

ADVANCED DIRECTIVES AND DO NOT RESUSCITATE ORDERS©

Charlotte A. Lacroix DVM, DVM
Veterinary Business Advisors, Inc.
www.veterinarybusinessadvisors.com

The sweat rolled down her forehead as she manually massaged “Jake’s” heart. Dr. Criticare had not wanted to crack “Jake’s” 15 year old chest, but, felt she had no other choice since the hospital staff had been unsuccessful in contacting “Jake’s” owner. This had been “Jake’s” third run-in with an automobile, since he had been a young dog. He just could not get enough of those tires. Despite “Jake’s” grave prognosis and apparent pain, Dr. Criticare proceeded with her CPR efforts even though “Jake” was not likely to recover from this latest confrontation with a bumper.

Advanced Directives and Do Not Resuscitate Orders are two forms of directives which guide human health care providers as to the type and extent of medical care that should be provided to patients. While rarely used in the veterinary clinical setting, such directives would allow pet owners to specify the type of medical care, if any, that should be provided to their pets in the event of an accident or life threatening condition. Additionally, the use of directives would relieve some of the burdens experienced by veterinarians faced with making difficult decisions as how to proceed with the care of patients when there are no clear instructions from clients who are unavailable to make decisions.

Having owners consider the use of directives prior to the onset of an emergency, allows more time for them to think about the ethical, emotional and financial ramifications associated with the consequences of their decisions. This is especially the case for owners who have a strong relationship with their pets, since they are likely to have the most difficulty grappling with these complex issues and making an informed decision as to what is the most appropriate course of medical treatment. Veterinarians who initiate discussions addressing the use of advanced directives can get owners to think about their pets’ health, which ensures against impulsive and emotionally charged decisions which may not be in the best interests of the pets or owners.

The authors are not aware of any laws addressing the use of directives for veterinary practitioners, but, most states do have laws, known as right to die statutes, that set forth the scope and procedural requirements that apply to these directives in the human context. While, these laws do not regulate the veterinary community’s use of advanced directives and DNRs, they could serve as guidelines for veterinarians who wish to use such directives and adopt hospital policies on their implementation.

The implementation of advanced directives and DNRs in the veterinary clinical setting is a daunting endeavor. Their use will require that veterinary practices adopt policies, draft forms, and train their veterinary and non-veterinary staff to discuss the numerous ethical issues associated with their use. Fortunately, the veterinary community does not need to “reinvent the wheel” but can look to the human medical field for guidance. Advanced directives and DNRs are commonly used in human hospitals, which have policies and forms that can be modified and tailored for use in veterinary hospitals.

WHAT IS AN ADVANCED DIRECTIVE?

Advanced directives used in the human medical field are instructions written by patients, usually long before they have become ill, that list the types of medical interventions that patients wish to receive in the event they lose their mental capacity to make decisions pertaining to their care. Individuals are usually prompted to consider these documents as part of their estate planning and the drafting of their wills. Laws about advanced directives vary from state to state, but, usually recognize two forms of advanced directives: the living will and the durable power of attorney for health care.

Advanced directives do not have the same implications in the veterinary setting, since it is the owners and not the pet patients that make decisions pertaining to the management of pets' medical conditions. However, they do have their place in assisting veterinarians in carrying out the wishes of their clients as it relates to the care of terminally ill pets. Owners who anticipate being unavailable to make medical decisions for their pets, either because of travel plans or their own illness, could use these directives to give themselves the peace of mind that their wishes will be carried out.

The Living Will

The advance directive known as a living will is a written document wherein patients specify in advance of a terminal illness or serious accident, the type of medical care they wish to receive should they lose their ability to make medically-related decisions. Living wills allow physicians to manage their patients' medical conditions in accordance with their patients' wishes as opposed to leaving these very personal decisions to individual doctors, hospital ethics boards or courts. Used by pet owners, living wills would provide veterinarians with guidance as to the appropriate medical interventions to pursue and, thus, eliminate the guessing games practitioners endure trying to "read" the minds of their clients. An example that can be tailored to a specific veterinary practice is set forth below.

LIVING WILL ADVANCE INSTRUCTION FOR HEALTH CARE OF (Insert Pet's Name)

Pet's Name: _____; Species: _____; Sex: _____

EFFECTIVE DATE: _____

I, the undersigned owner of the pet identified above, certify that I am over eighteen years of age, and make this statement as a directive to be followed if, for any reason, I become unable to participate in the decisions regarding the medical care of my pet.

