

# THE ADVANCE CARE PLANNING CROSSWALK

These are only used when someone is unable to speak for themselves.



|   | <b>SC HEALTH CARE POWER OF ATTORNEY (HCPOA)</b><br><i>S.C. Code § 62-5-500, et. Seq.</i>   | <b>SC DEATH WITH DIGNITY ACT (LIVING WILL)</b><br><i>S.C. Code § 44-77-10, et. seq.</i>  | <b>EMS DNR ORDER</b><br><i>S.C. Code § 44-78-10, et. seq.</i>  | <b>PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)</b><br><i>S.C. Code § 44-80-10, et. seq.</i>  | <b>ADULT HEALTH CARE CONSENT ACT (TAKES EFFECT IF NO ACP)</b><br><i>S.C. Code § 44-66-10, et. seq.</i>  |
|---|--|--|--|---|---|
| Limited to terminal illness and/or permanent unconsciousness?                             | No   | Yes  | Limited to terminal conditions.  | No  | No  |
| Covers a broad range of situations?   | Yes  | No   | No. Applies only to EMS  | Yes   | Yes   |
| Covers what you do and do not want?   | Yes  | Yes  | No. Applies only to EMS  | Yes   | No  |
| Requires witness designated by State Ombudsman if in a hospital or nursing care facility? | No   | Yes  | No   | No  | No  |
| Witness required?   | Yes  | Yes  | No   | No  | No  |
| Notary required?  | Optional. Not Required   | Yes  | No   | No  | No  |
| An actionable medical order?  | No. It's an advance directive  | No. It's an advance directive  | Yes. Physician must sign   | Yes. Physician must sign  | No  |
| Advantages and Limitations  | <ul style="list-style-type: none"> <li>• Most preferred ACP document since it covers most situations and is the most flexible.</li> <li>• If a person has both a Living Will and an HCPOA, the Living Will takes precedence. Any conflicts can cause confusion, so attorneys generally recommend only the HCPOA, not both.</li> <li>• A physician must review, consider clinical condition, and issue medical treatment orders.</li> </ul> | <ul style="list-style-type: none"> <li>• Cannot be executed in a hospital or LTC facility unless witnessed by an Ombudsman, as designated by the State Ombudsman, Office of the Governor.</li> <li>• A physician must review, consider clinical condition, and then issue medical treatment orders.</li> </ul> | <ul style="list-style-type: none"> <li>• This is a physician's order for EMS to implement.</li> <li>• Applies only when a patient is experiencing cardiac arrest while under the direct care of EMS personnel.</li> <li>• Very limited.</li> </ul> | <ul style="list-style-type: none"> <li>• Very flexible, actionable medical order. Hospitals should have a process in place if the signing physician is not on staff.</li> <li>• Intended for patients with serious illnesses for whom their health care professionals would not be surprised if they died within a year.</li> <li>• Also signed by patient, giving health care workers actual knowledge of patient's wishes.</li> </ul> | <ul style="list-style-type: none"> <li>• Priority of proxy decision maker is set by this statute and may be unclear.</li> <li>• Physician should locate proxy, discuss, consider clinical condition, and then issue orders. The physician can issue medical orders if no proxy is available.</li> <li>• In SC, individuals can use Five Wishes® documents to express ACP wishes, if notarized and witnessed.</li> </ul> |