

DNR OR ADVANCE DIRECTIVES? IMPORTANT TO UNDERSTAND DIFFERENCE

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Maine adopted a statute allowing persons to set forth their end of life decisions in a legally binding document. The statute even provides a form that has been commonly used in the state and distributed by many hospitals and health care facilities. Although it is designed as a do-it-yourself document, going through it can be a very confusing process. The two main components of the document are naming a person or agent to make one's health decisions when one is not able to do so himself. The other is putting limits on the types of procedures one wants or doesn't want when the end of life is approaching. The standardized Maine HealthCare Advance Directive form can be downloaded at this site: <http://www.themha.org/policy-advocacy/Issues/End-of-Life-Care/advdirectivesform.aspx>

This form includes a separate form on the last page called Do-Not-Resuscitate (DNR) Directive. One of the reasons there is confusion surrounding this issue is that these are two separate forms with two very different objectives. In simple terms, an Advance Directive sets forth the procedures one would want or not want if she was toward the end of her life defined loosely as having not much longer to live, being permanently unconscious or where the burden of medical interventions would not be worth the benefit; in other words treatments that would sustain life indefinitely, and without which, death would probably come sooner. The DNR on the other hand deals with on the spot emergency interventions without which one would probably die immediately. The most common example of this would be CPR (cardiopulmonary resuscitation) in the event of cardiac arrest.

Advance Directives are legally binding if signed by the individual and witnessed by two others. A DNR on the other hand is binding only if signed by the individual and his or her physician. Advance Directives are recommended for any adult, in good health or not, to go into effect in the event of circumstances that render the person unable to make her own health care choices. A DNR by contrast is not usually appropriate for healthy individuals but rather for people who are elderly and/or infirm or terminally ill. CPR often involves aggressive chest pumping that can break ribs, particularly in a frail individual. Although such procedures can revive a person, they can also create new problems. For a young or healthy person, such problems might well be worth having one's life extended. For someone who has lived a long life and is not in good health, the choice might be to allow the end to come naturally. It is very important that people understand the difference between these two documents. In sum, Advance Directives are for everyone; DNRs must be considered very carefully on a case by case basis.

Kathleen Kienitz is a certified elder law attorney who practices elder law in Lewiston, Maine. Laws and regulations are subject to change. The information presented here is for general use and does not constitute legal advice. If you have legal issues, you are encouraged to consult an attorney to obtain legal advice that is relevant to your specific situation.

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