Appendix Table. A Comparison of Selected Advance Directives*

Variable	*A Living Will* (22)	The Medical Directive (23)	*Your Life, Your Choices* (24)	Texas Advance Directive Act (25)	*Five Wishes* (26)
Publication date	1978	1990	1996 and 2001	1999 and 2004	2000
Author or publisher	Concern for Dying	Ezekiel LE, Emanuel EJ	Pearlman et al., VHA, U.S. Department of Veterans Affairs	Office of the Attorney General, State of Texas	Aging with Dignity
Area of legal validity	Unspecified	Discussed but unclear	Discussed but unclear	Texas	36 states and District of Columbia
Where accessible?	Probably no longer accessible	JAMA (1989;261:3288-93)	www.hsrd.research.va.gov/publications/internal/ylyc.htm (accessed 6 March 2007)	www.oag.state.tx.us/elder/elder.shtml#legal (accessed 6 March 2007)	www.agingwithdignity.org (accessed 24 November 2006); also available at 888-5WISHES
Additional information	*Questions and Answers about the Living Will*, other bibliography, articles, case studies, and films—likely outdated and unavailable	Professional journal article	52-page workbook	5-page *Senior Texans: Advance Care Planning* supplement at www.oag.state.tx.us/AG_publications/txts/Advance_Care.shtml (accessed 20 November 2006)	*Five Wishes* video
Eligible signers	Unspecified	Adults of sound mind	Any nonpregnant person capable of willful, voluntary decisions	Nonpregnant adults may sign all 3 documents; proxies or 2 physicians of incompetents may also sign out-of-hospital DNR‡ order	Anyone older than age 17 years
Length and format	2 pages and wallet card (for a contribution)	4 pages, no wallet card	4 pages and wallet card	8 pages for all 3 documents, no wallet card	12 pages and wallet card
Conditions for effecting	No recovery expected from "extreme physical or mental disability"	4 "representative" states of mental incompetence (such as coma, vegetative state, and other brain damage) with varied survivals and disabilities	Coma or vegetative state, stroke, dementia, and terminal illness	Condition likely to kill patient within 6 months or irreversible condition such that patient "cannot care for (him)self or make decisions and (would die) without life support"	Imminent death, severe brain damage (such as permanent coma), or other conditions the signer describes
Treatment choices†	Decline "artificial means" or "heroic (life-support) measures"	Choose or decline life-support and other measures Allows "trial of therapy" and "undecided" responses	Choose or refuse life-support measures and hospice care Allows "don't know" responses	Choose or refuse life-support measures individually or as a package	Choose or refuse life support as a package or allow a physician to decide
Choices about cadaver	Tissue donation	Organ or body donation for transplantation, education, or research	Organ donation, autopsy, other research on body, and burial or cremation	None	Organ donation, burial, and cremation
Special features	The most familiar early directive; now outdated Very brief Allows request for home care if it would "not jeopardize . . . recovery to a meaningful and sentient life or impose an undue burden" on family	Brief Lists many life-support and other treatments Poses questions to help patient define medical conditions too "hard" to justify prolonging life Allows personal statement Acknowledges need for proxy judgment when patient's wishes are unclear, patient is undecided, or situations are different from the 4 representative states States priority between patient instructions and proxy decisions and among proxies if conflicts arise Emphasizes physician's ongoing duties to diagnosis, assess prognosis, educate, and recommend	Easy-to-read layout with excellent graphics Comprehensive Workbook defines key concepts simply and uses case examples Emphasizes the patient's understanding of concepts Explains in everyday English common serious health conditions and their treatments Keys patient preferences to explanations in grid format Helps patient define relevant spiritual beliefs, hope for recovery, and acceptance of risk Workbook includes directives; Web site gives parallel references to VHA directives Gives tips for end-of-life care discussions with family and physicians Cautions about ambiguities of common terms, such as "pulling the plug" Allows instructions about how strictly to follow patient's wishes Includes funeral wishes Uses divider tabs, sidebar summaries, and prompts for easy reference Gives completion checklist Gives contact information for relevant organizations	Combines laws about instructional directives, proxy directives, and out-of-hospital DNR orders Emphasizes that spouses cannot intuit patient wishes Differentiates powers of attorney for medical care and property management Directives come in English and Spanish language; out-of-hospital DNR only in English Requires physician to transfer patient if physician cannot fulfill patient's wishes Allows expiration date Authorizes out-of-hospital DNR identification band Explains hospice care	Uses simple language Addresses personal, emotional, and spiritual needs, as well as medical needs; claims to be "the Living Will with a Heart and Soul" Gives instructions about revoking previous directives Lists traits of good proxy Lists decision-making powers of proxy Allows patient to write additional instructions Includes funeral wishes
Drawbacks	Does not define key concepts Gives vague instructions that are difficult to interpret clinically	Uses word-dense layout Explains treatments too simplistically Allows mutually exclusive treatment choices	Workbook length is daunting States some hopes as facts, such as directives "prevent confusion and . . . ease the burden on families" 1996 workbook directives use legal language and key to Washington state law	Gives sketchy definitions of life-support measures Makes unrealistic promises to "prevent arguments and bad feelings at the end of life," to achieve a "gentle" or "good end of life," and to help give survivors "a more peaceful bereavement"	Copyrighted Costs $1–$5 each Makes unrealistic promise to give "control (over) ··· how you are treated if you get seriously ill" Lists but does not define specific life-support measures Offers some unrealistic options, such as to "be kept fresh and clean at all times" and to protect family from guessing "what you want" and making "hard choices"