I direct that if in the opinion of the attending veterinarian, my pet's medical condition becomes such that:

1. My pet's medical condition is terminal and hopeless, or death is imminent;
- or
2. My pet is in a state of permanent unconsciousness; or
3. My pet is suffering and it would be inhumane to keep my pet alive; or

4. There is no reasonable expectation that my pet will recover and regain a meaningful quality of life; or
5. My pet is in the terminal stage of an irreversible fatal illness, disease or condition;

then, I direct that further treatment by life sustaining procedures, methods and devices involving further therapeutic or emergency care be withheld and withdrawn. I further direct that all treatments be limited to comfort and pain management measures only, even if they shorten my pet's life.

The life sustaining procedures, methods and devices, and therapeutic or emergency care that shall be withheld and withdrawn, include, without limitation: surgery, antibiotics, cardiopulmonary resuscitation, respiratory support or life sustaining treatment, and artificially administered feeding and fluids.

I hereby release any veterinarian or hospital from any legal liability for honoring this directive, and declare that any such veterinarian or hospital is acting in accordance with my directions.

Being of sound mind, I voluntarily execute this order, and I fully understand it.

Owner's Signature

Date

Owner's PRINTED name

Durable Power of Attorney for Health Care

A durable power of attorney for health care allows individuals to appoint others to make medical decisions on their behalf when they are unable to do so. Since these agents are appointed to substitute in their judgments for that of the patients, they usually are spouses, children or close family members or friends who know the patients well and, therefore, are likely to arrive at the same medical decisions as the patients. This delegation to another is not directly relevant in the veterinary context, since it is not the pets but rather the owners that control the medical care delivered. Nonetheless, owners could delegate their rights to make such decisions others whom they feel could make the appropriate decisions for their pets.

In the human context, if there is a dispute as to whether an agent's medical decision should be carried out, a court or governmental body may review the substituted decision to ensure that it is in fact in the best interests of the patient. Such judicial or governmental scrutiny is unlikely to occur in the context of pets in the near future, since animals still considered to be property and, as such, have no protectable rights. The only exception to this rule would be if the medical decision was considered to lead to cruel and inhumane treatment.

An example of a medical power of attorney, could read as follows:

MEDICAL POWER OF ATTORNEY

I, the undersigned owner, of *(Insert Pet's Name)*, a *(Insert Age)* *(Insert Species and Breed)*, certify that I am over eighteen years of age, and appoint:

Name: _____
Address: _____
Phone: _____
Fax: _____

as my agent to make any and all health care decisions for my pet, except to the extent I state otherwise in this document. My agent shall follow my wishes as known to him or her either through this document or through other means. If my agent cannot determine the choice I would want for my pet, then my agent's decision shall be based on what he or she believes to be in my pet's best interest. This medical power of attorney takes effect if I become unable to make health care decisions for my pet and this fact is certified in writing.

The following sets forth limitations on the decision-making authority of my agent:

(Suggested limitations)

- a. Agent's decisions must be made in accordance with the living will directive for my pet, executed on *(insert date)*.
- b. I agree to pay for all authorized services, as long as the costs for my pet's medical care does not exceed \$
- c. No limitations shall be imposed on my agent.

I understand that this power of attorney revokes any prior medical power of appointment and shall exist indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for my pet and this power of attorney expires, the authority I have granted to my agent shall continue to exist until the time I again am able to make health care decisions for pet.

(IF APPLICABLE) This power of attorney ends on the following date:

If the person designated as my agent is unable or unwilling to make health care decisions for my pet, I designate the following alternative person to serve as my agent to make health care decisions for my pet as authorized by this document.

Name: _____
Address: _____
Phone: _____

I sign my name to this medical power of attorney on the ____ day of *(Insert month and yr)*

Owner's Signature

Owner's PRINTED name

WHAT IS A DO NOT RESUSCITATE ORDER?

