



Honoring Choices WISCONSIN

AN INITIATIVE OF THE WISCONSIN MEDICAL SOCIETY

GLOSSARY and STYLE GUIDE

activated power of attorney for health care – In the event a person has been declared incapacitated, their chosen health care agent assumes the duty or is “activated” to make health care decisions for that person, as stipulated in their power of attorney for health care document.

advance care directive - See *advance directive*

advance care plan – A person’s plan, formal or informal, for the medical treatments and life-sustaining measures he/she would or would not like if he/she cannot speak for him/herself. These often designate someone to speak on behalf of the person if they are not able to speak for themselves. Advance care plans typically are expressed in an *advance directive*.

advance care planning – A *process across time* of understanding, reflecting on and discussing future medical decisions, including end-of-life preferences. Advance care planning includes:

- Understanding your health care treatment options
- Clarifying your health care goals
- Weighing your options about what kind of care and treatment you would want or not want
- Making decisions about whether you want to appoint a health care agent and/or complete an advance directive
- Communicating your wishes and any documents with your family, friends, clergy, other advisors and physician and other health care professionals

advance directive – A document in which a person states goals, values and beliefs about health care treatment decisions, including who should make those decisions, in the event that person can no longer make those decisions for him/herself.

An advance directive can be changed at any time by the patient and may include a Power of Attorney for Health Care, Living Will or other expressions.

Also known as advance health directive or health care directive, but advance directive is preferred.

code status – A term used by physicians and other health care professionals to describe procedures that can be performed if a person’s heart stops or lungs fail. Code status can include the terms DNR, DNI or CPR.

- *DNR (do not resuscitate)*: Do not use CPR if a person’s breathing or heartbeat has stopped
- *DNI (do not intubate)*: Do not put a breathing tube down the throat to assist with breathing
- *Do not hospitalize*: Do not admit the person to the hospital overnight

comfort care – Medical care and treatment for immediate relief of pain and symptoms without intubation, artificial nutrition/hydration and re-hospitalization. Treatments and care usually are provided in a community setting or at home and can include oxygen and medications for pain and symptom relief.

CPR (cardiopulmonary resuscitation) – An emergency procedure to keep a person’s heart pumping and oxygen flowing to the brain. The procedure involves another person breathing into the patient’s mouth and pressing on the chest. Medicine and special equipment may be used to give electrical shocks to the person’s heart to get it working. A tube may be placed down the throat to breathe.

DNR (do not resuscitate) – An order issued by a physician that communicates to emergency medical technicians, first responders or emergency department staff that a qualified patient has decided he/she does not wish to be resuscitated. A qualified patient is an adult who has a terminal condition or would suffer pain or harm from resuscitation or for whom resuscitation would be unsuccessful.

durable power of attorney for health care – See *power of attorney for health care*

end-of-life care – Care provided to a patient who is nearing the end of his/her life. End-of-life care is often provided by *hospice*.

facilitator – A person trained to help initiate and support the process of advance care planning among patients, families and the health care team. Provided proper training and certification, the facilitator can be any member of the health care team, a volunteer or someone from outside the immediate care team.

feeding tube – A medical tube through which nutrition or hydration is administered into a person’s stomach, nose, mouth or other body opening. A feeding tube can be used to administer both nutrition and hydration, and can be used if a person cannot swallow normally or take in enough food or water. Some refer to an intravenous access (IV) as a feeding tube that goes into the vein, through which hydration and nutrition can be passed.

health care agent – The person chosen by a patient to make health care decisions in the event that the patient cannot make decisions for him/herself. A health care agent is named in a *power of attorney for health care*.

Other equivalent terms include *health care proxy*, *substitute decision maker* or *surrogate decision maker*, but health care agent is preferred.

health care directive – See *advance directive*

Honoring Choices Wisconsin (HCW) Statewide Steering Committee – An advisory group convened by the Wisconsin Medical Society (Society) to advise the Society on how best to pursue the mission of HCW, advocate in public for HCW and its mission and represent other HCW stakeholders.

hospice – A form of care that provides comfort and support to terminally ill patients and their families, where treatment focuses on the patient's comfort rather than on a cure for an illness and includes pain management and spiritual counseling.

hydration – The use of intravenous tubes to provide water to someone who cannot drink enough.

incapacity – Determination by two physicians, or one physician and a licensed psychologist, that a person is unable to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her own health care decisions. This determination of incapacity is used to activate a Power of Attorney for Health Care.

IV (intravenous) line – A narrow, flexible plastic tube placed in a vein. An IV is a way to give hydrating fluids, blood and medicine and/or nutrition.

living will – A document that provides a set of instructions about care at the end of life . A living will is often a component of an advance directive.

MOLST (Medical Orders for Life-Sustaining Treatment) – See *POLST*

MOST (Medical Orders for Scope of Treatment) – See *POLST*

nutritional support – The use of IVs or other tubes to provide nutrients to someone who cannot eat or drink.

palliative care –Specialized medical care for people with serious illnesses focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal of palliative care is to improve quality of life for both the patient and the family.

pilot team – A group from each Honoring Choices Wisconsin pilot participant that designs, implements and evaluates a plan for including advance care planning into health care routines. Members may include quality and performance improvement professionals, administrators, clinic managers, medical records professionals and other personnel.

POLST (Physician Orders for Life-Sustaining Treatment) – A standardized form that documents a conversation between a physician and a seriously ill patient or the patient's surrogate decision maker. POLST is designed for patients for whom a physician would not be surprised if they died in the next year. POLST is not a component of Honoring Choices Wisconsin or the Respecting Choices First Steps® program for Honoring Choices Wisconsin.

power of attorney for health care – A legal document naming a health care agent (also known as a POA or durable power of attorney for health care). A Power of Attorney for Health Care is often a component of an *advance directive*.

proxy – See *health care agent*

storage and retrieval – In the context of advance care planning, the ability to include an advance directive in a person’s electronic health record and easily access it when a Power of Attorney for Health Care is activated.

substitute decision maker – See *health care agent*

surrogate decision maker – See *health care agent*

IMPORTANT FACTS

- If a person names his/her spouse or domestic partner as a health care agent, and the couple divorces or the marriage is annulled or the domestic partnership is terminated, the Wisconsin POA document is revoked and a new POA is necessary. A person may name an ex-spouse or ex-partner as his/her primary agent only by completing and signing a new form after the divorce or after the marriage is annulled or the domestic partnership terminated.
- If a person names a domestic partner as his/her health care agent, and that person works in the medical setting where the POA is on file, the agent must be registered in the Wisconsin Domestic Partner Registry for the POA document to be valid.

This document is a continual work in progress. To suggest changes, additions or improvements, please e-mail HCW@wismed.org.