**Take time to think about the tough choices, experts urge.**

Most of us don’t like to think about end-of-life issues. We mistakenly believe there will be plenty of time to consider and execute these very important decisions.

If you really want control over how you live and how you die, make advanced health directives. These consist of a living will that specifies what kind of treatment you would want should you become incapacitated, and the designation of a health care proxy, or agent, who can make medical decisions for you.

You should start now, because making end-of-life decisions involves an ongoing conversation about values, priorities, and what quality of life means to you. Circumstances change and advanced planning for health care is a work in progress.

One type of advanced directive is a do-not-resuscitate order. Commonly referred to as a DNR, it means that if cardiac and/or respiratory arrest occurs- if your heart stops beating and you stop breathing- then cardiopulmonary resuscitation will not be performed in an attempt to save you.

If you are admitted to a hospital or nursing home, advanced directives will be discussed with you. What you might not be aware of is if you are at home, or anywhere outside the hospital, including and emergency room, you must have a special form called a Non-hospital Order not to Resuscitate if you desire CPR to be withheld. If you do not have this in place, and emergency personnel are called to your home, they must perform CPR if conditions warrant.

You can also wear a DNR bracelet that indicates to EMS personnel that a valid DNR order is in effect. If they see the bracelet on you, they don’t need to see an actual form.

If you are unable to voice your desires for medical treatment but have appointed an agent under the health care proxy law, they may make CPR decisions for you.

If you get sick before making advanced directives and do not have a proxy, a family member or close friend may make these decisions only if two doctors determine you are too ill to decide and one of four circumstances exist: You’re terminally ill with no hope of recovery, permanently unconscious, CPR would harm more than help you, or if it would be medically futile.

You or your proxy may withdraw a DNR order at any time. If you do, tell your doctors or nurses- this can be done verbally- so it can be documented on your chart. The doctors should retrieve copies of the DNR form and bracelet, if you have one.

Organize your thoughts about DNR orders so you can make informed decisions:

* If you’re not in cardiac or respiratory arrest, full treatment for injuries, pain, choking on a foreign body, and other medical conditions can still be administered even if you have a DNR.
* A copy of your DNR should be prominently placed and accessible to emergency personnel.
* A new document called Medical Orders for Life Sustaining treatment contains orders for other life sustaining treatment when the patient still has a pulse and/or is breathing. These include orders for intubation and mechanical ventilation, artificial hydration and nutrition, antibiotics and hospital transfer.

*From “Its best to plan for end of life issues” by Lynda Shrager*