Do Not Resuscitate orders (DNR) instruct health care providers not to perform cardiopulmonary resuscitation or any other life sustaining techniques to prolong a patient's life. While advanced directives are written by patients, usually before they become ill, DNRs are directives issued by attending physicians after certain criteria have been met. Typically, before physicians will issue DNRs, patients must be terminally ill or afflicted with medical conditions for which resuscitation would be unsuccessful or harmful to the patient. Resuscitation ordinarily includes the full range of cardiopulmonary resuscitation techniques, including 1) establishing and maintaining an airway, 2) cardiac compression, 3) defibrillation, and 4) administering cardiovascular medications. Unsuccessful resuscitations are those that are unlikely to be effective or, if effective, make it probable that the patient's medical condition will result in another cardiopulmonary failure shortly thereafter. In determining whether a resuscitation would be harmful, physicians, patients and family members weigh the pain and suffering experienced by the patient with the likelihood that the resuscitation would be successful and lasting.

Before a DNR can be issued, attending clinicians must first have received consents not to resuscitate pets from their clients or clients' agents, and such consent must be noted in the medical record if no separate form is available. The consent must be informed, which means that the client has been apprised of, 1) the reasons for the DNR and its consequences, 2) which treatments will be withheld, and 3) the availability of alternatives and their consequences. Additionally, clients should have had opportunities to ask questions and have been offered opportunities to seek second opinions.

As with advanced directives, the basis for using DNRs is to ensure that patients' wishes are honored and that their lives are not unnecessarily and painfully prolonged. Pet owners may wish to exercise similar prerogatives for their pets and those veterinary hospitals that provide clients with DNRs will not only provide clients with opportunities to become more involved in the critical health care decisions of their pets, but also, reduce the incidence of misunderstandings from mismatched expectations. More importantly, the use of DNRs will encourage owners to become actively involved and therefore assume responsibility for the difficult medical decisions they make on behalf of their pets.

DNRs are not lengthy nor complicated documents but should contain at a minimum, the name of the pet, names and signatures of the veterinarian and client or client's agent, the words "Do Not Resuscitate" prominently displayed, and the effective date of the DNR. An Example follows:

DO NOT RESUSCITATE ORDER

Pet's Name: _____; Species: _____; Sex:

EFFECTIVE DATE:

- I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am over eighteen years of age, and have been informed of the critical nature of my pet's medical condition.
- I hereby request that in the event my pet's heart and or breathing should stop, **NO PERSON SHALL ATTEMPT TO RESUSCITATE MY PET.**
- This request is being given after (*Insert Name of Attending Veterinarian*) has discussed with me my pet's medical condition and the consequences of this order **NOT TO RESUSCITATE.**
- This order is effective on the date set forth above until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I fully understand it.

Owner's or Agent's Signature

Date

Owner's or Agents PRINTED name

Veterinarian's Signature

Date

Veterinarian's PRINTED name

Witness for Telephone Authorizations

Date

Witness' PRINTED name

HOSPITAL POLICIES

Veterinarians who wish to use advanced directives and DNRs in their hospitals should concurrently adopt hospital policies that inform clients of their options to accept or refuse medical treatments for their pets and instruct hospital personnel on how to use such directives. An example of such a policy would include the following:

(*"Insert Hospital Name"*) Policy Pertaining to the Use of Advanced Directives and Do Not Resuscitate Orders (DNRs)

(*"Insert Hospital Name"*) has adopted the following policy pertaining to the use of advance directives and DNRs, to ensure that the medical decisions made on behalf of our clients' pets reflect owners' wishes which have been clearly communicated to the hospital staff. Such directives shall be used only after clients have been fully informed of the medical condition of their pets and consequences of their decisions. These decisions should reflect a clear

commitment to serve the needs and best interests of the patients and be made only after careful consideration by clients and attending veterinarians. The following guidelines have been developed to provide pet owners, veterinarians and hospital staff, with support and guidance in making decisions to withhold or withdraw life-sustaining treatments from our patients.

POLICY GUIDELINES:

Definitions:

- Advanced directives are documents by which clients provide instructions to their veterinarians as to the type and extent of health care that should be provided to their pets if they are not available to make decisions at the time such choices are medically required. There are two types of advanced directives, living wills and medical powers of attorney. Living wills, guide veterinarians as to what types, if any, of life sustaining treatments should be provided to terminally or critically ill pets. Medical powers of attorney permits clients to appoint persons to make medical treatment decisions for their pets. If a living will has been completed for a pet, the appointee's decisions would be guided by that document.
- A DNR is provided by the veterinarian and requires the client's consent and signature . It serves to notify all attending medical personnel that no one is to use cardiopulmonary resuscitation to revive a patient, if the pet stops breathing or experiences cardiac arrest.

