

End-of-life care faces changes

New laws expand choices for patients

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New Hampshire residents will soon find it easier to control the medical care they receive at the end of their lives, and hospitals across the state want to make sure that health care providers follow their wishes.

A new set of laws that goes into effect Jan. 1 makes broad changes to the rules governing living wills and other end-of-life planning documents. It also creates the first set of statewide guidelines for do-not-resuscitate orders, which allow patients to forgo CPR.

For the past several months, Shawn LaFrance, executive director for the Foundation for Healthy Communities, has traveled the state with a thick three-ring binder and 15-minute DVD, educating doctors, nurses, paramedics, chaplains and hospital

administrators about the new regulations. In all, he's talked to more than 300 people at 14 hospitals.

"The fundamental thing is that this is all about listening to patients and helping them understand their choices and following those choices," said LaFrance, who, along with lawmakers, health care providers and members of the clergy, spent several years rewriting the law.

The concepts in the legislation are not new. Since 1991, New Hampshire has allowed adults to indicate the level of care they'd like to receive at the end of their lives by filling out two documents. One, called a living will, outlines the procedures a person wants when they're near death or permanently unconscious. The other, called a durable power of attorney for health care, designates another adult to make medical decisions when the patient cannot.

See **WILLS - A6**

WILLS Continued from A1

The new law merges the two forms and makes them simpler to fill out. Instead of finding a notary public or justice of the peace, families can use two witnesses to validate the documents. If the patient wishes, the new law also allows an advanced registered nurse practitioner to enact the living will with a doctor's consent. (Currently, two doctors must agree that a patient is sick enough for the will to apply.)

"There's going to be a lot more clarity around the documents and how they're used," said Patti Nichols, director of patient and family services at Concord Hospital, where staff will be trained on end-of-life planning in the coming weeks. "It's certainly going to make it easier for us."

One of the biggest changes to the law affects people with dementia. The new forms allow a person to direct ahead of time that their written wishes be carried out even if they later verbally object. For instance, someone in the early stages of Alzheimer's disease might leave written instructions to eventually place himself or herself in a nursing home, no matter what the person says when the disease has damaged his or her cognitive skills. Under current law, the family would need a judge's permission to carry out her written request.

"In a small but significant sample of patients, this would be an appropriate choice," LaFrance said. "They recognize that, with dementia, you can reach a state where you're very argumentative, but they trust their agent to be treating them well."

Another major change involves do-not-resuscitate orders, which bar medical personnel from using CPR to restart a patient's heart and which are not addressed in current law. Right now, hospitals

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On Jan. 1, a new set of laws go into effect changing the way the state regulates living wills and other end-of-life planning documents. Existing documents will remain valid, but lawyers and health care providers hope residents review their papers in light of the new law. For more information, contact your local hospital, or go to healthynh.com.

reject the orders.

Existing forms will remain valid, but health care providers and attorneys hope families will review their end-of-life plans in light of the new law. New forms may be necessary if a patient wants to entrust a nurse practitioner with carrying out the living will or to more thoroughly define care for a person with dementia.

"What lawyers typically advise is that people review their documents every three to five years to make sure that the appropriate people are named," said Nelson Raust, an elder law attorney with the law firm of Devine Millimet in Manchester. "This is an opportunity to do that."

Most people complete advance directives when they fall ill or are organizing their estate, but those familiar with the law say even young, healthy people should make their wishes known. Otherwise, hospitals often have to ask a judge's opinion on treatment.

"Everyone should have these advance health care directives," said Merrimack County Register of Probate Jane Bradstreet. "You should do these for your adult children also. Once your child reaches 18, you don't have the right to make decisions for them or get their medical information."

and nursing homes have their own forms that, in many cases, aren't accepted elsewhere.

The new law allows doctors to issue do-not-resuscitate orders that are valid at all health care facilities throughout the state. The forms are bright pink, and patients have the option of carrying wallet cards and wearing jewelry to alert paramedics.

Doctors may opt out of honoring a do-not-resuscitate order if they're morally opposed to carrying out a patient's wishes. Hospitals, too, can decline for religious reasons as long as their policy is posted clearly in waiting rooms. However, the New Hampshire Hospital Association doesn't know of any hospitals planning to