LIVING WELL

The Kindness of Making Your Wishes Known

Advance directives cannot settle every crisis, but they can give your family and health care team something vital: your voice.

The form waiting in the drawer

There is a form you keep meaning to finish. It may be beneath other papers, buried in a browser tab or still only an uneasy thought. Completing it feels like inviting in a future you would rather leave outside. So the form waits.

Then imagine the decision arriving first. You are too ill or injured to explain what you want, and the people who love you are asked to choose. Should a breathing machine be used? What about tube feeding, dialysis or resuscitation? They may know you deeply and still not know your answer.

An advance directive moves some of that decision-making out of the crisis. It is a legal document that records your choices about care and communicates them to family, friends and health professionals. It can help prevent the confusion that otherwise arises when you cannot speak for yourself.

This is not only paperwork about death. It is a way to protect your say in medical care when illness or injury has taken away your ability to express it. The document matters, but the relief comes from replacing guesswork with your voice.

Two different jobs

Advance directives can do two related jobs. A living will records which treatments you would accept or refuse if you were dying or permanently unconscious. It may address breathing machines, dialysis, tube feeding, resuscitation and organ or tissue donation.

A durable power of attorney for health care does something different: it names a health care proxy. This is someone you trust to make health decisions if you cannot. Instead of trying to anticipate every possible circumstance, you appoint a person who can respond when the details do not fit neatly onto a form.

Choosing a proxy is not the same as handing over unlimited power. The American Heart Association notes that a proxy cannot decide to end life-sustaining care unless that authority is specified in the durable power of attorney document. What the document says matters.

Any adult can create an advance directive, regardless of health, according to the American Heart Association. You are not required to have one, and you can revoke it at your request. State laws differ, so the relevant instructions and forms need to be specific to where you live. A health professional or hospital can help, and using an attorney is optional.

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The help is in the clarity

An advance directive does not make a hard event easy. What it can do is make your preferences clearer. The American Heart Association says a directive gives health professionals guidance about the level of care to provide and may help avoid disputes among relatives about the care of someone who is incapacitated.

Without a directive, health professionals may consult a spouse, adult children, parents, siblings or other adult relatives, as state law requires. Those people are then being asked not simply what they want, but what you would have wanted. A written choice or a trusted proxy gives them firmer ground.

End-of-life planning can reach beyond individual procedures. It may include your goals of care, where you want to spend your final days, which treatments you want, and what palliative or hospice care you wish to receive. Deciding while you are healthy can help those close to you make choices that suit your needs later.

This is why the useful part is not merely signing. Your family and health care team need to understand what the document is trying to preserve. A form can name a treatment; a conversation can make clear the values behind the choice. Together, they offer more direction than silence.

The evidence has edges

The strongest claim is also the simplest: advance care planning helps get wishes documented and discussed. A 2021 Cochrane review examined nine studies involving 2,122 people with advanced dementia. Advance care planning interventions probably increased both documentation of advance directives and discussions about goals of care compared with usual care.

That review also found planning might slightly improve whether care matched stated goals. But the evidence for that outcome was low certainty. The reviewers found little or no demonstrated effect on perceived symptom management, and the evidence across many

outcomes was limited by imprecise estimates and risk of bias.

That distinction matters. A directive records and communicates choices; it does not by itself guarantee comfort, a particular place of care or perfect agreement. Broader palliative care programs may help in other ways, but those findings cannot all be credited to the document. A 2021 review of pediatric oncology, for example, associated specialty palliative care with better communication and more advance-care documentation, among several other outcomes.

A review of 58 intensive-care studies found beneficial effects associated with strategies that increased palliative care involvement. Yet the interventions varied widely, pooled analysis was not possible, and almost all the studies came from North America. Seven studies involved advance care planning or goals-of-care discussions, but the review could not tell us that one form reliably changes every outcome in every health system.

Do it while your voice is available

Planning becomes especially important when the ability to communicate may change. A 2024 review of early dementia research found that needs for planning and goal-aligned future care can be present at or before diagnosis. It also found that research focused specifically on early dementia remains sparse, so the best timing and methods are not fully settled.

Waiting for certainty can mean waiting until choices are harder to express. If these decisions now intersect with a serious illness, dementia or changing care needs, the question has moved beyond ordinary paperwork. Bring your health care professional into it. Contact a provider when you have questions about your health, and a provider can help connect treatment choices with your situation.

For the coming week, make the task smaller than "plan the end of my life." Find the advance-directive information and forms for your state. Consider whom you trust to act as your proxy. Read the choices without forcing yourself to have every answer immediately. If you already have a directive, remember that it can be revoked at your request.

Then tell someone what you are doing. You do not need a dramatic speech. You can begin with the practical truth: if you could not speak, you would want them to know what mattered to you. That conversation is not surrendering control. It is using the control you have now to leave less uncertainty for the people beside you later.

Where this comes from

- Advance Directives

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/advancedirectives.html
- End of Life Issues

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/endoflifeissues.html
- Advance Directives: Making Crucial Health Care Decisions Before an Emergency

  American Heart Association · https://www.heart.org/en/health-topics/consumer-healthcare/doctor-appointments-questions-to-ask-your-doctor/advance
- Palliative Care in Early Dementia.

  Journal of pain and symptom management, 2024 · https://pubmed.ncbi.nlm.nih.gov/38848792/
- The Impact of Specialty Palliative Care in Pediatric Oncology: A Systematic Review.

  Journal of pain and symptom management, 2021 · https://pubmed.ncbi.nlm.nih.gov/33348034/
- Palliative care interventions in intensive care unit patients.

  Intensive care medicine, 2021 · https://pubmed.ncbi.nlm.nih.gov/34652465/
- A systematic review of ethical and legal issues in elder care.

  Nursing ethics, 2021 · https://pubmed.ncbi.nlm.nih.gov/32468910/
- Palliative care interventions in advanced dementia.

  The Cochrane database of systematic reviews, 2021 · https://pubmed.ncbi.nlm.nih.gov/34582034/