

## ADVANCE DIRECTIVE QUESTIONS

**The following outlines a possible discussion a physician may have with a patient.**

1. As you know, when people come into the hospital doctors do everything they can to keep patients alive – they use breathing machines, artificial kidney machines, attempt to restart the heart if it stops, etc. Usually the patient agrees with these efforts. However, in certain circumstances some patients wouldn't want doctors to use these aggressive measures to try to prolong their life. For example, some patients would not want life sustaining treatment if they were in a coma or had a very poor quality of life. I try to talk to patients about these issues so I can respect your wishes. Have you thought about this issue? Do you want to talk about your wishes?
  - a. If the patient says s/he “wants everything done”, **SAY** “even if you were in a coma and not going to wake up?”
  - b. If the patient says s/he “would not want machines, **SAY** “ even if you had a pneumonia and we thought if we put you on a respirator for a short time you would get better and go home (in your current state of health)?”
  - c. What circumstance would make your life not worth living? What things make you life worth living?
  - d. REMEMBER ALWAYS ASK WHY?
  - e. REMEMBER THE PATIENT CAN CHOOSE NOT TO TALK.
2. What do you fear most about dying?
3. If you were terminally ill and permanently incompetent, would you want any life sustaining treatment to be continued?
4. Whether terminally ill or not, if you were permanently unconscious would you want any life sustaining treatment to be continued?
5. Whether terminally ill or not, would you want to be kept alive if you were unconscious, and had very little chance of ever recovering consciousness, and would almost certainly be very brain damaged if you did recover consciousness?
6. Whether terminally ill or not, would you want to be kept alive if you were gravely ill, had only a very slight chance of recovering (<5-10%) and would probably require weeks or months of future treatment before it was clear whether or not you would recover?

7. If you chose to have life support discontinued in any of the above conditions, would you desire, in addition to discontinuing any other life support measures, that fluids and nutrition be discontinued? Also ask about respirators.
8. If you came into the hospital and could not talk to me about what you wanted done who would you like me to talk to about your views and your care? Have you talked to anyone about your views concerning life supports?
9. PROCESS – Remind the patient that we can talk about this more in the future. People can, and often do change their mind.
10. Any questions?
  - 10a. If your family and I thought that following your advance directive was not in your best what would you want me to do?
  - 10b. If you said that you did not want life sustaining therapy continued, but your family wanted the doctor to continue treatment because of their emotional needs, what would you want me to do (i.e., do what the family wants and override your wishes or do what you said you wanted and override the family's wishes?)
11. So far we have talked about the things you would not want done if you became really sick. Some people have strong views about the way they want to spend their last days. What will be most important to you when you are dying (e.g., physician support, no pain, family members present, etc.)?
12. Where would you prefer to die?
13. What is your attitude toward dying?
14. What is the role of religion in your life?

Modified from Culver 1990  
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