

## Notes From the Chair

Thanks to all those who attended our MCDES Spring Conference with Miriam Greenspan. The 250 plus attendees (we actually closed registration due to the size of the group five days before the conference date!!!) indicated in their evaluations how much they appreciated Miriam and thanked MCDES for continuing to provide “outstanding educational opportunities to professionals....and at a great price!”

Lock into your calendars the Fall MCDES Conference date of Friday, October 21 from 8:30 a.m. to 4 p.m. The cost will be \$80 for MCDES members and \$100 for non-members. At this time we are just finalizing the program so watch the next newsletter for more information about the program itself. We hope you will again be able to attend and sign-up early!

Special thanks to Hella Lange and Ralph Richgarn for their dedication, hard work, and input over the ten years each of them served on the MCDES Board. Their contributions to MCDES have been outstanding. On behalf of all of us on the board and in MCDES, thank you Hella and Ralph!

Two questions for you: First, how up-to-date is your **own** health care directive? Second, have you checked the box yet to be a donor on your drivers license? Regarding both health care directives and organ/tissue donation, it is not just important to do the “paperwork,” but just as important to share your wishes with those around you. Don’t pass on the “conversations that matter!”

## Health Care Directive Resources

HCD forms can be obtained from your health care provider or found at: [www.mnaging.org/seniors/assistance/directive.html](http://www.mnaging.org/seniors/assistance/directive.html), or [www.health.state.mn.us/divs/fpc/profinfo/advdir.htm](http://www.health.state.mn.us/divs/fpc/profinfo/advdir.htm)

## “Don’t Ever Let *That* Happen to Me!”

by Edward J. Holland

In the wake of the Schiavo-Schindler family tragedy no doubt many of us thought or spoke these words. Regardless of one’s position about “right to die” or “right to live” issues, I suspect most of us would never want “*that* to happen to me” or to those we love.

While not a panacea, a health care directive (HCD) can help. Advance care planning (ACP) can make a difference. Each of us has a right (and I’d argue, a responsibility) to make decisions and express our wishes about our health care options, including end-of-life care. And, we have a right to select a surrogate decision maker who can make health care decisions on our behalf when we’re unable and/or unwilling to decide for ourselves.

In Minnesota what many still call a “living will” is now correctly and legally known as a “health care directive” (HCD), a written document which gives each of us the opportunity to select a health care “agent” (surrogate decision maker) or agents and to give instructions about the care we want and/or don’t want if we’re incapacitated.

### How Do I Make a Health Care Directive (HCD)?

There are forms for your HCD. You don’t have to use a specific form; however, your HCD **must** meet the following **requirements** to be legal:

- ◆ Be in writing and dated.
- ◆ State your name.
- ◆ Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- ◆ Have your signature verified by a notary public or two witnesses.
- ◆ Include the appointment of an agent (or agents) to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your physician(s), your agent(s) and other important people in your life. Copies of your HCD should be readily accessible and given to your health care provider(s), your agent(s), family members, and other important people, such as your attorney, spiritual advisor, etc.

Although most of us believe that completing a HCD is a good idea, it’s estimated that fewer than 20% of us have actually completed a document. Reasons for this vary but often have something to do with, “I’d rather not think about *it*”. And, we all know what that “*it*” is. At the same time, ironically, most of us “don’t ever want *that* to happen to me!” when we hear about someone like Karen Quinlan, Nancy Cruzan or Terri Schiavo.

In their very helpful book, [Choices at the End of Life](#), former hospice nurses Linda Norlander and Kerstin McSteen address our natural resistance to discussing our own mortality. They write, “It’s easy to avoid...discussion by telling yourself, ‘Advance care planning isn’t my responsibility. Someone else will bring it up.’ Or worse, ‘It doesn’t matter, because things always work out somehow.’ Don’t count on it. If you don’t start the conversation, chances are that no one will.” (pg. 21)

Though important, talking isn’t enough. Put your words into action. Complete your health care directive. It’s a gift of love for those you love.