



CANCERcare®

800-813-HOPE (4673)
info@cancercaare.org
www.cancercaare.org

fact sheet

WHAT IS A LIVING WILL?

A living will is a written document that allows you to specify which medical treatments you want to accept and which you want to refuse if you are not able to communicate your wishes—specifically about life-sustaining treatments.

MAKE SURE YOUR HEALTH CARE WISHES ARE HONORED

The best way to make sure your health care wishes are honored is to use a health care proxy or a living will.

A health care proxy is a legal document in which you choose another adult whom you trust to make your medical decisions for you if you aren't able to communicate your wishes yourself. Your “health care agent” should be someone who really knows what kind of care you want, is comfortable making decisions and is able to communicate with medical professionals. You do not need to be terminally ill to designate a health care proxy.

If you have no one to choose as a health care agent, you may want to write a living will so that your medical wishes and decisions are clear. In the event that you are unable to speak or communicate, your wishes can then be read and honored by members of your health care team.

DO I NEED TO HAVE BOTH A LIVING WILL AND A HEALTH CARE PROXY?

The preferred document is the health care proxy since a living will cannot anticipate every complex medical decision. It is very important to appoint a health care agent who is willing and able to apply your wishes to a wide range of situations. Read CancerCare's fact sheet, “The Role of a Health Care Proxy,” to learn more.



WHAT ARE THE MINIMUM REQUIREMENTS FOR A VALID LIVING WILL?

In a living will document, you must include the following:

- Your legal name
- The current date
- Your personal statement regarding your health care wishes
- Your signature
- If possible, the dated signatures of two witnesses with statements that they saw you complete this document willingly

BE SPECIFIC IN YOUR LIVING WILL

In order for the living will to be useful, you will have to be very specific about the kinds of care you would want or refuse in a wide range of difficult medical situations. Many people find it hard to decide, in advance, which treatments they would want to have, or to forgo, especially in complicated circumstances. This is why a health care proxy is preferred.

(over)

Specific life-sustaining treatments to consider for your living will:

Cardiopulmonary resuscitation (CPR). These medical procedures are used when someone's heart or breathing stops. CPR is used to restart the heart and restore breathing. When it is performed on an otherwise healthy person after an accident or heart attack, it can often save their life. When it is used on individuals with terminal disease, such as late stage cancer, the success rate is much lower. As with any procedure, one must compare the benefits to the risks. Common procedures during CPR are:

- Mouth-to-mouth resuscitation
- Chest compression
- Electric shock
- Insertion of a tube to open the airway
- Injection of medication into the heart or open chest

Do not resuscitate (DNR)/do not intubate (DNI) orders. These tell the doctors not to place the patient on a machine to help them breathe by inserting a tube down the patient's windpipe.

Mechanical ventilator. This is a machine used to help people breathe when they are unable to breathe sufficiently on their own. Patients are placed on a ventilator (sometimes called a respirator), which puts air in their lungs. A tube is inserted into the mouth and placed down the windpipe. Mechanical ventilation is often used for a few days to a few weeks in order to help people breathe during a serious illness. Being placed on a ventilator can help people with acute or some chronic, stable conditions.

However, when someone is in the process of dying, mechanical ventilation improves oxygen supply but does not help the underlying condition. It may prolong life only until another body system fails. Thus, the overall quality of the person's life is not improved.

Artificial nutrition and hydration (food and water through a tube). Artificial nutrition and hydration replaces ordinary food and liquid intake when a patient is no longer able to swallow. A tube is placed directly into the nose, stomach, the upper intestine or a vein. Artificial nutrition and hydration can save a life if used until the body can heal itself. When given for long-term use to end-stage patients, it cannot reverse the course of a disease.

If you have any questions about life sustaining treatment, we encourage you to speak to a medical professional, preferably one on your treating health care team.

CancerCare® Can Help

Founded in 1944, CancerCare is the leading national organization providing free support services and information to help people manage the emotional, practical and financial challenges of cancer. Our comprehensive services include counseling and support groups over the phone, online and in-person, educational workshops, publications and financial and co-payment assistance. All CancerCare services are provided by master's-prepared oncology social workers and world-leading cancer experts.

To learn more, visit www.cancercares.org or call **800-813-HOPE (4673)**.

Facebook: [facebook.com/CancerCare](https://www.facebook.com/CancerCare)

Instagram: @CancerCareUS

Twitter: @CancerCare

*Edited by Paige Soleimani, LMSW
This fact sheet was made possible by Bristol Myers Squibb.*



CANCERcare®

National Office • 275 Seventh Avenue • New York, NY 10001

© 2020 CancerCare®