Advance Care Planning Glossary

Advance Care Planning
Planning for healthcare you want to receive if you are facing a medical crisis. These are your decisions to make based on your personal values, preferences and discussions with your loved ones. If under the care of a physician, you should consult him/her also.

Advance Directive
A document drafted according to Arizona law that outlines your wishes regarding your healthcare and treatment. These documents are only valid when you are no longer capable of making or communicating your own decisions. There are several documents that are listed as advance directives according to A.R.S. §36-32 in the state of Arizona, including:

1. Living Will
2. Health Care Power of Attorney
3. Mental Health Care Power of Attorney
4. Pre-hospital Medical Care Directive – Do Not Resuscitate (DNR)

Agent
An individual (over the age of 18) who has been chosen to make healthcare treatment decisions for a person at the time he/she is unable to make these decisions due to incapacity or inability to communicate.

Artificial Nutrition or Hydration
A medical treatment when a patient is no longer able to take in nutrition (food) or hydration (fluids) by mouth. Can be done through a tube either through the nose into the stomach or through the skin into the stomach.

Attending Physician
A physician (doctor) who has the primary responsibility for a patient’s healthcare.

Cardiopulmonary Resuscitation (CPR)
Cardiopulmonary resuscitation is a group of treatments used when someone’s heart and/or breathing stops. CPR is performed in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing, or it can include pressing on the chest to mimic the heart’s function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

Comfort Care
A patient care plan that is focused on symptom control, pain relief and quality of life.

Decision-Making Capacity
In relation to end-of-life decision-making, a patient has medical decision-making capacity if he/she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient’s ability to understand other, unrelated concepts is not relevant. The term is frequently used interchangeably with “competency” but it is not the same. Competency is a legal status imposed by the court.

Do Not Resuscitate (DNR)
Do Not Resuscitate order (also referred to as a No Code or Allow Natural Death) is a physician’s written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his/her family, it must be signed by a physician to be valid. In Arizona, a non-hospital DNR order is written for individuals who are at home and do not want to receive CPR. This is called a pre-hospital medical care directive. It must be on orange paper. A DNR order does not mean you will not receive all comfort measures.

Emergency Medical Services (EMS)
A group of governmental and private agencies that provide emergency care, usually to persons outside healthcare facilities. EMS personnel generally include paramedics, first responders and other ambulance crew.

Health Care Power of Attorney
(Permanent Power of Attorney for Healthcare)
A legal document that lets you choose another person, called an "agent," to make healthcare decisions if you can no longer make those decisions for yourself. Unless the document includes specific limits, the agent will have broad authority to make any healthcare decision you could normally make for yourself. Health care power of attorney documents do not provide for any financial decision-making powers. The person appointed may be called a healthcare agent, representative, surrogate, attorney-in-fact or proxy.

HIPAA
Health Insurance Portability and Accountability Act (HIPAA) is a federal law that created national standards to protect personally identifiable patient health information from being disclosed without the patient’s consent or knowledge.

Hospice
A type of healthcare that can be offered in any setting that focuses on comfort and symptom management versus life-prolonging treatment. Hospice providers often work as a team of staff that often includes registered nurses, social worker, chaplains and/or volunteers. Patients receiving hospice services are no longer receiving treatment for their advanced illness.

Hospitalist
A physician whose practice focuses on patients who are admitted into the hospital and does not follow them back into the community or clinic setting.

Incapacitation
A person is said to be incapacitated if he/she is unable to function in a particular way (or not at all) because of severe illness, dementia or unconsciousness.

Visit AZNHDD.org for more information.
Intubation
Refers to "endotracheal intubation," the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

Life-sustaining Treatment
Medical treatment that is meant to sustain or prolong one's life. It may provide life-lengthening but often is not curative. Examples may include, but are not limited to, dialysis, CPR, ventilation, surgery.

Living Will
A living will is a legal document that outlines in writing your wishes regarding medical treatment in the event you are not able to communicate this directly with your healthcare providers. It can also help guide your designated health care power of attorney (if you have elected one).

Mental Health Care Power of Attorney
A document that allows and directs your chosen agent to make decisions for you regarding behavioral health placement and treatment if you no longer have capacity to do so yourself due to mental or physical illness. This can occur because of dementia or medication interactions or a mental health diagnosis. It is a healthcare document to consider as part of your advance care planning.

Palliative Care
Palliative care is a medical caregiving approach aimed at optimizing quality of life and alleviating suffering among people with serious, complex illness. This approach can include a combination of medical, faith-based and family-based practices. Patients who receive palliative care services may still be actively pursuing treatment options for their advanced illness.

Persistent Vegetative State
A condition in which a medical patient is completely unresponsive to psychological and physical stimuli and displays no sign of higher brain function, is not expected to improve and is being kept alive only by medical intervention.

Pre-hospital Medical Care Directive
A pre-hospital medical care directive is a document signed by you and a licensed healthcare professional that informs emergency medical technicians (EMTs) or hospital emergency personnel not to resuscitate you. This is also referred to as a DNR – Do Not Resuscitate. If you have this form, EMTs and other emergency personnel will not use equipment, drugs or devices to restart your heart or breathing, but they will not withhold other medical interventions that are necessary to provide comfort care or to alleviate pain. In Arizona, this document needs to be printed on orange paper. (azag.gov)

Principal
The person about whom an advance directive is written.

POLST
POLST is a portable medical order that helps people who are seriously ill, or frail receive treatments they want and avoid treatments they do not want to receive. POLST is part of advance care planning but is different than an advance directive. POLST is only for people who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty, for whom their healthcare professional wouldn’t be surprised if they died within 1-2 years.

Before the healthcare provider can complete the POLST form, they must have a conversation with the person about their medical condition, what is likely to happen in the future, their goals of care and treatment options they want or don't want. POLST forms tell other providers what care and treatments the person wants. During a medical emergency, if the person can talk, healthcare providers will talk to them about the care they want. POLST forms are used only when the person cannot communicate and need medical care. POLST is always voluntary, and the seriously ill person must sign the POLST form with the healthcare provider for it to be valid. (azhha.org/Arizona_polist)

Respiratory Arrest
The cessation of breathing; an event in which an individual stops breathing. If breathing is not restored, an individual's heart will eventually stop beating, resulting in cardiac arrest.

Revoke
A formal way to cancel your present advance directive documents.

Surrogate
A surrogate is someone who may make decisions about healthcare treatment on behalf of a patient who is found incapable. The surrogate may have been designated by the patient in a completed health care power of attorney document, appointed by the court as a guardian or as indicated by state statute in the following order of priority:

1. Patient's spouse
2. An adult child (or if more than one adult child, consent of the majority)
3. A parent of the patient
4. A brother or sister
5. A close friend (one who has exhibited special care and concern)

Terminal Condition
An infection or disease that is life-limiting, incurable and ultimately fatal. It is possible for people to live several years with a terminal condition.

Ventilator
A machine that provides mechanical ventilation by moving breathable air into and out of the lungs, to deliver breaths to a patient who is physically unable to breathe or breathing insufficiently.