life, but is so unstable or acutely ill as to require consideration of life-sustaining treatment issues.	- Use LST Options form to state preferences about current or foreseeable life-sustaining treatment issues; must be consistent with AD instructions.	- Use LST Options form to state preferences about current or foreseeable life-sustaining treatment issues, based on patient's known wishes or best interests.
Not end-of-life; not acutely ill or unstable.	- Use LST Options form for contact and AD-related information and documentation of preference about use of CPR.	- Use LST Options form for contact information and documentation of preference about use of CPR.

III. Filling Out the LST Options Form

You don't have to fill out an LST Options form. Its use is voluntary. If you fill one out, you can change your mind later by filling out a new one (as long as your choices remain consistent with the patient's known wishes). An LST Options form should be reviewed whenever the patient's condition changes in a major way.

To use the LST Options form, sit down with the patient's doctor attending physician or another health care professional. You should not try to fill out the form until you have discussed and understand the medical issues that the form covers. You may only want or need to address some items on the form, depending on the current situation. Do *not* use the LST Options form to address issues that simply haven't come up yet.

You initial the parts of the form that you completed. You then sign at the bottom, along with the health care professional who explained the choices. If the patient's attending physician was not there at the time, he or she should sign later, in order to make the form valid. If the patient is in a health care facility and then is transferred to another facility, the LST Options form will be sent to the new facility.

IV. The Parts of the LST Options Form

This is a summary of what the LST Options form covers. You'll only be asked to fill out parts that relate to the patient's current condition or are likely to be relevant in the near future. You can initial a choice that is already printed on the form or say something else under "Other."

If you are not ready to fill out a part, you can write "No decision at this time" in the space marked "Other." You can always consult with a trusted advisor, such as a family member or religious advisor, before making a decision. But always consider what could happen if the treatment issue comes up urgently, before you have made a decision.

Part A. Main goal(s) of care.

It is best if specific treatment decisions are consistent with one another and with the patient's personal goals. Part A invites you to identify the main goal for the patient, which is what all specific treatments should relate to. What do you hope that the treatments will achieve for the patient?

The main goal(s) of care should be identified from *the patient's* perspective, based on your understanding of the patient's wishes, if known, or the patient's best interests. Your personal beliefs and values should not lead to decisions that override the patient's goals and wishes.

Part A allows more than one main goal of care to be written down. Often, two goals can be pursued at the same time – for example, prolonging life while controlling pain and other distressing symptoms. But if the use of a life-sustaining treatment would not allow for maximum comfort, as sometimes happens, health care providers ought to know which goal is more important.

Part B. Advance directive and health care proxy contact information.

If the patient has an advance directive, it should be with the form. In the space for contact information, write your name and phone number, as well as contact information for anyone else who has the same decision making authority as you (for example, another sibling with the same priority under the law).

Part C. Attempted CPR.

How do you want health care providers to respond if the patient's heart or breathing suddenly stops? One choice is for cardiopulmonary resuscitation (CPR) to be attempted, in an effort to extend life. The other choice is that CPR is not attempted, allowing death to occur naturally. In making this decision, don't assume that CPR is as effective as it may appear to be in television dramas. Talk to the doctor about the realistic chances that CPR might succeed and the likely impact of surviving CPR

on the patient's medical condition, use of artificial ventilation, and subsequent outlook (prognosis). This part does not have space for "Other," because there is no third choice. CPR is either attempted or not.

Part D. Artificial ventilation.

Do you want a breathing machine and related tubes to be used if the patient can't breathe well enough unaided? In addition to a flat yes or no answer, this part of the form asks about possible use for a limited time, to see how the patient does, and then to allow the treatment to be discontinued if it does not help attain the main goal(s) of care.

Part E. Hospital transfer.

Do you want the patient to be transferred to a hospital for a severe acute illness or injury? The answer depends on the main goal(s) identified in Part A. Depending on the setting, it is often possible to treat an acute illness or injury outside of a hospital. Hospitals may offer more aggressive, rapid, or frequent care than can be obtained elsewhere. But hospitalization is not always the best or most comfortable solution to treating an illness or injury. Sometimes it is preferable to limit care and treatment to whatever options are available where a patient is. A preprinted item also allows a choice of hospitalization if needed to evaluate an acute injury, but not for acute illness or complications related to the patient's underlying medical conditions.

Part F. Medical workup.

If the patient has or develops significant symptoms, do you want tests done to try to diagnose or monitor the problem? Would this testing, called a medical workup, help achieve the main goal(s) of care? A medical workup can be uncomfortable and is not always helpful. Testing would not be helpful, for example, if the problem, once it is diagnosed, would not be treated. One possibility, printed on the form, is to accept only noninvasive and low-risk tests.

Part G. Antibiotics.

Do you want antibiotics to be used in case of an infection like pneumonia? For some patients, antibiotic treatment is consistent with the main goal(s) of care. For others, it is not. A middle course is to rule out a more burdensome way of receiving antibiotics, intravenous infusion, but to allow other methods.

Part H. Artificially administered fluids and nutrition.

Do you want artificially administered fluids and nutrition to be used (that is, feeding through a tube inserted into the nose or surgically into the stomach or intestines, or through a needle into a vein) if the patient can't take in enough orally? In addition to a flat yes or no answer, this part of the form asks about possible use for a limited time, to see how the patient does, and then to allow it to be discontinued if it does not help attain the goal(s) of care. It also asks about the option of intravenous administration of fluids, but not artificially administered nutrition.

Part I. Other treatments.

This part provides space to make decisions about other life-sustaining treatment options that might be particularly relevant to the patient (for example, blood transfusions for anemia or internal bleeding, or dialysis for kidney failure). Preferences can be stated in terms of the use of a treatment indefinitely or repeatedly, temporarily to try to resolve an acute episode, or not at all.

V. Getting More Information

More information about the LST Options form and Maryland health care law is available on Attorney General Gansler's web site. Our home page is: www.oag.state.md.us. From there, click on "Health Policy" from the menu on the left of the screen. But, we cannot offer individual legal or medical advice or help in filling out an LST Options form.