

Appendix A. Glossary for End-of-Life Planning

Advance Care Planning: Doing what you can do to prepare for end-of-life across the lifespan.

There are written documents available for us to communicate our care wishes, including requesting a surrogate decision-maker if we cannot communicate for ourselves.

Advance Directive: Living wills and medical powers of attorney that allow you to give instructions about future medical care. They also appoint someone to make decisions if you are unable to make them yourself. These are regulated differently in every state.

Do-Not-Resuscitate (DNR): An order written by a physician instructing healthcare providers to not attempt cardiopulmonary resuscitation (CPR) because of cardio or respiratory arrest. Someone with a valid DNR order will not be given CPR. This order is written at request of a person or his or her family, but a physician must sign it.

Palliative Care: Medical care that focuses on treating serious illness, specifically on the physical, psychological, spiritual and social needs of the patient. Palliative care aims to achieve the best quality of life possible for the patient by relieving suffering, treating symptoms, and allowing the patient to live the fullest life possible. In doing this, providers must respect a patient's cultural, religious beliefs, and values.

Hospice Care: Delivers palliative care to persons who are near death. Hospice care also provides support for the patient's family, including bereavement support.

Life-Sustaining: Medical procedures that can replace or support important bodily functions. These can also be called life-support procedures and include CPR, mechanical ventilation, artificial nutrition, hydration, and dialysis.

Living Will: A legal document in which an individual states his or her desires about future care should he or she be near death and unable to communicate. This may also be referred to as a “directive to physicians,” “health-care declaration,” or “medical directive.” A living will guides family members and physicians when they must decide how aggressively to treat a patient to delay death.

Medical Power of Attorney: This document lets a person appoint someone else to make important decisions about his or her care in case he or she is unable to communicate. This can also be called a “healthcare proxy,” “medical power of attorney,” “appointment of a healthcare agent,” or “surrogate.”

Surrogate Decision-Making Laws: Laws that let a person or group decide on medical treatments for someone who has lost the ability to make decisions for him- or herself but who has not prepared an advance directive. Some states refer to this as the “surrogate.”

Withholding or Withdrawing Treatment: Stopping or not starting life-sustaining treatment after they have been in use for a period of time.

—National Hospice and Palliative Care Organization (2017)

See also: Web MD. (2017). *Questions and answers: Advance directives and end-of-life decisions*.

<http://www.webmd.com/a-to-guides/questions-answers-advance-directives-end-of-life-decisions-medref#1z>