Appendix Table—Continued

Advance Health Care Directive (27)	**VHA Long-Term Care Advance Care Proxy Planning (28)**	**VHA Advance Directives (29)**	***Medical Orders for Life-Sustaining Treatment* (30)**
2000–2006	2002	1998 and 2003	2005
California Medical Association	Volicer et al.; VHA National Ethics Committee	VHA National Center for Ethics in Health Care	Rochester Health Commission
California	Unclear: not an "official" form but a model for local facilities to use in developing their own forms	Veterans Health System	New York
www.cmanet.org/publicdoc.cfm/7 (accessed 6 March 2007)	J Am Geriatr Soc (2002;50:761-7)	www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1450 (accessed 6 March 2007)	www.health.state.ny.us/professionals/patients/patient_rights/molst (accessed 24 November 2006)
6-page *Advance Health Care Directive Kit* and *Deciding To Forgo Treatment: Advance Directives*	Professional journal article	7-page VHA handbook defining staff duties	20-page *Guidebook to MOLST*
Legal adult California residents	Proxy and professional caregivers of incapacitated veteran patients	Veteran patients	Health professional completes, and physician signs for patient or proxy
8 pages and wallet cards	2 pages, no wallet card	6 pages, no wallet card	4 pages, no wallet card
Kit claims "any situation (when) you are unable to make your own decisions," but directive specifies only death within months or permanent life-support dependence with inability to make decisions	Conditions that normally require hospitalization and life support	Irreversible unconsciousness or terminal condition	Patient's current condition specified, but other conditions not specified
Choose or refuse proxy, physician, care facility, life-support measures, and release of information	Choose or refuse acute care hospitalization, "advanced interventions," other life-support measures, artificial hydration and nutrition, and comfort care	Refuse life-sustaining measures as a package	Choose or refuse CPR, intubation and mechanical ventilation, nutrition and hydration, antibiotics, and comfort care only; may also choose trial of treatment
Organ donation, autopsy (for education, research, or transplantation purposes), and body disposal	None	None	None
Offers DNR form for patients and preferred intensity of treatment form for physicians to complete on behalf of patients in long-term care facilities Kit and DNR form in English or Spanish language Uses simple language Kit answers common questions succinctly Kit gives space to list people with copies Allows personal statement about treatment wishes Reminds proxies to make sure patient wishes guide decision making Gives option allowing proxy to make decisions before patient loses decision-making capacity Requires signatures of 2 witnesses, notary public, or nursing home ombudsman Allows an expiration date Encourages use of prehospital DNR form Replaces Natural Death Act Declaration and Durable Power of Attorney for Health Care	Covers incompetent nursing home residents without advance directives Suggests attendees for care-planning conference Reminds to update with each year, transfer, or change of medical condition	Commits to respecting patient wishes Emphasizes advance care planning in outpatient clinic "Tools" to aid discussion Emphasizes patient education and collaborative decision making Defines key concepts simply (including decision-making capacity) Allows verbal instructions when patient cannot sign Reminds to communicate wishes and distribute directive properly Assigns to each facility's staff the responsibility for conducting this process Gives specific instructions for filing and implementing Requires review annually and at each hospitalization Allows health professional to transfer patient if directive violates professional's conscience Outlines dispute resolution procedures	Adopted from a model document used in Oregon§ "Translates current treatment preferences into physician orders" Summarizes but does not replace New York Living Will or New York Health Care Proxy directives Supplemental documentation form for special patients, including those lacking capacity to consent Requires review at hospitalizations and transfers, at changes of medical condition or wishes, and at least every 60 days for nursing home residents or every 90 days for other patients Physician may complete sections about non-CPR treatments on the basis of "clear and convincing evidence" of patient's wishes Default for uncompleted sections is full treatment Uses bright pink paper for ready identification
Gives sketchy definitions of life-support treatments Kit is copyrighted Kit and forms cost $1–$5 each	Makes exaggerated claim that patients "can continue to direct their medical care" when no longer competent Specific for VHA; may have limited validity elsewhere	Specific for VHA; may have limited validity elsewhere Does not implement features of state directives conflicting with VHA policy Prevents care team from overruling any proxy decision	Copyrighted Conditions for effecting other than patient's current condition are unspecified Burdensomely frequent review

* CPR = cardiopulmonary resuscitation; DNR = do not resuscitate; MOLST = Medical Orders for Life-Sustaining Treatment; VHA = Veterans Health Administration.
† "Life support," as used in these documents, typically includes CPR, intensive care, and mechanical ventilation but may also include antibiotics, chemotherapy, fluids and nutrition, and other treatments.
‡ Includes Texas' Directive to Physicians and Family or Surrogates (revised 1999), Medical Power of Attorney (revised 1999), and Out-of-Hospital DNR order (revised 2004).
§ *Physicians' Orders for Life-Sustaining Treatment*: Information about this prototype document is available at www.polst.org; at the Center for Ethics in Health Care, Oregon Health Sciences University, 3181 Sam Jackson Park Road, UHN-86, Portland, OR 97239-3098; or at 503-494-3965.