Procedure:

- For pets that are admitted as critical care patients, terminally-ill patients or are likely to require advanced directives and or DNRs, clients will be asked at each admission whether they have such documents. If so, copies of each will be placed in patients' medical records.
- For clients that have no directives for their pets, attending veterinarians and support staff may discuss the use of such directives if clients make a request or, if in the opinion of the veterinarians, such discussion is warranted based on the medical conditions of the patients.
- All discussions pertaining to directives and life sustaining treatment must be recorded in the pets' medical records.
- If clients wish to sign a DNR, veterinarians and or support staff must indicate to the clients or agents, which medical treatments will be withheld and explain the rationale for such decisions. If a DNR is issued and signed, clients should be informed that even though certain treatments be withheld, other treatments will be provided to ensure their pets' comfort and relief from pain.
- If a pet suffers cardiac or respiratory arrest, cardio-pulmonary resuscitation will be initiated unless a DNR order has been written and signed by a veterinarian and the client and put in the pet's medical record. Owners will be charged for resuscitation services in accordance with the hospital's fee schedule.
- Veterinarians and staff members who are unable to follow through with a client's directive must transfer the care of the patient to another veterinarian and or staff member, who will honor the client's wishes.

Client Considerations

- Determining the specifics of advance directives for pets that are regarded as family members is difficult. While owners cannot anticipate all the different medical decisions with which they may be faced, they should consider their treatment goals.

- Owners may wish to examine their attitudes towards the possible death of their pets and under what circumstances they would consent to a DNR.
- Some useful questions owners may wish to consider include,
 - 1) Could you provide supportive care to a pet that was incontinent, partially or completely paralyzed, needed multiple medications per day, or had a condition that altered its behavior?
 - 2) How active and healthy is your pet currently? How old is your pet? Has your pet lived most of its adult life? Would age and activity level play a role in your decision-making process?
 - 3) Do religious beliefs or finances play a role in decisions about your pet's health care?
 - 4) What role should other family members and your veterinarian play in your decisions?
 - 5) How does your pet's quality of life effect your decision? What are your expectations? Some clients consider pets afflicted with blindness or that have an amputated leg, as unacceptable handicaps. At what point would you consider euthanasia or a DNR?

ETHICAL CONSIDERATIONS IN THE USE OF DIRECTIVES

The use of advanced directives in the human medical field has evolved only after considerable discussion as to their ethical ramifications. The veterinary profession will be faced with different ethical issues than physicians, however, since animals are characterized as property under the law and there is neither recognition nor protection of their individual rights. The closest similarity in the human context is the medical management of critically ill patients who are mentally incompetent, which often includes minors, mentally handicapped individuals and elderly people who are no longer able make their own decisions. In such situations, many state courts recognize that family members, and not the doctors nor government officials, are best qualified to make substituted decisions for incompetent patients. Nonetheless, family members' decisions have been scrutinized by judges when the decisions were inconsistent with patients' interests or if there was evidence that they were contrary to the patients wishes.

While no one can be sure of pets' wishes as it pertains to their care, a presumption that owners are best qualified to make such decisions is reasonable and, in fact, has been the standard followed by most veterinary practitioners. It becomes complicated, and the moral, ethical and legal ramifications are not clear, when veterinarians and their staff substitute judgments that differ from those of their clients. One can speculate, however, that veterinarians who fail to honor directives that withhold medical treatment may subject themselves to lawsuits and risk being held accountable for damages. This would likely include the cost of all medical care that was provided subsequent to the veterinarian's decision to keep the pet alive.

CONCLUSION

The use of advanced directives and DNRs are not commonly utilized within the veterinary profession. Yet as the human-animal bond grows and the profession continues to improve its ability to extend the lives of its patients through advancements in technology, pharmacology, and medical and surgical techniques, there will be an increased need and demand for such directives. Directives from owners will encourage owners to consider the difficult

decisions that arise in caring for critically or terminally ill pets and encourage them to consider their options when they are not under the stress and pressures of emotionally charged situations.

Additionally, the use of such directives will provide clearer guidance for veterinarians as to whether they should provide medical and or surgical support and, if so, to what extent. Since many of the issues that arise in drafting, interpreting and carrying out directives are similar to those in the human medical professions, the forms and policies used in human hospitals can be useful starting points for veterinary hospitals. As to the moral, ethical and legal issues which will surface from the use of such directives, only time will tell.